

License Type: 32 One Day Beer
License Nontransferable

LICENSE NO. 9541838
Receipt No. 2520535
Fee Paid \$100.00
Geographical Code 3405

APPLICATION:

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

ORGANIZATION: CALIFORNIA CRAFT BREWERS ASSOCIATION
LOCATION ADDRESS: 1400 J STREET
SACRAMENTO CONVENTION CENTER
SACRAMENTO, CA 95814

TYPE OF EVENT: OTHER EVENT
HR/DATES DURING WHICH
ALCOHOL WILL BE SOLD: September 6, 2018 - September 7, 2018
9/6/18 9AM - 7PM
9/7/18 8AM - 7:30PM

ESTIMATED ATTENDANCE: 200

AUTHORIZED REPRESENTATIVE / ADDRESS

LEIA BAILEY
916 228 4260

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. 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.



Good for 2 day(s). Date Issued August 27, 2018.

Director of Alcoholic Beverage Control

By

TJ



**SACRAMENTO POLICE DEPARTMENT
ONE-DAY ALCOHOL BEVERAGE PERMIT REQUEST**

1. Type of License <small>(Check all that apply)</small>		<input checked="" type="checkbox"/> BEER	<input type="checkbox"/> WINE	<input type="checkbox"/> GENERAL <small>(Includes beer, wine & distilled spirits)</small>	
2. Name Of Non-Profit Organization California Craft Brewers Association			3. Non-Profit Tax Exempt Number 94-3138723		
4. Event Address 1400 J Street Sacramento CA 95814			5. Event Facility Name/ Entertainment Permit # Sacramento Convention Center		
6. Event Type <small>(ex: Dance, Festival, Fundraising Dinner, Second Saturday)</small> Educational Conference & Expo			7. Event Date 9/6/18		8. Hours Of Event From: 9am To: 7pm
9a. Event Contact Name: Laurie Holtog			9b. Event Contact E-mail Address laurie@californiacraftbeer.com		
9c. Event Contact Phone Number: (916) 228-4260					
10a. (If Catered) Licensee Name		10b. License Number		10c. Caterer Phone Number	
11. Event Open to Public <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. Outdoor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>**If event is outdoors a site map <u>must</u> be attached</small>		13. Will People Under Age 21 Be Allowed Into The Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Estimated Attendance 800		15. Admission Fee \$ 800 -\$280		16. Drink Ticket Fee \$ N/A	
17. Who Receives Proceeds CCBA					
18. Hours Of Alcohol Service From: 9am To: 7pm		19. Street Closure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. Live Music <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				21. Amplified Sound / DJ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. How Many Events Has Applicant Held In Previous 12 Months? <u>2</u> <i>If Applicable, Please List Last Two Event Dates and Locations:</i> 2017 CA Craft Beer Summit & Beer Festival on Sept 7-9, 2017					
23. Has There Been A Police Response To Previous Permitted Events(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "YES" Please Explain:</i>					
24. Will Uniformed Security Be Present During Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
25. Name of Security Company: Members in Black			26. Number Of Uniformed Security Officers: 1-2		
THIS SECTION FOR SACRAMENTO POLICE DEPARTMENT USE ONLY					
27. Application Received By: B. Perez #6708			Date: 8/02/18		
28. Applicant Notified By: Jlee			Date: 8/3/18		
29. MANDATED EVENT CONDITIONS:					
<input checked="" type="checkbox"/> The licensee will provide licensed, uniformed security.					
<input type="checkbox"/> The licensee will provide security from The Sacramento Police Department.					
<input checked="" type="checkbox"/> Alcohol will be served in plastic/paper cups					
<input checked="" type="checkbox"/> Alcohol cups will be identifiable from soft drink cups					
<input checked="" type="checkbox"/> Cups will not be larger than 16oz.					
<input type="checkbox"/> Only two (2) cups per sale to a person					
<input type="checkbox"/> For outdoor events, no alcoholic beverages beyond designated fenced in area					
<input checked="" type="checkbox"/> Signs must be posted at all exits: "NO ALCOHOL BEYOND THIS AREA"					
<input checked="" type="checkbox"/> Volunteers are prohibited from consuming alcoholic beverages while working					
<input checked="" type="checkbox"/> Must follow all Sacramento City Codes					
<input checked="" type="checkbox"/> Must comply with establishments entertainment permit conditions					
30. Permit Request Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
31. Approved By: LEAN SUDO			Date: 8-2-18		



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ONE-DAY ALCOHOL BEVERAGE PERMIT REQUEST

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9a. Event Contact Name: Laurie Holtog	
9b. Event Contact E-mail Address laurie@californiacraftbeer.com	
9c. Event Contact Phone Number: (916) 228-4260	
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28. Applicant Notified By: <u>Jer</u> Date: <u>8/13/18</u>	
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31. Approved By: <u>LEAKS</u> Date: <u>8-2-18</u>	

LICENSE ACTION REQUEST*Read instructions on reverse before completing.***SECTION 1**

1. LICENSEE'S NAME Volume Services	2. LICENSE NUMBER 305757
3. DOING BUSINESS AS (DBA) Centerplate	4. DISTRICT OFFICE
5. PREMISES ADDRESS 1100 14th Street, Sacramento, CA 95814	6. LICENSE ATTACHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. MAILING ADDRESS 1100 14th Street, Sacramento, CA 95814	

SECTION 2**CANCELLATION**

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. CANCELLATION EFFECTIVE <input type="checkbox"/> Immediately <input type="checkbox"/> Upon issuance of _____ <input type="checkbox"/> Other: _____			
9. LICENSEE'S SIGNATURE	10. HOME PHONE NUMBER ()	11. DATE BUSINESS CLOSED	12. DATE SIGNED

SECTION 3**SURRENDER - Rule 65**

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license. I understand that (a) the license must be renewed at the time renewal fees are due or the license will be automatically canceled; (b) the Department will proceed to cancel my license after one year if not transferred or reactivated; and (c) I must report any change in my mailing address to the Department.

3. SURRENDER EFFECTIVE <input type="checkbox"/> Immediately <input type="checkbox"/> Upon issuance of _____ <input type="checkbox"/> Surrender by Department <input type="checkbox"/> Premises abandoned			
14. LICENSEE'S SIGNATURE	15. HOME PHONE NUMBER ()	16. DATE BUSINESS CLOSED	17. DATE SIGNED

SECTION 4**SURRENDER OF PRIVILEGES FOR A SPECIAL EVENT**

18. SPECIFIC ROOM OR AREA WHERE PRIVILEGES ARE TO BE SURRENDERED SACRAMENTO CONVENTION CENTER 1400 J Street			
19. DATE TO BE SURRENDERED 9/6 - 9/7 /18		20. PERIOD OF SURRENDER (State starting and ending times) (type as X:XX xm) 8:00 ^a pm to 7:30 pm	
21. LICENSEE'S SIGNATURE <i>Householder</i>	22. HOME PHONE NUMBER (916) 446-1215	23. DATE SIGNED 7/19/18	

SECTION 5**REQUEST FOR RETURN OF SURRENDERED LICENSE**

I request the return of the surrendered license described above.

I declare under penalty of perjury that there has been no change in ownership of the licensed business, and the premises possess the same qualifications required for the original issuance of the license.

24. LICENSEE'S SIGNATURE	25. HOME PHONE NUMBER ()	26. DATE LICENSE NEEDED	27. DATE SIGNED
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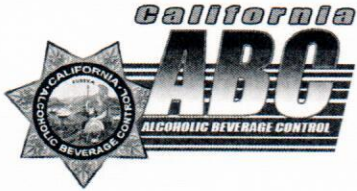
ABC USE ONLY

<input type="checkbox"/> Letter attached requesting surrender, cancellation or return	DATE LICENSE MAILED BY HEADQUARTERS OR RETURNED BY DISTRICT OFFICE
<input type="checkbox"/> Accusation pending (Send copy of ABC-231 for cancellations to HQ H&L if accusation pending.)	

Distribution:

Section 2: Original to HQ Lic; copy to District file
Section 4: Original to District file

Section 3: Original to HQ Lic; copy to District file; copy to suspense file
Section 5: Original + 1 copy to HQ Lic; copy to District file



State of California
RECEIPT FOR PAYMENT

Department of Alcoholic Beverage Control

Paid For: CALIFORNIA CRAFT BREWERS ASSOCIATION
Received at: SACRAMENTO DISTRICT Office

Received: August 27, 2018
Receipt No: 2520535
Total Amount: \$100.00

Payment Method	ID#	Amount	Paid By
CERTIFIED CHECK	0033903414	\$100.00	CALIFORNIA CRAFT BREWERS ASSOCIATION
Accounting Comment:			

Detail Transaction	Job #	Dup	Unit Cost	Quantity	Amount Paid
32 - ODL B	9541838	1		2	\$100.00

BY: _____

TJ