

**CITY OF DIXON
CA ALCOHOLIC BEVERAGE CONTROL (ABC)
DAILY LICENSE APPLICATION COVER PAGE**



Complete this form if you are hosting an event on private property that requires an ABC Daily License and law enforcement approval. Submit this form with a completed [CA ABC Daily License Application](#).

A City of Dixon Special Event Permit is required for any assembly of fifty (50) people or more on city property or right-of-way; or an event that obstructs the normal flow of pedestrian or vehicular traffic; or is a hazard to the public peace, health, safety or general welfare. **If your event requires a City of Dixon Special Event Permit do not complete this form.** Please complete a City of Dixon [Special Event Permit Application](#) and attached your ABC Permit Form.

Forms must be submitted 30 days in advance. Forms may be submitted to City Hall (600 East A Street, Dixon, CA) or by email to events@cityofdixon.us.

Applicant Information

Name of Applicant: _____

Phone Number: _____

Email: _____

Name of Sponsoring Group/Business: _____

Event Information

Date of Event: _____

Time of Event: _____ to _____

Title of Event: _____

Event Description:

Will tickets be sold? Yes No

Is the event open to the public? Yes No

Age of attendees: All ages 18+ 21+

Permit Information (to be completed by staff)

Application Number: _____

Date Received: _____

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:
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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
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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.**

SUPPLEMENTAL DIAGRAM

Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization, event authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle)	2. LICENSE TYPE
3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET

DIAGRAM

I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
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FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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