

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S)	2. LICENSE TYPE(S)
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3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET
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5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club
<input type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	

<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	
<input type="checkbox"/> Other - describe: _____			

6. PATRON CAPACITY	7. SURROUNDING AREA <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____	8. PREMISES IS LOCATED IN <input type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): _____ <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units
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9. FOOD SERVICE <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input type="checkbox"/> No	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input type="checkbox"/> No
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14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pizza/Pasta _____	15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____	16. HOURS OF FOOD SERVICE BREAKFAST HOURS From: _____ To: _____ LUNCH HOURS From: _____ To: _____ DINNER HOURS From: _____ To: _____
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17. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterick (*) below)

<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input type="checkbox"/> "Hot Spot"/Lottery
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games

*Description: _____

19. PREMISES IS LOCATED ON <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____	20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories: _____
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21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. FIXED BARS? <input type="checkbox"/> Yes - how many: _____ <input type="checkbox"/> No	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES?
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FOR ABC USE ONLY

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)	25. DATE ENTERED INTO CABIN
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