

PRIORITY LICENSE APPLICATION – CORPORATIONS (INCLUDING TRUSTS AND NON-PROFIT ORGANIZATIONS)

APPLICANT INFORMATION: Complete and submit this form only after thoroughly reviewing form [ABC-521 INSTR.](#) Applicants must also submit a certified check, cashier's check, or money order in the amount of the application fee. It is the applicant's responsibility for ensuring that their priority application is complete and received by the department within the noticed priority application period. Any priority application received by the department that is incomplete or untimely shall be disqualified. ABC regulations prohibit the department from contacting applicants regarding incorrect or incomplete priority applications submitted during the priority application period. Therefore, applicants will not be contacted about the need to amend any portions of their application to avoid disqualification.

Applications will be disqualified if items 2-12 are incomplete.

1. DATE (mm/dd/yyyy)		2. COUNTY WHERE BUSINESS IS LOCATED	
3. LICENSE TRANSACTION ORIGINAL INTERCOUNTY TRANSFER		4. LICENSE TYPE ON-SALE GENERAL (Restaurant, Bar, Club, Brewpub) OFF-SALE GENERAL (Store)	
5. CONTACT NAME (first & last)	6. CONTACT PHONE NUMBER	7. CONTACT E-MAIL ADDRESS	

8. APPLICANT DETAILS

8a. CORPORATION NAME	8b. TAX OR CA SECRETARY OF STATE ID #
8c. MAILING ADDRESS (street number and name, city, state, and zip code)	

9. LIST ALL OFFICERS AND DIRECTORS – Individuals complete NAME, TITLE, DOB, and SSN OR TAX ID #. Entities complete NAME and TAX OR CA SECRETARY OF STATE ID #. Write N/A in each row where column does not apply.

PRINTED NAME	TITLE	DOB (mm/dd/yyyy)	SSN (last 4) or TAX ID #	TAX or CA SECRETARY OF STATE ID #	OWNERSHIP %

PRIORITY LICENSE APPLICATION – CORPORATIONS (INCLUDING TRUSTS AND NON-PROFIT ORGANIZATIONS) *(continued)*

10. LIST ALL STOCKHOLDERS (must total to 100%) – *Individuals complete NAME, DOB, and SSN OR TAX ID #. Entities complete NAME and TAX OR CA SECRETARY OF STATE ID #. Write N/A in each row where column does not apply.*

STOCKHOLDER NAME	DOB (mm/dd/yyyy)	SSN (last 4) or TAX ID #	TAX or CA SECRETARY OF STATE ID #	OWNERSHIP %

11. READ & ACKNOWLEDGE ITEMS 11a–11c BY INITIALING IN THE PROVIDED SPACE

11a. ___ In order to participate in a priority drawing, applicant acknowledges they must be a California resident for at least 90 days prior to the date of the drawing. Failure to meet this requirement will result in the applicant being disqualified.

11b. ___ Applicant certifies they have no interest in any other priority application for the same type of license ("on-sale", "off-sale") and transaction ("original", "intercounty transfer") in the same county and acknowledges that any changes in ownership or interest in the applicant entity made after the application is submitted may be grounds for disqualification from the priority licensing process.

11c. ___ Applicant acknowledges that they bear the burden for ensuring that their priority drawing application is complete and received by ABC within the noticed priority drawing application period. If their application is incomplete or untimely the application will be deemed disqualified, and they will not be able to participate in the requested priority drawing, pursuant to Title 4 California Code of Regulations section 69.2 (c).

12. APPLICANT SIGNATURE *(*must be notarized if NOT signed in the presence of an ABC employee)*

I read all of the above and declare under penalty of perjury that all statements are true and correct.

APPLICANT SIGNATURE*

PRINTED NAME & TITLE

DATE EXECUTED

PRIORITY LICENSE APPLICATION – CORPORATIONS (INCLUDING TRUSTS AND NON-PROFIT ORGANIZATIONS) *(continued)***ITEM INSTRUCTIONS:**

Item 1: DATE – Input today's date.

Item 2: COUNTY WHERE BUSINESS IS TO BE LOCATED – input the county in which your license (if obtained) is to be located. Must be a county accepting INTERCOUNTY TRANSFERS or ORIGINAL filings. (Consult list)

Item 3: LICENSE TRANSACTION – Select either Original OR Intercounty Transfer. Original refers to applying for a new license. Inter-county transfer refers to moving a License already in existence.

Item 4: LICENSE TYPE – Select either On-Sale General OR Off-Sale General. On-Sale general is the typical license for a restaurant, bar, club or brewpub. Off-Sale general is the typical license for stores, markets and convenience shops.

Item 5: CONTACT PERSON NAME – First and last name of the person best to provide form clarification and details.

Item 6: CONTACT PHONE NUMBER – Phone number of the person best to provide form clarification and details.

Item 7: CONTACT E-MAIL ADDRESS – E-mail address of the person best to provide form clarification and details.

Item 8: APPLICANT DETAILS – This section and the subsequent sections are for information regarding the applicant (potential Licensee) used to identify the applicant and its legal make up. Ensure information is accurate and spelling matches all previously filed correspondence with any other government entity.

Item 8a: CORPORATION NAME - Legal name of the corporation, trust, or non-profit organization that is to own the license.

Item 8b: TAX or BUSINESS ID # – Corporation's Tax identification number or state business identification number from the Secretary of State

Item 8c: MAILING ADDRESS – Corporation's full mailing address, including street number and name, city, state, zip code.

Item 9: LIST ALL OFFICERS AND DIRECTORS– List all officers and directors, their titles, date of birth, and last four digits of their SSN or tax identification number.

Item 10: LIST ALL STOCKHOLDERS (must total 100%) – List all stockholders, their ownership percentage, date of birth, and last four digits of their SSN or tax identification number.

Item 11: READ & ACKNOWLEDGE: Read and initial items 11a–11c.

Item 12: APPLICANT SIGNATURE: Must be notarized if not signed in the presence of an ABC employee.

IMPORTANT NOTICE:

Please be aware that there are **multiple versions** of the ABC-521. Applicants must ensure they complete the correct application form for the **type of entity** they are applying under. Completing the incorrect form will lead to **disqualification** of the application. Refer to the chart below to verify that you have filled out the correct form for your applicant type.

Form	Applicant Entity Type	Description
ABC-521-A	Sole Owner	For a single individual applying for a license.
ABC-521-B	General Partnership	For multiple individuals, multiple corporate entities, or a combination of the two, such as an individual partnering with a corporate entity, applying for a license.
ABC-521-C	Limited Partnership	For a limited partnership with general partner(s) and limited partner(s) applying for a license.
ABC-521-D	Corporations, Trusts, and Non-Profits	For a corporation with officers/directors and stockholders, trusts, and non-profit organizations applying for a license.
ABC-521-E	Limited Liability Company	For a limited liability company with managers and/or members applying for a license.