

BUSINESS CATEGORIZATION CERTIFICATION

To ensure that your retail alcohol outlet is billed the correct amount; the County is requesting that you certify the categorization of your business by completing the table below. Your answers must reflect business activity during the previous calendar year.

| Component | Category (Circle Your Selection) |
|-----------|---|
| Hours | I – Business closes no later than 10:00 pm II – Business closes no later than midnight III – Business closes no later than 2:00 am |
| Volume | I - Wholesale alcohol purchases \$0 to \$100,000 II - Wholesale alcohol purchases \$100,001 to \$300,000 III - Wholesale alcohol purchases over \$300,000 |

Misrepresentation of sales volume or hours of operation may result in additional certification fees or suspension or revocation of the Local Certification of Responsibility required to operate an alcoholic beverage outlet.

Please verify the information on file for your business and sign the certification below. The completed document can be returned by e-mail (SHFAlcoholCompliance@santacruzcounty.us) or regular postal mail to:

Alcohol Program
County of Santa Cruz, Sheriff-Coroner
5200 Soquel Avenue
Santa Cruz, CA 95062

Please contact us by e-mail (SHFAlcoholCompliance@santacruzcounty.us) or by phone at (831) 454-7699 with questions or to request additional information.

LCR #: _____

Business Name: _____

Business Address: _____

Phone #:(____) _____ E-mail Address: _____

Description of business operations: _____

I certify that the above categorization of the business hours and volume components is correct for my business.

Print Business Owner or Authorized Agent Name

Phone Number

Business Owner or Authorized Agent Name Signature

Date