

# CATERING AUTHORIZATION APPLICATION

*Fees are generally non-refundable. Please review Form ABC-218 INSTR before submitting this application.*

LICENSE NUMBER
RECEIPT NUMBER
TOTAL FEE
\$

## SECTION 1

1. LICENSEE NAME(S) (If an individual, first name, middle name, last name.)	2. CONTACT PERSON	3. CONTACT PHONE NUMBER
4. LICENSED PREMISES ADDRESS	5. MAILING ADDRESS (IF DIFFERENT)	
6. EVENT LOCATION (Street number and name, city, zip code)		
7. DESCRIPTION OF LOCATION (Parking lot, office building, residence, county/city park, etc.)		

8. EVENT LOCATION IS WITHIN THE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	9. EVENT DATE(S)	10. TOTAL NUMBER OF DAY(S)
11. EVENT HOURS From _____ To _____	12. EVENT OPEN TO THE PUBLIC <input type="checkbox"/> Yes <input type="checkbox"/> No	13. ESTIMATED DAILY ATTENDANCE

## SECTION 2 CATERING EVENT

14. EVENT TYPE <input type="checkbox"/> Convention <input type="checkbox"/> Trade Exhibit <input type="checkbox"/> Social Gathering <input type="checkbox"/> Anniversary <input type="checkbox"/> Sporting Event <input type="checkbox"/> Picnic <input type="checkbox"/> Wedding <input type="checkbox"/> Birthday <input type="checkbox"/> Other _____	15. NUMBER OF EVENTS CATERED THIS YEAR AT THIS LOCATION (Not applicable to club licensees)
16. ORGANIZATION SPONSORING EVENT	17. PERSON IN CHARGE OF EVENT
18. MAILING ADDRESS	19. PHONE NUMBER OF ABOVE PERSON

## SECTION 3 EVENT AUTHORIZED PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 25600.5

20. SUPPLIER NAME	21. SUPPLIER LICENSE NUMBER
22. SUPPLIER CONTACT PERSON	23. SUPPLIER CONTACT PHONE NUMBER

## SECTION 4

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

LICENSEE SIGNATURE	DATE SIGNED
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## SECTION 5 LOCAL LAW ENFORCEMENT AGENCY APPROVAL (IF APPLICABLE)

SIGNATURE	TITLE	DATE SIGNED
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## SECTION 6 AUTHORIZATION (For ABC Use Only)

PROPERTY OWNER APPROVAL REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	CONDITIONS/ACKNOWLEDGMENTS REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	DIAGRAM REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	LAW ENFORCEMENT APPROVAL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
DISTRICT APPROVAL BY (Name)	ABC EMPLOYEE SIGNATURE	DATE SIGNED	