

**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. 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 ANOTHER LICENSEE <input type="checkbox"/> Yes <input type="checkbox"/> No		9. IF SHARED, DO THEY HAVE THE SAME LICENSE TYPE (Please note that certain license types cannot share with others) 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.

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 and we want to make changes or add additional expanded area(s) after approval, we will be required to complete and submit a new application; as well as pay another \$100 fee.

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) 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)**

DIAGRAM/ABC-253 ATTACHED	IS THIS A SHARED AREA	ADDITIONAL CONDITIONS BEING ADDED	APPLICATION APPROVED
Yes                      No	Yes                      No	Yes                      No	Yes                      No
APPROVAL /DENIAL BY (ABC Official Name)		ABC OFFICIAL SIGNATURE	DATE SIGNED