## Department of Alcoholic Beverage Control LICENSED PREMISES DIAGRAM (NON-RETAIL)

State of California ARNOLD SCHWARZENEGGER, Governor

4. ADDITIONAL NAME (Last first residula)		LO LIGENOS TVDS				
APPLICANT NAME (Last, first, middle)		2. LICENSE TYPE				
3. PREMISES ADDRESS (Street number and name, city, zip co	de)	4. NEAREST CROSS STREET				
The diagram below is a true and correct description of the entrances, exits, interior walls and exterior						
boundaries of the premises to be l	icensed, including dimensions.					
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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				
FOR ABC USE ONLY						
CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE				

## **PLANNED OPERATION (NON-RETAIL)**

APPLICANT NAME(S) (Last, first, middle)			2. LICENS	SE TYPE(S)		
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3. PREMISES ADDRESS (Street number and name, city, zip coo	de)					
4. PREMISES (Check all that apply) Office Warehouse	Production Facil	ity	Restaurant on	Premises	Tasting Room	
5. MANUFACTURE Beer Wine Distilled Spirits	Beer Wine	Distilled		ALE (Distribute) er Wine	Distilled Spirits	
6. SELL TO Retailers Wholesalers Export out of California Consumers						
SURROUNDING AREA 8. LOCATED ON 9. TYPE OF STRUCTURE						
Commercial Industrial	Industrial Major Thoroughfare		│	Single Story		
Residential Rural Secondary Street		et	t Two-Story			
Other:		Multi-Story - Number of Stories:				
10. OPERATING HOURS (i.e., 10:00 a.m.)						
Sunday Monday	y 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 MANU	JFACTURE/IMPOR	T/DISTRIBUTE			
12. SOURCE(S) OF SUPPLY OF ALCOHOLIC BEVERAGES A	ND SUPPLIER ADDRESS(ES) (Stree	t number and name	, city, state, zip code)			
13. PRODUCT WILL BE SHIPPED TO ME/US VIA	14. MANUFACTURE GRAPE BRANDY Yes No					
15. PRODUCT WILL BE SHIPPED TO MY/OUR CUSTOMERS	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?  Yes No		IF YES, APPLICATION DATE BATF BASIC PERMIT NUMBER		MIT NUMBER		
20. BONDED WINERY PERMIT REQUIRED FROM BATF?  Yes No		IF YES, APPLICATION DATE BONDED WINERY PERMIT NUMB		PERMIT NUMBER		
21. SURETY BOND REQUIRED FROM STATE BOARD OF E	QUALIZATION?	IF YES, APPLICA	ATION DATE			
	FOR ARC	USE ONLY				
INFORMATION PROVIDED	I OII ADO	PROVIDED BY (N			ATE PROVIDED	
ABC-578 Instructions to Beer Vendors						
ABC-413 Instructions to Distilled Spirits	s Shipper					
ABC-414 Distilled Spirits Shipper Agree	ement					
COMMENTS/ADDITIONAL INFORMATION		1		I		