



DAILY LICENSE APPLICATION / AUTHORIZATION – Non-Transferable

Instructions:

1. Complete form ABC-221 (rev. 01/18)
2. Submit completed form to Santa Cruz County Sheriff's Office (by mail or in person) for review and approval consideration **at least thirty (30) days prior to the event date.**

Alcohol Compliance Officer
Santa Cruz County, Sheriff-Coroner
5200 Soquel Ave
Santa Cruz, CA 95062

Phone: (831) 454-7749

E-mail: shfalconcompliance@santacruzcounty.us

3. Applicant will be notified of application status by telephone.
4. Applicant then submits form **and payment** to the local ABC Office for issuance of permit at:

CA Dept of Alcoholic Beverage Control
1137 Westridge Parkway
Salinas, CA 93907

Phone: (831) 755-1990

Fax: (831) 755-1997

E-mail: Salinas@abc.ca.gov

*Applications are subject to approval by the Alcohol Compliance Officer. The following criteria may be considered: any activity that jeopardizes, endangers, or results in adverse effects to the health, peace, or safety of persons residing or working in the surrounding area.

References:

5. ABC-221 (<https://www.abc.ca.gov/Forms/PDFSp.html>)
6. Santa Cruz County Code 8.03

DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or 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 license(s) described below.

LICENSE NUMBER	GEO CODE
RECEIPT NUMBER	
FEE	
\$	

1. ORGANIZATION'S NAME	CONDITIONS REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAGRAM REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. LICENSE TYPE (Check appropriate license type AND organization type)

a. **Daily General (\$25.00)** *(Includes beer, wine and distilled spirits)*

<input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure	<input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership
<input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)

b. **Special Daily Beer (\$25.00)** **Special Daily Beer & Wine (\$50.00)** **Special Daily Wine (\$25.00)**

<input type="checkbox"/> Charitable	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Social	<input type="checkbox"/> Political	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Civic	<input type="checkbox"/> Religious	<input type="checkbox"/> Cultural	<input type="checkbox"/> Amateur Sports Organization	

c. **Special Temporary License (\$100.00)** *(Different privileges depending on statute)*

<input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P	<input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P
<input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P	<input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P

Other Special Temporary Licenses, per Section _____

License number _____ Amount \$ _____

3. EVENT TYPE

<input type="checkbox"/> Dinner	<input type="checkbox"/> Dance	<input type="checkbox"/> Wedding	<input type="checkbox"/> Lunch	<input type="checkbox"/> Picnic	<input type="checkbox"/> Barbeque	<input type="checkbox"/> Social Gathering	<input type="checkbox"/> Festival
<input type="checkbox"/> Sports Event	<input type="checkbox"/> Concert	<input type="checkbox"/> Birthday	<input type="checkbox"/> Mixer	<input type="checkbox"/> Carnival	<input type="checkbox"/> Dinner Dance	<input type="checkbox"/> Other: _____	

4. TOTAL # OF DAYS	5. ESTIMATED ATTENDANCE	6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From _____ To _____
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7. EVENT DATE(S)	8. EVENT IS OPEN TO THE PUBLIC <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. EVENT LOCATION (Give facility name, if any, street number and name, and city)

10. LOCATION IS WITHIN THE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	11. TYPE OF ENTERTAINMENT	12. SECURITY GUARDS <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____
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13. AUTHORIZED REPRESENTATIVE'S NAME	14. REPRESENTATIVE'S TELEPHONE NUMBER
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15. REPRESENTATIVE'S ADDRESS

16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)

17. AUTHORIZED REPRESENTATIVE'S SIGNATURE	18. DATE SIGNED
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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	DATE SIGNED
DISTRICT OFFICE APPROVAL BY (Name)		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.