

PLANNED OPERATION (NON-RETAIL)

1. APPLICANT NAME(S) (Last, first, middle)	2. LICENSE TYPE(S)
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3. PREMISES ADDRESS (Street number and name, city, zip code)

4. PREMISES (Check all that apply)

Office
 Warehouse
 Production Facility
 Alternating Proprietorship
 Tasting Room
 Joint Tasting Room
 Restaurant on Premises

5. MANUFACTURE <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	IMPORT <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	WHOLESALE (Distribute) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits
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6. SELL TO

Retailers
 Wholesalers
 Consumers
 Export out of California

7. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

8. LIST ANY BRAND NAME(S) AND TYPE(S) OF ALCOHOL PRODUCT YOU WILL MANUFACTURE/IMPORT/DISTRIBUTE

9. IF CONTRACTING WITH A MANUFACTURER TO MAKE A CUSTOM PRODUCT TO BE SOLD UNDER YOUR BRAND NAME LIST NAME AND LICENSE NUMBER OF MANUFACTURER.

10. LIST NAME(S) AND ADDRESS(ES) OF ALL SUPPLIERS OF **ALCOHOLIC BEVERAGES** (Street number and name, city, state, zip code)

11. ALCOHOLIC BEVERAGES WILL BE SHIPPED TO MY CUSTOMERS FROM (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

Applied-for premises
 Type 14 (Public Warehouse) ABC License Number _____ Address _____
 Other (E.G. Duplicate 02) ABC License Number _____ Address _____

12. ALCOHOLIC BEVERAGES WILL BE STORED AT (Street number and name, city, state, zip code)	13. BUSINESS RECORDS WILL BE MAINTAINED AT (Street number and name, city, state, zip code)
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14. FEDERAL BASIC PERMIT REQUIRED FROM ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)?

Yes No APPLICATION DATE _____

15. IF APPLYING FOR TYPE 02 WINEGROWER LICENSE OR TYPE 22 WINEBLENDER LICENSE, LIST BONDED WINERY PERMIT NUMBER ISSUED BY TTB (REQUIRED)

BONDED WINERY PERMIT NUMBER _____

16. REGISTRATION REQUIRED FROM STATE BOARD OF EQUALIZATION?

Yes No REGISTRATION DATE _____

FOR ABC USE ONLY

INFORMATION PROVIDED	PROVIDED BY (Name)	DATE PROVIDED
<input type="checkbox"/> ABC-578 Instructions to Beer Suppliers & Out of State Beer Vendors <input type="checkbox"/> ABC-413 Instructions to Distilled Spirits Shipper <input type="checkbox"/> ABC-414 Distilled Spirits Shipper Agreement		

COMMENTS/ADDITIONAL INFORMATION
