

APPLICATION QUESTIONNAIRE*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 Mántiza Johnson

P-12 LICENSEE

☐ Yes☒ No

(If yes, complete form ABC-811)

2. LICENSE TYPE(S) (Check appropriate items)

20 Off-Sale Beer & Wine

21 Off-Sale General

☒ 40 On-Sale Beer

41 On-Sale Beer & Wine Eating Place

42 On-Sale Beer & Wine Public Premises

47 On-Sale General Eating Place

48 On-Sale General Public Premises

Other

3. TRANSACTION TYPE (Check appropriate item)

Original (New)

Person-to-Person Transfer (check appropriate section):

Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)

Section 24071.1 (Corporate Stock/Limited Partnership)

Section 24071.2 (Limited Liability Company)

Premises-to-Premises Transfer

Exchange

Other

4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)

☒ Yes☐ No

5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code)

506 W. Avenue 28th LA, CA 90065

County

LA

6. PREMISES TELEPHONE NUMBER

(323) 332-3225

7. PREMISES ARE INSIDE CITY LIMITS

☒ Yes☐ No

8. BUSINESS NAME (DBA) YOU WILL USE

9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code)

506 W. Avenue 28th LA, CA 90065

10. MAILING ADDRESS

☒ Permanent☐ 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?

☐ Yes☒ 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?

☐ Yes☒ 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

☐ Yes☒ No

IF YES, LIST ESTIMATED COMPLETION DATE

20. FRANCHISE

☐ Yes☐ 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

☒ Yes☐ No

IF YES, TYPE OF LICENSE

26. CURRENT LICENSE IS OPERATING

☒ Yes☐ 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

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

☐ All☐ Some☒ 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 business 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>Anna M. Johnson</i>		
ATTEST (ABC Employee or Notary Public)		