

PLANNED OPERATIONS RETAIL

1. **Applicant Name(s)** (If an individual: first name, middle name, last name. If a corporation, limited partnership, or limited liability company: name of entity)

2. **License Type(s)**

3. **Premises Address** (Street number and name, city, zip code)

4. **Nearest Cross Street**

5. **Type of Business** (Choose all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Convenience Market | <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Brew Pub | <input type="checkbox"/> w/Gasoline | <input type="checkbox"/> Gift Shop/Florist | <input type="checkbox"/> Swap Meet/Flea Market |
| <input type="checkbox"/> Café/Coffee Shop | <input type="checkbox"/> Deli or Specialty | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> Cafeteria/Hofbrau | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Membership Store | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Department Store | <input type="checkbox"/> Night Club | <input type="checkbox"/> Variety/Drug Store |
| <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Drive-in Dairy | <input type="checkbox"/> Private Club | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> Convenience Market | <input type="checkbox"/> Fraternal Club | <input type="checkbox"/> Service Station | <input type="checkbox"/> Wine Tasting Room |
| <input type="checkbox"/> Other (Describe): | | | |

6. **Food Service**

- | | | |
|-------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Full Service |
|-------------------------------|----------------------------------|---------------------------------------|

7. **Meal Type**

- | | | | |
|--|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Dinner House | <input type="checkbox"/> Fast Food/Deli | <input type="checkbox"/> Pizza/Pasta | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Other (Describe): | | | |

8. **Type of Food**

- | | | | |
|--|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> American | <input type="checkbox"/> French | <input type="checkbox"/> Japanese | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Greek | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other (Describe): | | | |

9. **Hours of Food Service**

Breakfast Hours		Lunch Hours		Dinner Hours	
From:	To:	From:	To:	From:	To:

10. **Operating Hours** (Check the box for each day you are open. Enter time as "HH:MM AM/PM," i.e., "09:00 AM")

- | | |
|--|---|
| <input type="checkbox"/> Sunday: _____ to _____ | <input type="checkbox"/> Thursday: _____ to _____ |
| <input type="checkbox"/> Monday: _____ to _____ | <input type="checkbox"/> Friday: _____ to _____ |
| <input type="checkbox"/> Tuesday: _____ to _____ | <input type="checkbox"/> Saturday: _____ to _____ |
| <input type="checkbox"/> Wednesday: _____ to _____ | |

PLANNED OPERATIONS RETAIL (Continued)

11. Entertainment (One or more may apply. Please describe any entertainment with an asterisk (*) below.)

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

*Describe:

12. Yes or No Questions

- a. Will you hire a manager? (Rule 57.5)..... Yes No
- b. Will you have a food lessee? (Rule 57.7)..... Yes No
- c. Do you intend to sell cocktails or servings of wine to go?..... Yes No
- d. Does your business have a pass-through window?..... Yes No
- e. Does your business have any fixed bars?..... Yes No
If yes, how many?
- f. Does your business have a patio?..... Yes No
- g. Does your business have a non-contiguous area (area not attached to the main premises)?..... Yes No
- h. Will you share a common licensed area with another licensee?..... Yes No
- i. Does the premises have a parking lot?..... Yes No
If yes, is it shared with other businesses?..... Yes No

13. What percentage of your total sales will be from alcoholic beverages?

14. Patron Capacity

15. Premises Located On

- Major Thoroughfare
- Secondary Street
- Other (Describe):

16. Premises Located In

- Free Standing Building
- Shopping Center (Name):
- 10 Units or Less
- More than 10 Units

17. Surrounding Area

- Commercial
- Industrial
- Residential
- Rural
- Other (Describe):

18. Type of Structure

- Single Story
- Two Story
- Multi-Story – Number of Stories:

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Information Provided (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)