

APPLICATION FOR NEIGHBORHOOD-RESTRICTED SPECIAL ON-SALE GENERAL LICENSE (TYPE 87) – LIMITED PARTNERSHIP (ATTACHMENT C)

APPLICANT INFORMATION: This form is intended as an attachment to the [ABC-522](#) form. This is not a standalone priority application. You must complete and submit this attachment along with your completed priority license application.

1. Limited Partnership Name

2. Limited Partnership CA Secretary of State ID #

3. List All General Partners (sum of ownership between General and Limited Partners 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 general partner is a **trust**, provide trustee information.

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

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

4. List All Limited Partners (sum of ownership between General and Limited Partners 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 limited partner is a **trust**, provide trustee information.

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

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

APPLICATION FOR NEIGHBORHOOD RESTRICTED SPECIAL ON-SALE GENERAL LICENSE (TYPE 87) – LIMITED PARTNERSHIP (ATTACHMENT C) (continued)**ITEM INSTRUCTIONS:**

Item 1 (Limited Partnership Name) – Enter the name of the limited partnership.

Item 2 (Limited Partnership CA Secretary of State ID #) – Enter the limited partnership state business identification number from the Secretary of State.

Item 3 (List All General Partners)

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 general partner is a **trust**, provide the trustee information.

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

The sum of ownership between General and Limited partners must total 100%.

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

Item 4 (List All Limited Partners)

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 limited partner is a **trust**, provide the trustee information.

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

The sum of ownership between General and Limited partners must total 100%.

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