

LICENSE TRANSFER REQUEST ("SIGN OFF")

<ul style="list-style-type: none"> This form is to be signed by transferors only. Read instructions before completing. All signatures must be witnessed by an ABC employee or notarized in accordance with laws of the State where signed. 	1. DISTRICT OFFICE	2. LICENSE NUMBER
	3. TRANSACTION TYPE <input type="checkbox"/> Exchange <input type="checkbox"/> Premise to Premise Transfer <input type="checkbox"/> Person to Person Transfer <input type="checkbox"/> Other _____	

4. LICENSEE'S NAME (Transferor/Seller)	5. APPLICANT'S NAME (Transferee/Buyer)
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6. EXISTING PREMISES ADDRESS

7. LICENSEE'S MAILING ADDRESS (Transferor/Seller)	8. LICENSEE'S PHONE NUMBER
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I hereby request surrender of my license under Section 24045.5(b) of the ABC Act so that a Temporary Permit may be issued to the transferee.

9. SIGNATURE OF TRANSFEROR/SELLER FOR TEMPORARY PERMIT (Only one signature required)	DATE SIGNED
X	

10. RENEWAL DUE DATE	11. SURRENDER DATE	12. TEMP. EFFECTIVE DATE	13. TEMP. EXPIRATION DATE
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TRANSFEROR'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee named in the foregoing transfer application, duly authorized to make this transfer application; (2) that he hereby makes application to surrender all interest in the license(s) described above and to transfer same to the applicant and/or location indicated on the upper portion of this form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

SOLE OWNER

14. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

15. PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

CORPORATION

16. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

TITLE

 President Vice President Chairman of the Board

PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

TITLE

 Secretary Asst. Secretary Chief Financial Officer Asst. Treasurer
LIMITED LIABILITY COMPANY

17. The limited liability company is member-run Yes No (If no, complete Item #18 below)

18. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)	ABC INITIALS/DATE (ABC use only)
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19. LLC MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

LLC MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

