# PRIORITY LICENSE APPLICATION – GENERAL PARTNERSHIP (ATTACHMENT B)

<b>APPLICANT INFORMATION:</b> This form is intended as an attachment to the <u>ABC-521</u> form. This is not a standalone priority application. You must complete and submit this attachment along with your completed priority license application.				
Name of General Partnership				
List All Persons & Entities with     Individuals: Complete Printed N	•	SSN <b>or</b> Driver's License	# <b>or</b> State_lesued ID # <b>or</b> Pas	snort #
Entities: Complete Printed Nam				
(Write <b>N/A</b> in each row where the	e column does no	ot apply.)		
Printed Name	DOB (mm/dd/yyyy)	SSN (last 4) or Driver's License # or State-Issued ID # or Passport #	Date of Incorporation <b>or</b> Establishment of the Entity (mm/dd/yyyy)	CA Secretary of State ID #
<ol> <li>Supplemental Forms (Check the If you have a general partner the or trust, you must also complete form(s) and submit it with your</li> </ol>	nat is a limited par e the attachment	rtnership (LP), corporatio for that entity type. Write	•	
$\square$ I have no other forms to sub	omit.			
$\square$ I have the following general	partner(s) and w	ill submit the correspondi	ng form(s):	
☐ Limited Partnership (LP) -	- <u>ABC-521-ATT-0</u>	<u>2</u>		
Limited Partnership Name	:		<del></del>	
☐ Corporation/Non-Profit –	ABC-521-ATT-D			
Corporation/Non-Profit Na	me:			
☐ Limited Liability Company	(LLC) – <u>ABC-52</u>	1-ATT-E		
Limited Liability Company	Name:			
☐ Trust – <u>ABC-521-ATT-F</u>				
Trust Name:				

## PRIORITY LICENSE APPLICATION - GENERAL PARTNERSHIP (ATTACHMENT B) (continued)

#### **ITEM INSTRUCTIONS:**

Item 1 (Name of General Partnership) – Enter the name(s) of the general partnership.

# Item 2 (List All Persons & Entities with Ownership)

*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 #.

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

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

## Item 3 (Supplemental Forms) – Select the appropriate box.

If you have no other forms to submit, check this box and submit only the ABC-521 and the ABC-521-ATT-B.

If there is a general partner that is a limited partnership (LP), a corporation, a non-profit, a limited liability company (LLC), or a trust, you must **also** complete the attachment for that entity type, in addition to your <u>ABC-521</u> and ABC-521-ATT-B.

Write "SUPPLEMENT" at the top of the additional form(s) and submit it with your priority license application. Use one attachment per partner. Submit as many attachments as needed.

- If the general partner is a limited partnership, enter the limited partner name and complete:
  - ABC-521-ATT-C and label it as "SUPPLEMENT"
  - Submit along with ABC-521 and ABC-521-ATT-B
- If the general partner is a corporation or non-profit, enter the corporation/non-profit name and complete:
  - ABC-521-ATT-D and label it as "SUPPLEMENT"
  - Submit along with ABC-521 and ABC-521-ATT-B
- If the general partner is a limited liability company, enter the limited liability company name, and complete:
  - ABC-521-ATT-E and label it as "SUPPLEMENT"
  - Submit along with ABC-521 and ABC-521-ATT-B
- If the general partner is a trust, enter the trust name, and complete:
  - ABC-521-ATT-F and label it as "SUPPLEMENT"
  - Submit along with ABC-521 and ABC-521-ATT-B