Department of Alcoholic Beverage Control LICENSED PREMISES DIAGRAM (RETAIL)

APPLICANT NAME (Last, first, middle)		2. LICENSE TYPE					
3. PREMISES ADDRESS (Street number and name, city, zip code	9)	4. NEAREST CROSS STREET					
The diagram below is a true and correct	ct description of the entrances, exits, interior	r walls and exterior					
boundaries of the premises to be licens	sed, including dimensions and identification	n of each room (i.e., "storeroom",					
"office", etc.).							
DIAGRAM							
It is hereby declared that the above-described boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.							
APPLICANT SIGNATURE (Only one signature required)		DATE SIGNED					
CERTIFIED CORRECT (Signature)	FOR ABC USE ONLY PRINTED NAME	INSPECTION DATE					

Department of Alcoholic Beverage Control PLANNED OPERATION (RETAIL)

SECTION I - FOR	R ALL RETAIL	APPLICANTS	3						
APPLICANT NAME(S)						2. LICENSE TYPE(S)			
3. PREMISES ADDRESS (Street number and name, city, zip code)						4. NEAREST CROSS STREET			
5. TYPE OF BUSINESS (Choose one that best describes the planned operation) Full Service Restaurant Cafeteria/Hofbrau				Cooktail L	Cooktoil Loungo			Privata Club	
				Cocktail Lounge				Private Club	
Deli or Specialty Restaurant Comedy				Night Club		Veterans Club			
Cafe/Coffee S	ffee Shop Brew Pub		ubTavern			Fraternal Club			
Bed & Breakf	ast	Theate	Theater		Wine Tasting Room				
Supermarket		Membership Store		Service Station			Swap M	Swap Meet/Flea Market	
Liquor Store		Departr	ment Store Conveniend		nce Market		Drive-in	Drive-in Dairy	
Variety/Drug	Store	Gift Sho	pp/Florist	Convenier	nce Market	w/Gasol	/Gasoline		
Other - descri	ibe:	<u> </u>		_					
6. PATRON CAPACITY	7. SURROU	NDING AREA	_	8. PREMISES IS LO	CATED IN				
	Com	mercial	Rural	Free Stan	ding Buildir	ng			
	Resid	dential	Industrial	Shopping	Center (Na	me):			
	Othe	r			10 Units	s or Less	More that	an 10 Units	
9. FOOD SERVICE		10. PARKING LOT?	11. PATIO?			OU HIRE A ER? (Rule 57.5)	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7)		
None Minimal Full Meals		Yes No	Yes	No	Yes		Yes No		
14. MEAL TYPE			15. TYPE OF FOOD				16. HOURS OF F		
Dinner House Seafood A		American	Greek	Greek Indian Frenc			BREAKFAST HOURS From: To:		
					_	LUNCH HOUF	RS		
Fast Food/Deli Other: Chinese			Korean	Korean Italian Thai From: To:					
Pizza/Pasta Japanes		Japanese	Other:			From:			
17. OPERATING HOURS					1				
	Sunday	Monday	Tuesday	Wednesday	Thurs	day	Friday	Saturday	
Opening Time									
Closing Time									
	One or more may apply		entertainment with an asterick ed Music		noina		Cord Po	.om	
		ied Music Patron Dancing ntertainment Bikini/Topless/Exoti		-	Card Room Movies				
		Stage Shows	Pool/Billiard Tables			"Hot Spot"/Lottery			
*Other Karaoke			*Amateur/Pro Sports Events				Video/Coin-Operated Games		
					oin-Operated Games				
*Description:									
	TED ON			Type of other	OTUDE				
19. PREMISES IS LOCATED ON Major Thoroughfare Secondary Street			20. TYPE OF STRUCTURE Single Story Two-Story						
Other Multi-Story - Number of stories:				• •					
21. PASS-THROUGH WINDOW? 22. FIXED BARS?				23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE			R TOTAL SALES WILL BE		
		ow mony			OLIC BEVERAGES?	BEVERAGES?			
Yes No Yes - how many: No FOR ABC USE ONLY									
24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)					25. DATE E	ENTERED INTO CABIN			