

ADVICE OF CORRECTION

This form is to be used for any changes that need to be made to the licensee's information. It is used for most of the miscellaneous license reporting requirements where an application is not required, including:

- Transmittal of fees for Condition Modification/Removal
- Reporting changes in corporations, limited liability companies, or limited partnerships *that do not require an application*
- Reporting corrections to license information

Instructions: Complete items as appropriate. Items # 1, 4, 5, 7, 9 should be the licensee's current information before the change. When this form is completed, it must be submitted to the District office.

		1. LICENSE NUMBER	
		2. RECEIPT NUMBER	
		3. FEE PAID	
4. LICENSEE'S NAME		5. DOING BUSINESS AS (DBA)	6. DATE
7. PREMISES ADDRESS (Street number and name, city, zip code)			8. DISTRICT OFFICE
9. MAILING ADDRESS (Street number and name, city, state, zip code)			10. LICENSEE'S PHONE NUMBER
11. TYPE OF PENDING APPLICATION	12. DATE APPLICATION FILED	13. ABIS UPDATED <input type="checkbox"/> Yes <input type="checkbox"/> No	14. DOCUMENT EXPLAINING CHANGE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
15. ACTION OR CHANGE		UPDATED BY (INITIALS) _____	
a. <input type="checkbox"/> Corporate Change - Section 23405 <i>(Attach ABC-243)</i>	g. <input type="checkbox"/> DBA Change <i>(Attach letter, if any, from licensee)</i>		
b. <input type="checkbox"/> LP Change - Section 23405.1 <i>(Attach ABC-256)</i>	h. <input type="checkbox"/> Premises Address Change by City or County <i>(Attach letter from city or county)</i>		
c. <input type="checkbox"/> LLC Change - Section 23405.2 <i>(Attach ABC-256-LLC)</i>	i. <input type="checkbox"/> Name Change <i>(Attach official document; e.g., certificate from Secretary of State, court order, marriage certificate)</i>		
d. <input type="checkbox"/> Condition Modification/Removal - Section 23803 <i>(ABC-333 to follow to HQ H&L)</i>	j. <input type="checkbox"/> Other _____		
e. <input type="checkbox"/> Mailing Address Change <i>(Attach letter, if any, from licensee)</i>			
f. <input type="checkbox"/> Replacement of Lost License			
16. DETAILS OF CHANGE OR PAYMENT (e.g., annexation into city, fee for Code 8, etc.)			
17. RECOMMENDATION (Required for Items 15a-c only)		INVESTIGATOR'S SIGNATURE	DATE SIGNED
18. RECOMMENDATION (Required for Items 15a-c only)		SUPERVISOR'S SIGNATURE	DATE SIGNED

Distribution: Original to HQ Licensing (If replacement of lost license, original to HQ Cashier with Transmittal); Copy to District file