

PLANNED OPERATIONS NON-RETAIL

For directions on completing this form refer to [ABC-259 Planned Operations Non-Retail Instructions](#).

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. **Premises** (Check all that apply – See ABC-259 Instructions for clarification)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Production Facility <input type="checkbox"/> Stills: Quantity _____ <input type="checkbox"/> Branch location for storage and/or office only <input type="checkbox"/> Alternating Proprietorship
Host license #: _____ <input type="checkbox"/> Non-Contiguous Area (area not attached to the main premises) <input type="checkbox"/> No retail privileges taking place at premises. | <ul style="list-style-type: none"> <input type="checkbox"/> Retail privileges taking place (Check all that apply): <input type="checkbox"/> Joint Tasting Room <input type="checkbox"/> Tasting room or tasting area/bar <input type="checkbox"/> Shared Common Area <input type="checkbox"/> Shared Common Area w/ Retailers <input type="checkbox"/> Patio <input type="checkbox"/> Wine single servings to-go <input type="checkbox"/> Distilled Spirits (cocktails to-go) <input type="checkbox"/> Restaurant on Premises (Check all that apply) <ul style="list-style-type: none"> • Food lessee? <input type="checkbox"/> Yes <input type="checkbox"/> No - Other licensed interests? <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 40px;">If yes, ABC License # _____ <input type="checkbox"/> Entertainment, list type(s): _____ |
|--|--|

5. **Manufacture**

- | | | | |
|-------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Wine | <input type="checkbox"/> Distilled Spirits | <input type="checkbox"/> Not Applicable |
|-------------------------------|-------------------------------|--|---|

6. **Rectify**

- | | | |
|-------------------------------|--|---|
| <input type="checkbox"/> Wine | <input type="checkbox"/> Distilled Spirits | <input type="checkbox"/> Not Applicable |
|-------------------------------|--|---|

7. **Import**

- | | | | |
|-------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Wine | <input type="checkbox"/> Distilled Spirits | <input type="checkbox"/> Not Applicable |
|-------------------------------|-------------------------------|--|---|

8. **Wholesale**

- | | | | |
|-------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Wine | <input type="checkbox"/> Distilled Spirits | <input type="checkbox"/> Not Applicable |
|-------------------------------|-------------------------------|--|---|

9. **Sell To** (For multiple license type applications write in the license type being utilized next to each box marked)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Retailers _____ | <input type="checkbox"/> Wholesalers _____ | <input type="checkbox"/> Manufacturers _____ | <input type="checkbox"/> Rectifiers _____ |
| <input type="checkbox"/> Consumers _____ | <input type="checkbox"/> Export _____ | | |

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 _____ | |

11. **List any brand name(s) and type(s) of alcohol product you will manufacture/import/distribute/wholesale.**

12. **If contracting with a manufacturer to make a custom product to be sold under your brand name, list name, address, and license number of manufacturer.**

PLANNED OPERATIONS NON-RETAIL (continued)

13. **Suppliers** (List name(s) and address(es) of all suppliers of alcoholic beverages, including any out-of-state suppliers: street number and name, city, state, zip code and license #. Include types of alcohol supplied.)

14. **Alcoholic Beverages Will Be Shipped to My Customers From** (Check all that apply):

- Applied-for premises
- Other licensed premises: ABC License # _____
Address (Street number and name, city, state, zip code): _____
- Type 14 (Public Warehouse): ABC License # _____
Address (Street number and name, city, state, zip code): _____

15. **Alcoholic Beverages Will Be Stored At** (Check all that apply):

- Applied-for premises
- Other licensed premises: ABC License # _____
Address (Street number and name, city, state, zip code): _____
- Type 14 (Public Warehouse): ABC License # _____
Address (Street number and name, city, state, zip code): _____

16. **Business Records Will Be Maintained At**

- Applied-for premises
- Other licensed premises: ABC License # _____
Address (Street number and name, city, state, zip code): _____
- Other premises:
Address (Street number and name, city, state, zip code): _____

17. **Email Address** (If applying for a type 01, 10, 17, 23, or 75 license, provide an email address required for beer price posting purposes)

18. **Federal basic permit applied for from Alcohol and Tobacco Tax and Trade Bureau (TTB)?** Yes No

19. **Registered with California Department of Tax and Fee Administration, Excise Tax Unit?** Yes No

20. **If applying for type 02 winegrower license**

TTB Bonded Winery Permit Number CA-BWN-_____ Estimated gallonage amount _____

21. **If applying for type 22 wineblender license**

TTB Bonded Wine Cellar Permit Number CA-BWC-_____ Estimated gallonage amount _____

FOR ABC USE ONLY

Information Provided

- ABC-579 Instructions to Beer Suppliers (Type 01, 10, 17, 23, 75)
- ABC-413 Instructions to Distilled Spirits Shipper/ABC-414 Distilled Spirits Shipper Agreement (Type 11, 12, 13)

Provided By (Name)

Date Provided

Comments/Additional Information