Department of Alcoholic Beverage Control
State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
ABC 211 (6/99)

26 OCT 29 PM 1:49
FILE NO. CLERK OF THE BD. OF SUPERVISORS
BY DEPUTY

TO: Department of Alcoholic Beverage Control
4800 STOCKDALE HWY
STE 213
BAKERSFIELD, CA 93309
(661) 395-2731

File Number: **683814**
Receipt Number: **3168092**
Geographical Code: **1504**
Copies Mailed Date:
Issued Date: TV

DISTRICT SERVING LOCATION: **BAKERSFIELD**

First Owner: **CAPRI LIQUOR, LLC**

Name of Business: **CAPRI LIQUOR**

Location of Business: **100 W PERKINS AVE**
MCFARLAND, CA 93250-1140

County **KERN**

Is Premises inside city limits **Yes** Census Tract: **0047.04**

Mailing Address:(If different from premises address)

Type of license(s): **21** Dropping Partner: Yes___ No X

Transferor's license/name: **361866 / GREWAL, HARBANS S**

License Type	Transaction Type	Master	Secondary LT And Count
21 - Off-Sale General	PER	Y	

License Type	Transaction Description	Fee Code	Dup	Date	Fee
Application Fee	PERSON TO PERSON TRF	NA	0	10/22/26	$1,565.00
Application Fee	FEDERAL FINGERPRINTS	NA	2	10/22/26	$48.00
Application Fee	STATE FINGERPRINTS	NA	2	10/22/26	$78.00
21 - Off-Sale General	ANNUAL FEE	NA	0	10/22/26	$1,009.00
				Total	$2,700.00

Have you ever been convicted of a felony? **No**
Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **No**

STATE OF CALIFORNIA County of KERN Date: October 22, 2026

Applicant Name(s)

CAPRI LIQUOR, LLC

BY ORDER OF THE BD/SUPV
Referred To

Copies Furnished Planning
EHS

Date 10.29.26
Clerk of the Board of Supervisors
By Michelle Fuqua, **Deputy**