

**DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable**

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

LICENSE NUMBER <b>95068260</b>	GEO CODE
RECEIPT NUMBER <b>2443274</b>	
FEE \$ <b>50 -</b>	

1. ORGANIZATION'S NAME <b>Rotary Club of Mendocino</b>		CONDITIONS REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DIAGRAM REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. LICENSE TYPE (Check appropriate license type AND organization type)					
a. <input checked="" type="checkbox"/> <b>Daily General (\$25.00)</b> (Includes beer, wine and distilled spirits)					
<input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure		<input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership			
<input checked="" type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose		<input type="checkbox"/> Religious Organization			
Other: <b>Rotary</b>		<input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)			
NUMBER OF DISPENSING POINTS					
b. <input type="checkbox"/> <b>Special Daily Beer (\$25.00)</b> <input type="checkbox"/> <b>Special Daily Beer &amp; Wine (\$50.00)</b> <input type="checkbox"/> <b>Special Daily Wine (\$25.00)</b>					
<input type="checkbox"/> Charitable <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Political <input type="checkbox"/> Other:		NUMBER OF DISPENSING POINTS			
<input type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Cultural <input type="checkbox"/> Amateur Sports Organization		<b>2</b>			
c. <input type="checkbox"/> <b>Special Temporary License (\$100.00)</b> (Different privileges depending on statute)					
<input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P		<input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P			
<input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P		<input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P			
<input type="checkbox"/> Other Special Temporary Licenses, per Section					
License number		Amount \$			
3. EVENT TYPE					
<input type="checkbox"/> Dinner <input type="checkbox"/> Dance <input type="checkbox"/> Wedding <input type="checkbox"/> Lunch <input type="checkbox"/> Picnic <input type="checkbox"/> Barbeque <input type="checkbox"/> Social Gathering <input type="checkbox"/> Festival					
<input checked="" type="checkbox"/> Sports Event <input type="checkbox"/> Concert <input type="checkbox"/> Birthday <input type="checkbox"/> Mixer <input type="checkbox"/> Carnival <input type="checkbox"/> Dinner Dance <input type="checkbox"/> Other:					
4. TOTAL # OF DAYS <b>1</b>	5. ESTIMATED ATTENDANCE <b>70</b>	6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From <b>8:00 AM</b> To <b>4:00 PM</b>			
7. EVENT DATE(S) <b>8-26-17</b>		8. EVENT IS OPEN TO THE PUBLIC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. EVENT LOCATION (Give facility name, if any, street number and name, and city) <b>Little River Inn Golf Course 7901 N. Hwy 1, Little River</b>					
10. LOCATION IS WITHIN THE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. TYPE OF ENTERTAINMENT		12. SECURITY GUARDS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many?	
13. AUTHORIZED REPRESENTATIVE'S NAME <b>JAMES A. NICOLOFF</b>				14. REPRESENTATIVE'S TELEPHONE NUMBER <b>707 359 8057</b>	
15. REPRESENTATIVE'S ADDRESS <b>PO Box 278 Little River CA 95456</b>					
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above) <b>PO Box 102 Mendocino CA 95460</b>					
17. AUTHORIZED REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>				18. DATE SIGNED <b>8-12-17</b>	
PROPERTY OWNER APPROVAL BY (Name), REQUIRED <b>Susan E McCreary</b>		PHONE NUMBER <b>937-5942</b>		PROPERTY OWNER SIGNATURE <i>[Signature]</i> DATE SIGNED <b>6/26/2017</b>	
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE <b>Mendocino Co. S/O</b>		PHONE NUMBER <b>201-464-6308</b>		LAW ENFORCEMENT SIGNATURE <i>[Signature]</i> #1159 DATE SIGNED <b>7-6-17</b>	
DISTRICT OFFICE APPROVAL BY (Name) <i>[Signature]</i>		ABC EMPLOYEE SIGNATURE <i>[Signature]</i>		ISSUANCE DATE <b>12/28/17</b>	

The above-named organization is hereby licensed, pursuant to the California Business and Professions Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above named location for the period authorized above. This license does not include off-sale ("to-go") privileges.

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.

JUL 14 2017

JUN 15 2017

Dept. of Alcoholic Beverage Control  
Santa RosaAlcoholic Beverage Control  
Santa Rosa