

DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>
Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

LICENSE NUMBER	GEO CODE
RECEIPT NUMBER	
FEE	
\$	

1. ORGANIZATION'S NAME	CONDITIONS REQUIRED ☐ Yes ☐ No	DIAGRAM REQUIRED ☐ Yes ☐ No
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2. LICENSE TYPE (Check appropriate license type AND organization type)

a. ☐ Daily General (\$75.00) (Includes beer, wine and distilled spirits)	☐ Fraternal Organization in Existence Over Five Years with Regular Membership
☐ Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure	☐ Religious Organization
☐ Organization Formed for Specific Charitable or Civic Purpose	☐ Vessel per Section 24045.10 B&P (\$50.00)
☐ Other: _____	

b. ☐ Special Daily Beer & Wine (\$50.00)	☐ Other: _____
☐ Charitable ☐ Fraternal ☐ Social ☐ Political	☐ Amateur Sports Organization
☐ Civic ☐ Religious ☐ Cultural	

c. ☐ Special Temporary License (\$100.00) (Different privileges depending on statute)	☐ Person conducting Estate Wine Sale per Section 24045.8 B&P
☐ Television Station per Section 24045.2 or 24045.9 B&P	☐ Women's Educational and Charitable Organization per Section 24045.3 B&P
☐ Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P	

☐ Other Special Temporary Licenses, per Section _____
License number _____ Amount \$ _____

3. EVENT TYPE	☐ Dinner ☐ Dance ☐ Wedding ☐ Lunch ☐ Picnic ☐ Barbeque ☐ Social Gathering ☐ Festival
☐ Sports Event ☐ Concert ☐ Birthday ☐ Mixer ☐ Carnival ☐ Dinner Dance ☐ Other: _____	

4. TOTAL # OF DAYS	5. ESTIMATED ATTENDANCE	6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From _____ To _____
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7. EVENT DATE(S)	8. EVENT IS OPEN TO THE PUBLIC ☐ Yes ☐ No
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9. EVENT LOCATION (Give facility name, if any, street number and name, and city)

10. LOCATION IS WITHIN THE CITY LIMITS ☐ Yes ☐ No	11. TYPE OF ENTERTAINMENT	12. SECURITY GUARDS ☐ Yes ☐ No If yes, how many? _____
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13. AUTHORIZED REPRESENTATIVE'S NAME	14. REPRESENTATIVE'S TELEPHONE NUMBER
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15. REPRESENTATIVE'S ADDRESS

16. ORGANIZATION'S MAILING ADDRESS (if different from #15 above)	17. CONTACT EMAIL ADDRESS
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18. AUTHORIZED REPRESENTATIVE'S SIGNATURE	19. DATE SIGNED
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PROPERTY OWNER APPROVAL BY (Name), REQUIRED	PHONE NUMBER	PROPERTY OWNER SIGNATURE	DATE SIGNED
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE	PHONE NUMBER	LAW ENFORCEMENT SIGNATURE	DATE SIGNED
DISTRICT OFFICE APPROVAL BY (Name)		ABC EMPLOYEE SIGNATURE	ISSUANCE DATE

The above-named organization is hereby licensed, pursuant to the California Business and Professions Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above named location for the period authorized above.

This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace and morals of the people of the State.