

Department of Alcoholic Beverage Control  
**APPLICATION QUESTIONNAIRE**

State of California  
 Gavin Newsom, Governor

*Please read instructions, which includes Privacy Notice, before completing form.*

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.)

	P-12 LICENSEE <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete form ABC-811)</i>
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2. LICENSE TYPE(S) (Check appropriate items)	3. TRANSACTION TYPE (Check appropriate item)
<input type="checkbox"/> 20 Off-Sale Beer & Wine	<input type="checkbox"/> Original (New)
<input type="checkbox"/> 21 Off-Sale General	<input type="checkbox"/> Person-to-Person Transfer (check appropriate section):
<input type="checkbox"/> 40 On-Sale Beer	<input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)
<input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place	<input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership)
<input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises	<input type="checkbox"/> Section 24071.2 (Limited Liability Company)
<input type="checkbox"/> 47 On-Sale General Eating Place	<input type="checkbox"/> Premises-to-Premises Transfer
<input type="checkbox"/> 48 On-Sale General Public Premises	<input type="checkbox"/> Exchange
<input type="checkbox"/> Other	<input type="checkbox"/> Other

4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)  
 Yes       No

5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code) \_\_\_\_\_ County \_\_\_\_\_

6. PREMISES TELEPHONE NUMBER ( ) \_\_\_\_\_

7. PREMISES ARE INSIDE CITY LIMITS  Yes       No

8. BUSINESS NAME (DBA) YOU WILL USE \_\_\_\_\_

9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code) \_\_\_\_\_

10. MAILING ADDRESS  Permanent       Temporary

11. ABC LICENSE COST (Item #33a on reverse) \_\_\_\_\_

12. SUBTOTAL (Item #33f on reverse) \_\_\_\_\_

13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY?  Yes       No

14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT?  Yes       No

15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN

\_\_\_\_\_

\_\_\_\_\_

16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.) \_\_\_\_\_

17. ABC LICENSE NUMBER \_\_\_\_\_

18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code) \_\_\_\_\_

19. PREMISES UNDER CONSTRUCTION  Yes       No

IF YES, LIST ESTIMATED COMPLETION DATE \_\_\_\_\_

20. FRANCHISE  Yes       No

21. NAME OF PERSON WE MAY CONTACT (For the applicant) \_\_\_\_\_

22. TITLE OF CONTACT PERSON \_\_\_\_\_

23. CONTACT TELEPHONE NUMBER ( ) \_\_\_\_\_

24. CONTACT E-MAIL ADDRESS \_\_\_\_\_

25. PREMISES IS CURRENTLY LICENSED  Yes       No

IF YES, TYPE OF LICENSE \_\_\_\_\_

26. CURRENT LICENSE IS OPERATING  Yes       No

IF NO, DATE CLOSED \_\_\_\_\_

**FINANCIAL INFORMATION**

27. ESCROW COMPANY'S NAME \_\_\_\_\_ ESCROW COMPANY'S ADDRESS \_\_\_\_\_ TELEPHONE NUMBER ( ) \_\_\_\_\_

28. BOOKKEEPER/ACCOUNTANT'S NAME \_\_\_\_\_ BOOKKEEPER/ACCOUNTANT'S ADDRESS \_\_\_\_\_ TELEPHONE NUMBER ( ) \_\_\_\_\_

29. LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S ADDRESS \_\_\_\_\_ TELEPHONE NUMBER ( ) \_\_\_\_\_

30. MONTHLY RENT \_\_\_\_\_

31. LEASE EXPIRATION DATE \_\_\_\_\_

32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES  All       Some       None

