

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

1. LICENSEE'S NAME	2. LICENSE NUMBER
3. DOING BUSINESS AS (DBA)	4. DISTRICT OFFICE
5. PREMISES ADDRESS	6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
7. MAILING ADDRESS	

**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.

13. 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			
19. DATE TO BE SURRENDERED		20. PERIOD OF SURRENDER (State starting and ending times) (type as X:XX xm) to	
21. LICENSEE'S SIGNATURE	22. HOME PHONE NUMBER ( )	23. DATE SIGNED	

**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*



**BUSINESS LIABILITY FORM**

**Holiday Stroll – December 7th, 2018**

The UNDERSIGNED, for himself/herself and on behalf of the above named group or business, does hereby agree to protect, indemnify, save and keep harmless, the Walnut Creek Downtown Business Association, its Board of Directors, officers, legal counsel, assigns, employees and volunteers and others working on behalf of the Walnut Creek Downtown Business Association from any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Walnut Creek Downtown Business Association, its Board of Directors, officers, legal counsel, assigns, employees, volunteers or others working on behalf of the Walnut Creek Downtown Business Association, by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this Event.

I am responsible for making sure ALL wine is consumed indoors, and does not leave my business. I want this to be a safe and successful event, and I will do everything in my power to ensure that this occurs.

**NOTE:** *WCDBA highly recommends that your insurance policy includes a Liquor Liability clause as our event insurance policy does not extend Liquor Liability to the participating businesses.*

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Business Manager)

***Please sign and return to Walnut Creek Downtown  
via email or fax, 925-935-7291.***

***Questions: Contact Andrea Baldacci, 925-933-6778  
andrea@walnutcreekdowntown.com***