

Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
 Gavin Newsom, Governor

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.) Ana M. Mantza Johnson			P-12 LICENSEE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, complete form ABC-811)
2. LICENSE TYPE(S) (Check appropriate items)		3. TRANSACTION TYPE (Check appropriate item)	
<input type="checkbox"/> 20 Off-Sale Beer & Wine <input type="checkbox"/> 21 Off-Sale General <input checked="" type="checkbox"/> 40 On-Sale Beer <input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place <input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises <input type="checkbox"/> 47 On-Sale General Eating Place <input type="checkbox"/> 48 On-Sale General Public Premises <input type="checkbox"/> Other		Original (New) Person-to-Person Transfer (check appropriate section): <input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.) <input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership) <input type="checkbox"/> Section 24071.2 (Limited Liability Company) <input type="checkbox"/> Premises-to-Premises Transfer <input type="checkbox"/> Exchange <input type="checkbox"/> Other	
4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code) 506 W. Avenue 28 th LA, CA 90065			County LA
6. PREMISES TELEPHONE NUMBER (323) 332-3225	7. PREMISES ARE INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. BUSINESS NAME (DBA) YOU WILL USE	
9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code) 506 W. Avenue 28 th LA, CA 90065			10. MAILING ADDRESS <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary
11. ABC LICENSE COST (Item #33a on reverse) \$25,000.00		12. SUBTOTAL (Item #33f on reverse)	
13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN			
16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.) Marcelinas, Inc			17. ABC LICENSE NUMBER 40-584518
18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code)			
19. PREMISES UNDER CONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, LIST ESTIMATED COMPLETION DATE		20. FRANCHISE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. NAME OF PERSON WE MAY CONTACT (For the applicant) Ana M. Johnson		22. TITLE OF CONTACT PERSON President	
23. CONTACT TELEPHONE NUMBER (323) 335-0889	24. CONTACT E-MAIL ADDRESS Lasamigos2642@gmail.com		
25. PREMISES IS CURRENTLY LICENSED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TYPE OF LICENSE	26. CURRENT LICENSE IS OPERATING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, DATE CLOSED
FINANCIAL INFORMATION			
27. ESCROW COMPANY'S NAME ABC Escrow	ESCROW COMPANY'S ADDRESS 2222 Damon St. LA, CA 90021		TELEPHONE NUMBER (213) 417-2341
28. BOOKKEEPER/ACCOUNTANT'S NAME	BOOKKEEPER/ACCOUNTANT'S ADDRESS		TELEPHONE NUMBER
29. LANDLORD'S NAME Sheri-Dickerson-Hailey	LANDLORD'S ADDRESS 28847 Phanton Trail Santa Clarita, CA 91390		TELEPHONE NUMBER (310) 283-9585
30. MONTHLY RENT \$6,800.00 monthly	31. LEASE EXPIRATION DATE 2-28-2025	32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES <input type="checkbox"/> All <input type="checkbox"/> Some <input checked="" type="checkbox"/> None	

33. INVESTMENT INFORMATION

COST

a. ABC License	\$ 15,000.
b. Furniture/fixtures	\$
c. Inventory	\$
d. Goodwill/non-compete covenant	\$
e. Leasehold and/or Improvements	\$
f. SUBTOTAL (Usually should equal the recorded notice)	\$ 15,000.
g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State, County or City license fees or permits; lease and utility deposits	\$ 10,000.
h. Working capital (approximate)	\$
i. Realty or interest therein	\$
j. TOTAL INVESTMENT (Items f through i) (will equal total of amounts listed in item #33)	\$0.00 25,000.

34. Source of Funds for Total Investment (item #33j) - identify amount(s), type(s) and explain source(s) and/or terms of Repayment

Amount	Type	Source and/or Terms of Repayment
<i>Examples</i> \$1,000	Gift	John Doe, Brother
\$15,000	Promissory Note	to seller, payable @ \$1,000 per month for 15 months
\$10,000	Loan	from ABC Bank, @ 8.5% over 5 yrs; monthly payment = \$2,052
25,000.	Savings	Source from other bussiness The Good Neighbor Antique store

35. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a. Wells Fargo Bank		
b.		

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

36. APPLICANT SIGNATURE (Only one signature needed)	PRINTED NAME	DATE SIGNED
<i>Cina M. Johnson</i>		
ATTEST (ABC Employee or Notary Public)		