Department of Alcoholic Beverage Control

ATTACHMENT 3

State of California

Gavin Newsom, Governor

DAILY LICENSE APPLICATION/A	UTHORIZATION - N	Non T	ransfera	ble			
Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashie Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of A					LICENSE NUMBER	GEO CODE	
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					RECEIPT NUMBER		
license(s) described below.					FEE		
					\$		
1. ORGANIZATION'S NAME				No	DIAGRAM REQUIRED	No	
2. LICENSE TYPE (Check appropriate license type	AND organization type)						
a. Daily General (\$75.00) (Includes bee	r, wine and distilled spirits))					
 Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure Organization Formed for Specific Charitable or Civic Purpose 			Fraternal Organization in Existence Over Five Years with Regular Membership Religious Organization				
Other:				essel per Section 24045.10 B&P (\$50.00)			
b. Special Daily Beer & Wine (\$50.00)							
Charitable Fraternal Social Political Other:							
└──Civic └──Religious └──Cultural	Amateur Sports Or	rganizati	on				
c. Special Temporary License (\$100.00)	(Different privileges	s depen	ding on stat	ute)			
Television Station per Section 24045.2 or 24045.9 B&P						4045.8 B&P	
Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P Women's Educational and Charitable Organization p Section 24045.3 B&P						zation per	
Other Special Temporary Licenses, per Se	ction						
License number	Amount \$						
3. EVENT TYPE Dinner Dance Wedding	Lunch Picnic	Bar	beque	Social G	athering	Festival	
Sports Event Concert Birthday Mixer Carnival Dinner Dance Other:							
4. TOTAL # OF DAYS 5. ESTIMATED ATTENDANCE	6. HOURS OF ALCOHOLIC BEVERA	AGE SALES	, SERVICE AND/	DR CONSUMPTIC	 DN		
7. EVENT DATE(S)		8. EVEN	IS OPEN TO TH	-			
		Ye	S	No			
9. EVENT LOCATION (Give facility name, if any, street number and name, ar	nd city)						
10. LOCATION IS WITHIN THE CITY LIMITS 11. TYPE OF ENTER	AINMENT	12. SECUR	RITY GUARDS				
Yes No			Yes No If yes, how many?				
13. AUTHORIZED REPRESENTATIVE'S NAME					14. REPRESENTATIVE'S	TELEPHONE NUMBER	
15. REPRESENTATIVE'S ADDRESS							
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)			17	CONTACT EMA	IL ADDRESS		
18. AUTHORIZED REPRESENTATIVE'S SIGNATURE			19. DATE SIGNED				
PROPERTY OWNER APPROVAL BY (Name), REQUIRED	PHONE NUMBER	Ρ	ROPERTY OWN	ER SIGNATURE	1	DATE SIGNED	
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE	PHONE NUMBER		AW ENFORCEMENT SIGNATURE			DATE SIGNED	
DISTRICT OFFICE APPROVAL BY (Name)	1	A	ABC EMPLOYEE SIGNATURE ISSUANCE DATE			ISSUANCE DATE	
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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.

ABC-221 (rev. 07/21)