Gavin Newsom, Governor

Instructions: Compl	ete all items. Sui	bmit to local ABC	THORIZATION - I District Office with require for compart to refunded. For	ed fee (Cashier's Chec	k or	LICENSE NUMBER	GEO CODE	
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							RECEIPT NUMBER		
license(s) described below.					FEE \$				
1. ORGANIZATION'S NAME						No		No	
2. LICENSE TYPE	(Check appror	priate license tvi	pe AND organization typ						
a. Daily Genera			er, wine and distilled spi						
Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure					Fraternal Organization in Existence Over Five Years with Regular Membership				
Organization Formed for Specific Charitable or Civic Purpose					Religious Organization				
Other:					Vessel per Section 24045.10 B&P (\$50.00)				
b. Special Dail	y Beer & Wine	(\$50.00)							
Charitable Fraternal Social Political					Other:				
Civic Religious Cultural Amateur Sports Organization									
c. Special Tem	porary Licens	e (\$100.00)	(Different privileg	ges dep	ending on st	atute)			
Television Station per Section 24045.2 or 24045.9 B&P									
Nonprofit C	Corporation per	Sections 2404	5.4 and 24045.6 B&P				Charitable Organ	nization per	
Other Specia	al Temporary I	Licenses, per S	Section	Se	ection 24045	3 B&P			
License num	ber		Amount \$	6					
3. EVENT TYPE	Dance	Wedding	Lunch Picnic	B	arbeque		Bathering	Festival	
Sports Event	Concert	Birthday	Mixer Carniva		inner Dance	Other:	Jamening		
4. TOTAL # OF DAYS	5. ESTIMATED ATT	ENDANCE	6. HOURS OF ALCOHOLIC BEVE	ERAGE SA	LES, SERVICE AN		TION		
7. EVENT DATE(S)			From	8 E\/EN	IT IS OPEN TO TH				
T. EVENT DATE(0)				ΩYe		No			
9. EVENT LOCATION (Give	facility name, if any, st	reet number and name	, and city)						
10. LOCATION IS WITHIN THE CITY LIMITS 11. TYPE OF ENTERTAINMENT					URITY GUARDS	No	If yes, how n	nany?	
13. AUTHORIZED REPRESE	ENTATIVE'S NAME						14. REPRESENTATIVE'S	TELEPHONE NUMBER	
15. REPRESENTATIVE'S A	DDRESS								
16. ORGANIZATION'S MAIL	ING ADDRESS (If diffe	erent from #15 above)							
17. AUTHORIZED REPRESE	ENTATIVE'S SIGNATI	JRE					18. DATE SIGNED		
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		1	DATE SIGNED	
DISTRICT OFFICE APPROV	AL BY (Name)	1		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.

ABC-221 (rev. 07/19)