

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

State of California  
ARNOLD SCHWARZENEGGER, Governor

1. APPLICANT NAME (Last, first, middle)	2. LICENSE TYPE
3. PREMISES ADDRESS (Street number and name, city, zip code)	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 licensed, *including dimensions*.

**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
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**FOR ABC USE ONLY**

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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# PLANNED OPERATION (NON-RETAIL)

1. APPLICANT NAME(S) (Last, first, middle)	2. LICENSE TYPE(S)
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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
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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: _____
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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
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15. PRODUCT WILL BE SHIPPED TO MY/OUR CUSTOMERS VIA	16. PRODUCT WILL BE SHIPPED FROM (Street number and name, city, state, zip code)
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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)
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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
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20. BONDED WINERY PERMIT REQUIRED FROM BATF? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE	BONDED WINERY PERMIT NUMBER
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21. SURETY BOND REQUIRED FROM STATE BOARD OF EQUALIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE
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**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
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COMMENTS/ADDITIONAL INFORMATION

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