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



SACRAMENTO POLICE DEPARTMENT ONE-DAY ALCOHOL BEVERAGE PERMIT REQUEST

1. Type of License	BEER		WINE			NI=5		
(Check all that apply)			vviive_					
2. Name Of Non-Profit (Organization			3. Non-Pro	fit Tax Exe	empt Number		
California Craft Brew 4. Event Address	ers Associat	ion	WAN	94-31387	23	sinpt Number		
1400 J Street Sacran	nento CA 95	814	101	Sacramer	nto Conve	ne/ Entertainment Permit # ention Center		
6. Event Type (ex: Dance, Educational Conference)	ice a Expo	ng Dinner, Secon	d Saturday)	7. Event Da 9/6/18	ate	8. Hours Of Event		
9a. Event Contact Name Laurie Holtog) :			9b. Event C	Contact E-	mail Address		
9c. Event Contact Phon	e Number							
(916) 228-4260	e Number.					ana 301.00m		
10a. (If Catered) License	e Name		10h Licen	se Number	40- 0 1			
			TOD. LICEN	se wumber	Tuc. Cate	erer Phone Number		
11. Event Open to Publi	12. Ou	tdoor	Yes No		13. Will	People Under Age 21 Be		
Yes No	**/f eve	nt is outdoors	oito man		Allov	Allowed Into The Event?		
			site map <u>must</u>	be attached		Yes No		
14. Estimated Attendance		Admission Fe	e 16. Drir	k Ticket Fee	17. V	Vho Receives Proceeds		
800	\$	99-\$289	\$ N/A		vent Facility Name/ Entertainment Permit # cramento Convention Center vent Date 18			
18. Hours Of Alcohol Se	rvice	19. Street (Closure	20. Live N				
	7pm	Yes	No		No No			
22. How Many Events Ha	as Applicant H	eld In Previo	us 12 Months	? 2		1		
If Applicable, Please								
2017 CA Craft Beer S	Summit & Be	er Festival	on Sept 7-9	2017				
23. Has There Been A Po	olice Response	e To Previou	s Permitted E	vents(s)?	Yes	No		
If "YES" Please Explain:						_		
24. Will Uniformed Secu	rity Re Presen	t During Eur	-42					
25. Name of Security Co		t During Eve			The Parks			
Members in Black	inpany.		26. 1-2	Number Of U	niformed :	Security Officers:		
TIMO	07101170				Name and Address of the Owner, where			
27 Application Provide	CTION FOR	RSACRAM	ENTO POL	ICE DEPAR	RTMENT	USE ONLY		
27. Application Received	а ву:	04000	#10708	Date:	21	910		
28. Applicant Notified B	, ·	erec	# CO 108		0 02	<u> </u>		
zo. Applicant Notified B	<	200		Date:	8/2/	18		
20 MANDATED EVENT		yu -		(0151	10		
29. MANDATED EVENT								
The licensee will provi	de licensed, un	iformed secur	rity.					
The licensee will provi	in plastic/page	n The Sacram	nento Police D	epartment.				
Alcohol cups will be id	entifiable from	cups						
Cups will not be larger	than 16oz.	son annik cup:	5					
Only two (2) cups per	sale to a person	n						
For outdoor events, no Signs must be posted	alcoholic beve	erages beyond	d designated for	enced in area				
Signs must be posted	at all exits: "NO	ALCOHOLE	BEYOND THIS	AREA"				
Volunteers are prohibited Must follow all Sacram	ento City Consul	ming alcoholic	beverages w	hile working				
Must comply with estal			it					
30. Permit Request Appro		artainment per	mit conditions					
	ovea:				Yes	No		
31. Approved By:	1	LEWY S	SUDO	Date:	8-2-1	8		
			A STATE OF THE PARTY OF THE PAR					



SACRAMENTO POLICE DEPARTMENT ONE-DAY ALCOHOL BEVERAGE PERMIT REQUEST

1. Type of License	DEED							
(Check all that apply)	BEER		☐ WINE				NERAL	
2. Name Of Non-Profit	Organization			3.	Non-Pro	fit Tax Fx	empt Numb	distilled spirits)
California Craft Brew	ers Associat	ion	D1 3	94	-31387	23	ompt Numb	CI
4. Event Address 1400 J Street Sacrar	The second secon		NIN	5. Sa	Event Fa	icility Nam	ne/ Entertain ention Cer	nment Permit #
6. Event Type (ex: Dance, Educational Confere	nce & Expo	ng Dinner, Seco	nd Saturday)	7.	Event Da 7/18		8. Hours	Of Event 8am To: 7:30pm
9a. Event Contact Nam Laurie Holtog	e:			9b	. Event C	ontact E-	mail Addres	
9c. Event Contact Phor (916) 228-4260	ne Number:			— laı	urie@ca	liforniaci	aftbeer.co	m
10a. (If Catered) Licens	ee Name		10b. Lie	cense N	lumber	10c. Cat	erer Phone	Number
11. Event Open to Publ		ent is outdoors		No nust be a	ttached	13. Will Allo	People Und wed Into Th	der Age 21 Be ne Event?
14. Estimated Attendan	ce 15. /	Admission F	ee 16. [Drink Ti	cket Fee	17.1		res Proceeds
8 00	\$	99-\$289	\$ N	/A			ВА	
18. Hours Of Alcohol Se	ervice	19. Street	Closure		0. Live N	lusic	T	fied Sound / DJ
From: 8am To	: 7:30pm	Yes	No		Yes	No No	Yes	No
22. How Many Events H	as Applicant H	leld In Previo	ous 12 Mon	ths? 2			Friedmart	
If Applicable, Please	List Last Two	Event Dates	s and Loca	tions:				
2017 CA Craft Beer	Summit & Be	er Festival	on Sept 7	7-9, 20	17			
23. Has There Been A Polif "YES" Please Explain:	olice Respons	e To Previou	is Permitte	d Event	ts(s)?	Yes	No.	
24. Will Uniformed Secu	rity Be Presen	t During Evo	nt?	_		- \		
25. Name of Security Co	mpany:	t During Lve		C N	h0111	Yes	☐ No	
Members in Black			1	1-2	ber Of U	niformed	Security Of	ficers:
THIS SE	ECTION FOR	SACRAM	ENTO PO	OLICE	DEPAR	TMENT	LICE ON	V
27. Application Receive	a by:	0		0	Date:	CLINICIAL	USE ONL	.Υ
20 4 11	D . †	efer	#CDE	9	Duto.	8	102/11/2	
28. Applicant Notified B	y:	010			Date:	D. /	140	
00 11111		De				81	3118	
29. MANDATED EVENT								
The licensee will provi	de licensed, un	iformed secur	rity.					
The licensee will provi	in plastic/paper	The Sacram	nento Police	Depart	ment.			
Alcohol cups will be ide	entifiable from s	oft drink curs	2					
Cups will not be larger	than 16oz.							
Only two (2) cups per s For outdoor events, no	sale to a person	1						
	alcoholic beve	rages beyond	designated	d fenced	in area			
Signs must be posted and Volunteers are prohibit Must follow all Sacrama Must comply with estate	ed from consur	ning alcoholic	SEYOND TH	HIS ARE	A"			
Must follow all Sacram	ento City Codes	8			orking			
A Projection	olishments ente	rtainment per	mit conditio	ns				
30. Permit Request Appro	ved:	• (200)				Yes		TN-
31. Approved By:	> 17	045	_	T	Date:			No
SPD 595 (Rev 07-14)	1	0 200	CDU		- 8	1-9-18		

LICENSE ACTION REQUEST

Read instructions on reverse before completing.

SECTION 1				
1. LICENSEE'S NAME				2. LICENSE NUMBER
Volume Services				305757
3. DOING BUSINESS AS (DBA)				4. DISTRICT OFFICE
Centerplate				
5. PREMISES ADDRESS				6. LICENSE ATTACHED
1100 14th Street, Sacram	nento, CA 95814			∐Yes ✓No
1100 14th Street, Sacram	ento, CA 95814			
SECTION 2		CANCELLATION		
I voluntarily cancel my reinstated.	y license because I am no	longer in business. I und	erstand my license cannot	be reactivated or
8. CANCELLATION EFFECTIVE	Пи			and address
Immediately	Upon issuance of		Other:	
9. LICENSEE'S SIGNATURE		10. HOME PHONE NUMBER ()	11. DATE BUSINESS CLOSED	12. DATE SIGNED
SECTION 3		SURRENDER - Rule 65		
I voluntarily surrender m	v license for a period of no	ot more than one year. I inte	end to Transfer	Reactivate
				will be automatically canceled;
(h) the Department will n	wassed to sensel and its	c renewed at the time renew	al rees are due or the license	will be automatically canceled;
mailing address to the De	roceed to cancel my licens	se after one year if not transf	ferred or reactivated; and (c)	I must report any change in my
mailing address to the De	partment.			
3. SURRENDER EFFECTIVE Immediately	Upon issuance of		Π	П-
ininediately	opon issuance of		Surrender by Department	Premises abandoned
14. LICENSEE'S SIGNATURE		15. HOME PHONE NUMBER	16. DATE BUSINESS CLOSED	17. DATE SIGNED
		()		
SECTION 4	SURRENDE	R OF PRIVILEGES FOR A	SPECIAL EVENT	
18. SPECIFIC ROOM OR AREA WHE	RE PRIVILEGES ARE TO BE SURREN	NDERED		
SACRAMENTO CONV	VENTION CENTER 1400	J Street		
19. DATE TO BE SURRENDERED	2//		20. PERIOD OF SURRENDER (S	State starting and ending times) (type as X:XX xm
9/6	- 9/7 /18		2.00	to 7:30 pm
1. LICENSEE'S SIGNATURE			22. HOME PHONE NUMBER	23. DATE SIGNED
Housho	eden		(916) 446-1215	7/19/18
SECTION 5	REQUEST FOR	RETURN OF SURRENDER	ED LICENSE	
I request the return of the	surrendered license descri	ibed above.	1000	
I declare under penalty of	perjury that there has bee	n no change in ownership of	the licensed business, and t	he premises possess the same
qualifications required for	r the original issuance of the	he license.	o domest, and t	ne premises possess the same
24. LICENSEE'S SIGNATURE		25. HOME PHONE NUMBER	26. DATE LICENSE NEEDED	27. DATE SIGNED
		()	THE SIDENOE HELDED	27. DATE SIGNED
		ABC USE ONLY		
				DATE LICENSE MAILED BY HEADQUARTER
Letter attached reques	sting surrender, cancellation	on or return		OR RETURNED BY DISTRICT OFFICE
Accusation pending (Send copy of ABC-231 for	cancellations to HQ H&L if	accusation pending.)	
			15-/	
Distribution: Section 2: Original	to HQ Lic; copy to District fi	le Section 3. Orio	ginal to HO Lies come to Dietric	

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

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