



**PLANNED OPERATION (NON-RETAIL)**

1. APPLICANT NAME(S) (Last, first, middle)	2. LICENSE TYPE(S)
--	--------------------

3. PREMISES ADDRESS (Street number and name, city, zip code)

4. PREMISES (Check all that apply)

Office    
  Warehouse    
  Production Facility    
  Restaurant on Premises    
  Tasting Room

5. MANUFACTURE <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	IMPORT <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	WHOLESALE (Distribute) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits
--	--	--

6. SELL TO

Retailers    
  Wholesalers    
  Export out of California    
  Consumers

7. SURROUNDING AREA <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____	8. LOCATED ON <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other: _____	9. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of Stories: _____
--	--	--

10. OPERATING HOURS (i.e., 10:00 a.m.)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

11. BRAND NAME(S) AND TYPE OF PRODUCT(S) (i.e., beer, wine, distilled spirits) WE WILL MANUFACTURE/IMPORT/DISTRIBUTE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. SOURCE(S) OF SUPPLY OF ALCOHOLIC BEVERAGES AND SUPPLIER ADDRESS(ES) (Street number and name, city, state, zip code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. PRODUCT WILL BE SHIPPED TO ME/US VIA	14. MANUFACTURE GRAPE BRANDY <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

15. PRODUCT WILL BE SHIPPED TO MY/OUR CUSTOMERS VIA	16. PRODUCT WILL BE SHIPPED FROM (Street number and name, city, state, zip code)
---	--

17. PRODUCT WILL BE STORED AT (Street number and name, city, state, zip code)	18. BUSINESS RECORDS WILL BE MAINTAINED AT (Street number and name, city, state, zip code)
---	--

19. FEDERAL BASIC PERMIT REQUIRED FROM BUREAU OF ALCOHOL, TOBACCO & FIREARMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE	BATF BASIC PERMIT NUMBER
---	--------------------------	--------------------------

20. BONDED WINERY PERMIT REQUIRED FROM BATF? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE	BONDED WINERY PERMIT NUMBER
--	--------------------------	-----------------------------

21. SURETY BOND REQUIRED FROM STATE BOARD OF EQUALIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE
--	--------------------------

**FOR ABC USE ONLY**

INFORMATION PROVIDED <input type="checkbox"/> ABC-578 Instructions to Beer Vendors <input type="checkbox"/> ABC-413 Instructions to Distilled Spirits Shipper <input type="checkbox"/> ABC-414 Distilled Spirits Shipper Agreement	PROVIDED BY (Name)	DATE PROVIDED
---	--------------------	---------------

COMMENTS/ADDITIONAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_