

**PRIORITY LICENSE APPLICATION**

**APPLICANT INFORMATION:** Complete and submit this form only after thoroughly reviewing form [ABC-521 INSTRUCTIONS](#). Applicants must also submit a certified check, cashier's check, or money order in the amount of the application fee. It is the applicant's responsibility to ensure that their priority application is complete and received by the department within the noticed priority application period. If the applicant is not a sole owner, they must submit the appropriate attachment as described in Item 10 to have a complete application. Any priority application received by the department that is incomplete or untimely shall be disqualified.

**Applications will be disqualified if items 2-12 are incomplete.**

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1. **Date** (*mm/dd/yyyy*)

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2. **Applicant Name** (If an individual: first name, middle name, last name. If a general partnership, limited partnership, corporation, non-profit, limited liability company, or trust: name of entity)

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3. **County where the Business is Located**

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4. **License Transaction**

- Original
- Intercounty Transfer

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5. **License Type**

- On-Sale General (Restaurant, Bar, Club, Brewpub)
- Off-Sale General (Store)

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6. **Contact Name** (*first, last*)

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7. **Contact Phone Number**

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8. **Contact e-mail Address**

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9. **Mailing Address**

*Street Number and Name*

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*City, State, and Zip Code*

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**FOR ABC USE ONLY**

Pending License Number: \_\_\_\_\_

Total Pages: \_\_\_\_\_

**PRIORITY LICENSE APPLICATION (continued)**

**10. Applicant Details** (Check the appropriate box)

I am a **Sole Owner** and will provide my information in the line below:

Name (*first, middle, last*)

DOB (*mm/dd/yyyy*)

SSN # (last 4)\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am **NOT a Sole Owner** and will provide my information on the appropriate attachment for my entity type:

**General Partnership** – Applicant must complete and submit Form [ABC-521-ATT-B](#).

General Partnership Names (separated by commas): \_\_\_\_\_

\_\_\_\_\_

**Limited Partnership** – Applicant must complete and submit Form [ABC-521-ATT-C](#).

Limited Partnership Name: \_\_\_\_\_

**Corporation or Non-Profit** – Applicant must complete and submit Form [ABC-521-ATT-D](#).

Corporation or Non-Profit Name: \_\_\_\_\_

**Limited Liability Company** – Applicant must complete and submit Form [ABC-521-ATT-E](#).

Limited Liability Company Name: \_\_\_\_\_

**Trusts** – Applicant must complete and submit Form [ABC-521-ATT-F](#).

Trust Name: \_\_\_\_\_

**11. Read and Acknowledge** items 11a – 11c by initializing in the provided spaces.

11a. \_\_\_\_ To participate in a priority drawing, the applicant acknowledges they must be a California resident for at least 90 days before the date of the drawing. Failure to meet this requirement will result in the applicant being disqualified.

11b. \_\_\_\_ Applicant **certifies they have no interest in any other priority application for the same type of license ("On-Sale", "Off-Sale") and transaction ("Original", "Intercounty 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.

11c. \_\_\_\_ Applicant acknowledges that they bear the burden for ensuring that their priority drawing application is complete and received by ABC within the noticed priority drawing application period. If the application is incomplete or untimely the application will be deemed disqualified, and they will not be able to participate in the requested priority drawing, pursuant to Title 4 California Code of Regulations section 69.2 (c).

**12. Applicant Signature**

I read all of the above and declare under penalty of perjury that all statements are true and correct.

Applicant Signature

Printed Name and Title

Date Executed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIORITY LICENSE APPLICATION (continued)****ITEM INSTRUCTIONS:**

**Item 1 (Date)** – Input today’s date (mm/dd/yyyy).

**Item 2 (Applicant Name)** – Enter the name that would appear on the ABC license. If the applicant is an individual, enter first name, middle name, and last name. If the applicant is a general partnership, limited partnership, corporation, non-profit, limited liability company, or trust, enter the name of the entity.

**Item 3 (County where Business is to be Located)** – Input the county in which your license (if obtained) is to be located. Must be a county accepting Intercounty Transfers or Original filings. (Consult list)

**Item 4 (License Transaction)** – Select either Original OR Intercounty Transfer. Original refers to applying for a new license. Intercounty transfer refers to moving a License already in existence.

**Item 5 (License Type)** – Select either On-Sale General OR Off-Sale General. On-Sale General is the typical license for a restaurant, bar, club, or brewpub. Off-Sale General is the typical license for stores, markets, and convenience shops.

**Item 6 (Contact Person Name)** – The first and last name of the person best to provide for clarification and details.

**Item 7 (Contact Phone Number)** – The phone number of the person best to provide for clarification and details.

**Item 8 (Contact e-mail Address)** – The e-mail address of the person best to provide for form clarification and details.

**Item 9 (Mailing Address)** – The applicant’s full mailing address, including street number and name, city, state, and zip code.

**Item 10 (Applicant Details)** – Select the appropriate box for the applicant (potential Licensee) type.

If Sole Owner, enter first name, middle name, and last name, date of birth, and last four digits of social security number\* or driver’s license # or state-issued ID # or passport #.

If not a Sole Owner, enter the name of the entity and complete the corresponding Attachment. Ensure information is accurate and spelling matches all previously filed correspondence with any other government entity.

- **If Applicant is a sole owner**, enter first name, middle name, last name, date of birth, and last four digits of social security number\* or driver’s license # or state-issued ID # or passport #.
  - Complete and submit this ABC-521 form only.
- **If Applicant is a general partnership**, enter name(s).
  - Complete and submit this ABC-521 form.
  - Complete and submit the [ABC-521-ATT-B](#).
- **If Applicant is a limited partnership**, enter name.
  - Complete and submit this ABC-521 form.
  - Complete and submit the [ABC-521-ATT-C](#).
- **If Applicant is a corporation or non-profit**, enter name.
  - Complete and submit this ABC-521 form.
  - Complete and submit the [ABC-521-ATT-D](#).
- **If Applicant is a limited liability company**, enter the name.
  - Complete and submit this ABC-521 form.
  - Complete and submit the [ABC-521-ATT-E](#).
- **If Applicant is a trust**, enter name.
  - Complete and submit this ABC-521 form.
  - Complete and submit the [ABC-521-ATT-F](#).

**Item 11 (Read and Acknowledge)** – Read and initial items 11a–11c.

**Item 12 (Applicant Signature)** – Sign, print name and title, and date.

**PRIORITY LICENSE APPLICATION – LIMITED LIABILITY COMPANY (ATTACHMENT E)**

**APPLICANT INFORMATION:** This form is intended as an attachment to the [ABC-521](#) form. This is not a standalone priority application. You must complete and submit this attachment along with your completed priority license application.

1. Limited Liability Company Name

2. Limited Liability Company CA Secretary of State ID #

3. List All Managers and/or Officers

**Individuals:** Complete Printed Name and Title, DOB, and SSN **or** Driver's License # **or** State-Issued ID # **or** Passport #.

**Entities:** Complete Printed Name, Date of Incorporation **or** Establishment of the Entity, and CA Secretary of State ID #.

If the manager or the officer is a **trust**, provide the trustee information.

(Write **N/A** in each row where the column does not apply.)

Printed Name and Title	DOB (mm/dd/yyyy)	SSN (last 4) <b>or</b> Driver's License # <b>or</b> State-Issued ID # <b>or</b> Passport #	Date of Incorporation <b>or</b> Establishment of the Entity (mm/dd/yyyy)	CA Secretary of State ID #

4. List All Members (must total to 100%)

**Individuals:** Complete Printed Name, DOB, and SSN **or** Driver's License # **or** State-Issued ID # **or** Passport #.

**Entities:** Complete Printed Name, Date of Incorporation **or** Establishment of the Entity, and CA Secretary of State ID #.

If the member is a **trust**, provide the trustee information.

(Write **N/A** in each row where the column does not apply.)

Printed Name	DOB (mm/dd/yyyy)	SSN (last 4) <b>or</b> Driver's License # <b>or</b> State-Issued ID # <b>or</b> Passport #	Date of Incorporation <b>or</b> Establishment of the Entity (mm/dd/yyyy)	CA Secretary of State ID #	Ownership %

**PRIORITY LICENSE APPLICATION – LIMITED LIABILITY COMPANY (ATTACHMENT E) (continued)****ITEM INSTRUCTIONS:**

**Item 1 (Limited Liability Company Name)** – Enter the name of the limited liability company.

**Item 2 (Limited Liability Company CA Secretary of State ID #)** – Enter the limited liability company state business identification number from the Secretary of State.

**Item 3 (List All Managers and/or Officers)**

**Individuals:** Complete Printed Name and Title, DOB, and SSN **or** Driver's License # **or** State-Issued ID # **or** Passport #.

**Entities:** Complete Printed Name, Date of Incorporation **or** Establishment of the Entity, and CA Secretary of State ID #.

If the manager or the officer is a **trust**, provide the trustee information.

(Write **N/A** in each row where the column does not apply.)

- Printed Name and Title – The full legal name and title of the person or entity
- DOB – The date of birth if the manager or the officer is an individual (not required for an entity)
- SSN (last 4) **or** Driver's License # **or** State-Issued ID # **or** Passport # – The last four digits of their social security number (SSN) **or** driver's license **or** state-issued identification number **or** passport number, if the manager or the officer is an individual (not required for an entity)
- Date of Incorporation **or** Establishment of the Entity (mm/dd/yyyy) – The date of incorporation **or** establishment of the entity, if the manager or the officer is an entity (not required for individuals)
- CA Secretary of State ID # – The state business identification number from the Secretary of State, if the manager or the officer is an entity (not required for individuals)

**Item 4 (List All Members)**

**Individuals:** Complete Printed Name, DOB, and SSN **or** Driver's License # **or** State-Issued ID # **or** Passport #.

**Entities:** Complete Printed Name, Date of Incorporation **or** Establishment of the Entity, and CA Secretary of State ID #.

If the member is a **trust**, provide the trustee information.

(Write **N/A** in each row where the column does not apply.)

The sum of members' ownership must total to 100%.

- Printed Name – The full legal name of the person or entity with ownership
- DOB – The member's date of birth if the member is an individual (not required for an entity)
- SSN (last 4) **or** Driver's License # **or** State-Issued ID # **or** Passport # – The member's last four digits of their social security number (SSN) **or** driver's license **or** state-issued identification number **or** passport number, if the member is an individual (not required for an entity)
- Date of Incorporation **or** Establishment of the Entity (mm/dd/yyyy) – The member's date of incorporation **or** establishment of the entity, if the member is an entity (not required for individuals)
- CA Secretary of State ID # – The member's state business identification number from the Secretary of State, if the member is an entity (not required for individuals)
- Ownership % – The member's ownership percentage.