

COVID-19 TEMPORARY CATERING AUTHORIZATION APPLICATION

Before completing this application, please review Form ABC-218 CV19 Instr. for important information regarding the COVID-19 Temporary Catering Authorization.

Instructions: Indicate the license number this temporary authorization will apply to in the appropriate box and then complete sections #1 and #2. Once complete, submit to the local ABC office with a non-refundable payment in the amount of \$100.00. Acceptable forms of payment are business/personal check, cashiers check or money order. You must also submit Form ABC-253 which clearly identifies where the area is in relation to the existing licensed premises. If you are entering into an agreement with another person/entity for meal service, you must also submit a copy of the agreement or contract which establishes the details of this business relationship. Incomplete or inaccurate applications may result in delay or denial of the application request. If approved, a COVID-19 Temporary Catering Authorization will be sent to you via the email address you provide below. If you do not have a valid email address, the authorization will be mailed to your premises.

LICENSE NUMBER

RECEIPT NUMBER (FOR ABC USE ONLY)

TOTAL FEE

SECTION 1 (Application Details And Licensee Acknowledgment)

1. LICENSEE NAME(S) (If an individual, first name, middle name, last name.)		2. CONTACT PERSON	3. CONTACT PHONE NUMBER
4. LICENSED PREMISES ADDRESS		5. EMAIL ADDRESS	
6. DESCRIPTION OF EXPANDED AREA (Adjacent suite, sidewalk, parking lot, etc.) You must also complete and submit Form ABC-253 which identifies where the expansion is in relation to the existing premises.			
7. DESCRIPTION OF HOW THE EXPANDED AREA WILL BE DELINEATED (Theater style stanchions and rope, temporary fencing, etc.)			
8. WILL THE EXPANDED AREA BE SHARED WITH ANY OTHER PERSON <input type="checkbox"/> Yes <input type="checkbox"/> No		9. ARE YOU CONTRACTING WITH ANOTHER PERSON FOR MEAL SERVICE (If yes, you must attach a copy of the agreement) Yes No	
10. DO YOU HAVE LEGAL AUTHORITY TO USE THE REQUESTED AREA Yes No		11. WHAT IS YOUR LEGAL AUTHORITY TO USE THE AREA (Valid lease, rental contract, city permit, etc.)	

**IN COMPLETING THIS APPLICATION FOR A COVID-19 TEMPORARY CATERING AUTHORIZATION, I ACKNOWLEDGE ALL OF THE FOLLOWING:
Check all of the boxes below. Failure to acknowledge all of the below may result in delay or denial of the application**

The requested expansion and its intended operation is and must remain consistent with state and local health and safety directives. Additionally, I have forwarded a copy of this application request to the appropriate local law enforcement agency.

This authorization is limited to service of those alcoholic beverages authorized by the applicant license type.

If approved, the authorization will be limited to service of alcoholic beverages during times in which bona fide meals are being served in the expanded area, whether by us or another person/entity under agreement with us.

Except as to any conditions that the Department has determined will not be enforced under other Notices of Regulatory Relief, any operating conditions in place for the existing licensed premises will apply to the temporarily expanded area.

If the Department determines that operation of the temporarily expanded area is contrary to public health, safety, or welfare, new or additional operating conditions may be added to the authorization at the time of or after its issuance.

If the temporarily expanded area is being shared with other ABC licensees, we will be held jointly responsible for any violations that may occur within the shared area.

If approved, the authorization may be canceled by the Department for reasons including, but not limited to: 1) upon termination of the temporary program granting the issuance of this authorization; 2) for violations of any law, rule, ordinance, or directive pertaining to business activities conducted on the premises and expanded area; 3) for negatively impacting nearby residents; 4) upon objection by local law enforcement; 5) if in the discretion of the Department continuance of the permit will negatively impact the public health, safety, or welfare.

SECTION 2 (Licensee Declaration And Signature)

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

LICENSEE SIGNATURE

DATE SIGNED

SECTION 3 (FOR ABC USE ONLY)

ABC-253 ATTACHED	MEAL PROVIDER CONTRACT REQUIRED	IS MEAL PROVIDER A LICENSEE ALSO			APPLICATION APPROVED
Yes No	Yes, attached No	Yes No N/A	Yes	No	
APPROVAL /DENIAL BY (ABC Official Name)		ABC OFFICIAL SIGNATURE		DATE SIGNED	