Department of Alcoholic Beverage Control State of California

PRIORITY LICENSE APPLICATION

Instructions: Complete this form only after thoroughly reviewing ABC-521. Use the reverse side if you need more space to disclose ownership information. Include a certified check, cashier's check, or money order for the application fee.

DATE	LICENSE TRANSACTION	LICENSE TYPE
	☐ ORIGINAL ☐ INTERCOUNTY TRANSFER	☐ ON-SALE GENERAL (RESTAURANT, BAR, CLUB) ☐ OFF-SALE GENERAL (STORE)

COUNTY WHERE BUSINESS TO BE LOCATED	APPLICANT(S) NAME (Print)

MAILING ADDRESS (Street number and name, city, state, zip code)	PHONE NUMBER

TYPE OF OWNERSHIP (Check one)

☐ Sole Owner ☐ Partnership ☐ Limited Partnership (LP) ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Other

• LIST ALL OFFICERS, DIRECTORS, GENERAL PARTNERS (if LP) AND MANAGERS (if LLC) OF THE APPLICANT, AND THEIR TITLES

PRINTED NAME	TITLE	PRINTED NAME	TITLE

• LIST ALL STOCKHOLDERS, LIMITED PARTNERS OR LLC MEMBERS OF THE APPLICANT, AND THEIR PERCENTAGE OF OWNERSHIP (MUST TOTAL 100%)

PRINTED NAME		PRINTED NAME	
	%		%
	%		%
	%		%
	%		%

1. Applicant acknowledges all provisions, requirements and restrictions set forth in Form ABC-521 (Priority License Instructions).
2. Applicant acknowledges that if a drawing is required, proof of residency (as defined) shall be required for participation.
3. Applicant agrees that the Application for Alcoholic Beverage License, Form ABC-211, will be submitted within ninety (90) days of notification of eligibility to file the formal application. The application will be made in the same name(s) as it appear(s) above.
4. Applicant agrees that he/she will not make a formal application at a location at which he/she holds any interest in a license of the same type, whether in active status or surrendered to the Department pursuant to Department Rule 65, and will not apply at any location actively licensed with the same type of license.
5. Applicant certifies that he/she has no interest in any other priority application for the same type of license ("on-sale", "off-sale") and transaction ("original", "inter-county transfer") in the same county 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 priority licensing process.

I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a priority license as indicated above.

APPLICANT SIGNATURE*	PRINTED NAME AND TITLE	DATE EXECUTED

This form to be notarized if not signed in the presence of an ABC employee

ABC-521-1 (8/13)