



ALCOHOL BEVERAGE CONTROL (ABC) LICENSE REQUEST GUIDELINES

This packet is to be used for requesting a daily alcohol permit for AVC events. It is essential that you submit the completed packet at least 30 days before the event. Please note, Alcohol Beverage Control does not accept digital signatures.

The following items must be completed and provided with your packet:

- ✓ **Daily License Application** - Make sure that you check the box indicating an RBS-trained person will be present.
- ✓ **Event Diagram** - This should include where the alcohol will be served and consumed.
- ✓ **Request for Foundations Form** - A specific format for your request has been included to ensure there are no issues with your application.

Once all the documents are completed, please submit the packet to the Foundation office in Administration Building A118.

Should you have any questions, please don't hesitate to contact us at foundation@avc.edu or extension 6391.

DAILY LICENSE APPLICATION

Complete all applicable items. Submit this application to your local ABC District Office with the required fee (Cashier's Check or Money Order) payable to ABC. Once the daily license is issued, fees cannot be refunded. Listing of ABC District Office is available at <https://www.abc.ca.gov/contact/district-offices/>. Please visit <https://www.abc.ca.gov/abc-221-instructions/> for further instructions.

ABC USE ONLY		
License #	Receipt #	Fee \$
Conditions Requested <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagram Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
License Type <input type="checkbox"/> B & W <input type="checkbox"/> General <input type="checkbox"/> Special		

SECTION 1. ORGANIZATION AND LICENSE TYPE INFORMATION

Organization Name	Tax ID
Organization Mailing Address	

LICENSE TYPE

<input type="checkbox"/> Special Daily Beer and Wine (\$50.00) <input type="checkbox"/> Amateur Sports Organization <input type="checkbox"/> Charitable <input type="checkbox"/> Civic <input type="checkbox"/> Cultural <input type="checkbox"/> Fraternal <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Social <input type="checkbox"/> Other:	<input type="checkbox"/> Daily General (\$75.00) <input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Fraternal Organization in Existence over Five Years with Regular Membership <input type="checkbox"/> Religious Organization <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)	<input type="checkbox"/> Special Temporary License (\$100.00) <input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P <input type="checkbox"/> Non-profit Corporation per Section 24045.4 and 24045.6 B&P <input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P <input type="checkbox"/> Other Special Temporary License Per Section: License #: _____ Amount: _____
---	--	---

SECTION 2. EVENT DETAILS

Event Dates	Total # of Days	Hours of Alcoholic Beverage Sales, Service and/or consumption To _____	Virtual Event <i>Mark Yes, if the event is 100% virtual</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Address (Street #, name, and city)		Event Location Description (Jones Park, Pavilion A, etc.)	Location Within the City Limit <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Type <input type="checkbox"/> Barbeque <input type="checkbox"/> Dinner <input type="checkbox"/> Sporting Event <input type="checkbox"/> Birthday <input type="checkbox"/> Festival <input type="checkbox"/> Social Gathering <input type="checkbox"/> Concert <input type="checkbox"/> Lunch <input type="checkbox"/> Wedding <input type="checkbox"/> Carnival <input type="checkbox"/> Mixer <input type="checkbox"/> Other: <input type="checkbox"/> Dance <input type="checkbox"/> Picnic		Type of Entertainment	Event Open to Public <input type="checkbox"/> Yes <input type="checkbox"/> No
		Estimated Attendance	Outdoor Event <input type="checkbox"/> Yes* <i>*If Yes, a diagram of the event area is required</i> <input type="checkbox"/> No
		Security Guard If Yes, how many <input type="checkbox"/> Yes <input type="checkbox"/> No	

REQUIRED

By checking this box, you are certifying that you understand the requirements detailed in Business and Professions (B&P) Code Section 25682(c) which state that a nonprofit organization that has obtained a temporary daily license from the department must designate a person(s) to receive RBS training certification prior to the event, and that designated person(s) shall remain onsite for the duration of the event.

SECTION 3. CONTACT INFORMATION

Contact Person	Phone Number	Email Address
----------------	--------------	---------------

SECTION 4. SIGNATURES AND APPROVALS

I attest that I am authorized by the organization named above to make this application on its behalf.

Organization's Authorized Representative Name	Phone Number	Signature	Date Signed
Property Owner Approval By (Name) Required	Phone Number	Signature	Date Signed
Law Enforcement Approval By (Name), If applicable	Phone Number	Signature	Date Signed
District Office Approval By (Name)	Phone Number	ABC Employee Signature	Issuance Date

The above named organization is hereby licensed, pursuant to the California B&P Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the abovenamed location for the period authorized above. B&P Code Section 25682(c) requires that a designated RBS-trained person(s) shall remain on site for the duration of the event. Failure to comply with this requirement will result in immediate cancellation of the permit. **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.**



REQUEST FOR FOUNDATION FUNDS ABC LICENSE APPLICATION FEE

Only use this form when requesting payment for the Alcohol Beverage Control (ABC) license application fee. A wet signature is required on this form, along with the other required documents for your application packet.

Event Name: _____

Event Date(s): _____

Event Location: _____

Fund Name: _____ Date: _____

Amount Requested: (\$50/day) _____

Payable To: ABC _____

AUTHORIZED SIGNATURES (all are required)

_____	_____
Fund Manager – Print Name	Signature
_____	_____
Dean or Director – Print Name	Signature
Dianne Knippel	_____
Executive Director, AVC Foundation	Signature

OFFICE USE ONLY:

Fund Number: _____	Cashier's Check #: _____
Fund Balance: _____	Cashier's Check Amount: _____
Notes: _____ _____ _____	