

**APPLICATION FOR NEIGHBORHOOD RESTRICTED SPECIAL ON-SALE GENERAL LICENSE
(TYPE 87) – LIMITED PARTNERSHIP (LP)**

APPLICANT INFORMATION: Complete and submit this form only after thoroughly reviewing form [ABC-522 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.

The census tracts listed in subdivision (b)(1) and (b)(6) of Section 23826.13 are currently full, so the department will not be accepting applications for those neighborhoods. Additionally, if the department receives more applications than the number of licenses available for a neighborhood, the applicants will be placed in a random drawing to determine the order in which applications will be processed for that neighborhood. **Applications will be disqualified if items 2-7 are incomplete.**

1. DATE (mm/dd/yyyy)	2. CONTACT NAME (first & last)
3. CONTACT PHONE NUMBER	4. CONTACT E-MAIL ADDRESS
5. APPLICANT DETAILS	
5a. LIMITED PARTNERSHIP NAME	5b. LP TAX OR CA SECRETARY OF STATE ID #

5c. MAILING ADDRESS (street number and name, city, state, and zip code)

6. LIST ALL GENERAL PARTNERS (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.

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

**APPLICATION FOR NEIGHBORHOOD RESTRICTED SPECIAL ON-SALE GENERAL LICENSE
(TYPE 87) – LIMITED PARTNERSHIP (LP) (continued)**

7. LIST ALL LIMITED PARTNERS (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.

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

8. READ & ACKNOWLEDGE ITEMS 8a–8c BY INITIALING IN THE PROVIDED SPACE

8a. ___ Applicant acknowledges that if a drawing is required for Type 87 licenses, that proof of residency (as defined) shall be required for participation.

8b. ___ Applicant certifies that they have no interest in any other Type 87 license application 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 Type 87 licensing process.

8c. ___ 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).

9. 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

**APPLICATION FOR NEIGHBORHOOD RESTRICTED SPECIAL ON-SALE GENERAL LICENSE
(TYPE 87) – LIMITED PARTNERSHIP (LP) (continued)**

ITEM INSTRUCTIONS:

Item 1: DATE – Input today's date.

Item 2: CONTACT PERSON NAME – First and last name of the person best to provide form clarification and details.

Item 3: CONTACT PHONE NUMBER – Phone number of the person best to provide form clarification and details.

Item 4: CONTACT E-MAIL ADDRESS – E-mail address of the person best to provide form clarification and details.

Item 5: 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 5a: APPLICANT NAME - Legal name of the person or entity that is to own the license.

Item 5b: TAX or BUSINESS ID # – Corporation's Tax identification number or state business identification number from the Secretary of State

Item 5c: MAILING ADDRESS – Applicant's full mailing address, including street number and name, city, state, and zip code.

Item 6: LIST ALL GENERAL PARTNERS – List all general partners (person or entities). Enter date of birth, last four digits of their SSN or tax identification number, and ownership percentage for **individuals**; enter tax identification number or state business identification number and ownership percentage for **entities**. Write N/A in each row where column does not apply.

- PRINTED NAME – Full legal name of the person or entity with ownership
- DOB – Partner's date of birth, if partner is an individual (not required for an entity)
- SSN (last 4) OR TAX ID # – Partner's last four digits of their social security number (SSN) OR Tax identification number, if partner is an individual (not required for an entity)
- TAX OR CA SECRETARY OF STATE ID # – Partner's Tax identification number or state business identification number from the Secretary of State, if partner is an entity (not required for individuals)
- OWNERSHIP % – Partner's ownership percentage

Item 7: LIST ALL LIMITED PARTNERS – List all limited partners (person or entities). Enter date of birth, last four digits of their SSN or tax identification number, and ownership percentage for **individuals**; enter tax identification number or state business identification number and ownership percentage for **entities**. Write N/A in each row where column does not apply.

- PRINTED NAME – Full legal name of the person or entity with ownership
- DOB – Partner's date of birth, if partner is an individual (not required for an entity)
- SSN (last 4) OR TAX ID # – Partner's last four digits of their social security number (SSN) OR Tax identification number, if partner is an individual (not required for an entity)
- TAX OR CA SECRETARY OF STATE ID # – Partner's Tax identification number or state business identification number from the Secretary of State, if partner is an entity (not required for individuals)
- OWNERSHIP % – Partner's ownership percentage

Item 8 READ & ACKNOWLEDGE: Read and initial items 8a–8c.

Item 9: APPLICANT SIGNATURE: Must be notarized if not signed in the presence of an ABC employee.

Please be aware that there are **multiple versions** of the ABC-522. Applicants must ensure they complete the correct application form for the **type of entity** they are applying under. Completing the incorrect form could 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-522-A	Sole Owner	For a single individual applying for a Type 87 license.
ABC-522-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 Type 87 license.
ABC-522-C	Limited Partnership	For a limited partnership with general partner(s) and limited partner(s) applying for a Type 87 license.
ABC-522-D	Corporations, Trusts, and Non-Profits	For a corporation with officers/directors and stockholders, trusts, and non-profit organizations applying for a Type 87 license.
ABC-522-E	Limited Liability Company	For a limited liability company with managers and/or members applying for a Type 87 license.