APPLICATION QUESTIONNAIRE

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.)								
					P-12 LICENSEE Yes No (If yes, complete form ABC-811)			
2. LICENSE TYPE(S) (Check appropriate item	(2)	3 T	RANSACTION TYPE (Check a	appropriate item)	(II yes, complete form ABC-611)			
20 Off-Sale Beer & Wine	-,	0	Original (New)	appropriate item)				
21 Off-Sale General		Person-to-Person Transfer (check appropriate section):						
40 On-Sale Beer			Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)					
41 On-Sale Beer & Wine Eating Place			Section 24071.1 (Corporate Stock/Limited Partnership)					
42 On-Sale Beer & Wine Public Premises			Section 24071.2 (Lin					
47 On-Sale General Eating Place			Premises-to-Premises Transfer					
48 On-Sale General Public Premises			Exchange					
Other			Other					
4. TEMPORARY PERMIT REQUESTED (Pers	on-to-Person transfers only)		Guioi					
5. PREMISES ADDRESS (Where license to be	code)			County				
6. PREMISES TELEPHONE NUMBER	7. PREMISES ARE INSIDE CITY LIMITS	8. B	USINESS NAME (DBA) YOU	WILL USE				
()	Yes No	·						
9. BUSINESS MAILING ADDRESS (Street nur	mber and name, city, state, zip code)				10. MAILING ADDRESS			
					Permanent Temporary			
11. ABC LICENSE COST (Item #33a on revers	se)	12.	SUBTOTAL (Item #33f on reve	erse)				
13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? Yes No 14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT? Yes No 15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN								
16. TRANSFEROR'S NAME (If an individual, la	ast, first, middle. Name of entity if corporation	on, limite	ed partnership or limited liabilit	y company.)	17. ABC LICENSE NUMBER			
40. TDANGETRODIO PREMIOSO ADDRESO (Miles Constant							
18. TRANSFEROR'S PREMISES ADDRESS (, ,		name, city, zip code)					
19. PREMISES UNDER CONSTRUCTION	IF YES, LIST ESTIMATED COMPLETION	DATE			20. FRANCHISE			
YesNo					Yes No			
21. NAME OF PERSON WE MAY CONTACT	(For the applicant)	22.	TITLE OF CONTACT PERSOI	N				
23. CONTACT TELEPHONE NUMBER ()		24.	CONTACT E-MAIL ADDRESS					
25. PREMISES IS CURRENTLY LICENSED	IF YES, TYPE OF LICENSE	26.	CURRENT LICENSE IS OPER	RATING	IF NO, DATE CLOSED			
Yes No	·		Yes No					
FINANCIAL INFORMATION								
27. ESCROW COMPANY'S NAME	TELEPHONE NUMBER							
28. BOOKKEEPER/ACCOUNTANT'S NAME		TELEPHONE NUMBER						
				()				
29. LANDLORD'S NAME				()				
30. MONTHLY RENT	31. LEASE EXPIRATION DATE	32		SE OR RENTAL AGF	REEMENT INCLUDES FURNITURE OR FIXTURES			
		1 L	All Some		None			

33. INVESTMENT INFORMATIO	COST						
a. ABC License	\$						
b. Furniture/fixtures	\$						
c. Inventory	\$						
d. Goodwill/non-compete covenant	\$						
e. Leasehold and/or Improvements	\$						
f. SUBTOTAL (Usually should equal	\$						
g. Fees for other licenses, permits, a	*						
County or City license fees or peri	\$						
h. Working capital (approximate)	\$						
i. Realty or interest therein	\$						
: TOTAL INIVESTMENT //tomo f the	•						
j. TOTAL INVESTMENT (Items f thr34. Source of Funds for Total Investor	• , ,		· · · · · · · · · · · · · · · · · · ·	erms of Repayment			
Amount Type	, ,	Source and/or Terms of Repayment					
1.000 State State	Jo	ohn Doe, Brother					
\$15,000 Promissory Not			per month for 15 months				
\$10,000 Loan	\$10,000 Loan from ABC Bank, @ 8.5% over 5 yrs; monthly payme						
35. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION							
BANK NAME BANK ADDRESS ACCOUNT NUMBER							
a.							
b.							
c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)							
I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s).							
For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers,							
to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan							
documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records							
established in connection with this business. This authorization to examine records at any financial institution may be revoked at any							
time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any							
business records or documents established in connection with this business including, but not limited to those on file with my/our							
bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.							
36. APPLICANT SIGNATURE (Only one signature		PRINTED NAM	=	DATE SIGNED			
ATTEST (ABC Employee or Notary Public)							