

File No. 140240

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Neighborhood Services & Safety Date October 2, 2014

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legistative Digest
- Budget and Legislative Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Liquor License PCN Request
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Derek Evans Date 9/26/14

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.



San Francisco Police Department
ABC Liaison Unit



Alcoholic Beverage License -
*Public Convenience and
Necessity Recommendation*

To: The San Francisco Board of Supervisors-Neighborhood Services and
Safety Committee

Supervisor David Campos
Supervisor Eric Mar
Supervisor Norman Yee

From: Officer Alberto Duarte
ABC Liaison Unit (ALU) 553-1049

Date: June 20, 2014

Subject: P.C.N. Investigation Regarding: Soma Restaurant Group, Inc.
DBA: Soma Eats
186 2nd Street
Oussama Manna
(415) 595-3604

Mr. Manna on behalf of Soma Restaurant Group, LLC, *dba* Soma Eats, has filed an application with the California Department of Alcoholic Beverage Control seeking a Type 21 (Off-Sale General) license for 186 2nd Street. Soma Eats is also applying for a Type 41 (On Sale Beer and Wine Eating place) at the same location. Mr. Manna stated that he would like to have an Off-Sale license that would allow him the sales of high value distilled spirits. The end result would be a café that would have a separate point of sale and partitioned area for those Off-Sale privileges.

It should be noted that during the application process, notification date for the 500' mailer was on April 1, 2014. The Notice to the Public was posted on March 28, 2014.

For the purposes of this hearing, the California Department of Alcoholic Beverage Control (ABC) seeks a determination from the Board of Supervisors as to the approval or denial of this license.

Police Calls for Service: From March 2013 to March 2014

0 Police calls

Police Reports: From March 2013 to March 2014

0 Reports

San Francisco Plot Information:

This premise is located in Plot **224**

The High Crime area is defined as **86** or more police reports in a plot.

This plot had **259** police reports recorded for 2013.

The Applicant's premise is located in a "**High Crime**" area.

State Census Tract Information:

This premise is located in Census Tract **615.00**

Population for this tract is: **11,502**

On-sale license authorized by census tract: **39**

Active on-sale licenses: **133**

Off-sale licenses authorized by census tract: **11**

Active off-sale licenses: **21**

Applicant's premise is **currently** located in an "**undue concentrated**" area.

Letters of Protest:

Zero (0) letters of protest were received by the California Department of Alcoholic Beverage Control, (ABC).

Letters of Support:

None recorded with the California Department of Alcoholic Beverage Control, (ABC).

Departmental Recommendation:

ALU recommends approval with the following conditions (attached).

File #: **21-543435**

First Owner:

Soma Restaurant Group, LLC

Name of Business:

Soma Eats

Location of Business:

186 2nd Street

San Francisco, CA 94105-3150

Conditions for Type 21 General Off Sale License

1. Sales of alcoholic beverages shall be permitted only during the hours of 12:00 pm to 12:00 am midnight daily.
2. There shall be no cups, glasses, or similar receptacles commonly used for the drinking of beverages sold, furnished, or given away at the petitioner's premise in quantities of less than twenty-four (24) in their original multi container package.
3. No wines shall be sold with an alcoholic content greater than 15% by volume except for "dinner wines" which have been aged two years or more.
4. Alcoholic beverages shall not be sold in bottles or containers 375 ml and under.
5. No malt beverages shall be sold with an alcoholic content greater than 5.7% by volume.
6. There shall be a separate point of sale partitioning the general sale area from the restaurant with the sign no smaller than 12x12 inches stating that "no persons under 21 allowed."
7. No person under the age of 21 shall sell or deliver alcoholic beverages.
8. The petitioner(s) shall be responsible for maintaining free of litter the area adjacent to the premises over which they have control.
9. Loitering (loitering is defined as "to stand idly about; linger aimlessly without lawful business") is prohibited on any sidewalks or property adjacent to the licensed premises under the control of the licensee as depicted on the applicant's ABC-257 form.
10. The exterior of the premises shall be equipped with lighting of sufficient power to illuminate and make easily discernible the appearance and conduct of all persons on or about the premises. Additionally, the position of such lighting shall not disturb the normal privacy and use of any neighboring residences.

Officer Al. Duarte #1433

FROM: PT00ALUB ISN: 3 I TIME: 07/03/2014 06:59:05
TO: PP00ALUZ OSN: 0 O TIME: 07/03/2014 06:59:05

Original Message

FROM: CABLE ISN: 03820 DATE: 07/03/14 TIME: 06:58:51 ADMIN MSG
TO: PT00ALUB OSN: 00002 DATE: 07/03/14 TIME: 06:58:52

S A N F R A N C I S C O P O L I C E D E P A R T M E N T
G E O G R A P H I C L O C A T I O N S Y S T E M

REQUESTED LOCATION => 0186 /2ND /ST

TYPE => PREMISE ADDRESS

HOUSE NUMBER => 0186

STREET NAME => 2ND

STREET TYPE => STREET

STREET NUMBER => 1882

LOW HOUSE NUMBER => 0001

HIGH HOUSE NUMBER => 0899

HIGH HOUSE ON BLOCK => 0198

BLOCKFACE NUMBER => 29353

HIGH CROSS STREET => 0832

INTERSECTION NUMBER => 02522

REPORTING AREA => 224

DISTRICT => SOUTHERN

CENSUS TRACT => 000176

Department of Alcoholic Beverage Control

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

State of California

Christina West

TO: Department of Alcoholic Beverage Control
33 NEW MONTGOMERY STREET
SUITE 1230
SAN FRANCISCO, CA 94105
(415) 356-6500

File Number: 543435
Receipt Number: 2222350
Geographical Code: 3800
Copies Mailed Date: March 26, 2014
Issued Date:

(310) 893-1117

DISTRICT SERVING LOCATION: SAN FRANCISCO
First Owner: SOMA RESTAURANT GROUP, INC.
Name of Business: SOMA EATS
Location of Business: 186 2ND ST
SAN FRANCISCO, CA 94105-3809
County: SAN FRANCISCO

POST 3/28
NOTIFIED 4/1
PROTEST

Is Premise inside city limits? Yes
Mailing Address: 246 2ND ST
STE B
SAN FRANCISCO, CA 94105-3150

Census Tract 0615.00
AGG ON SALE 133
OFF SALE 21

Type of license(s): 21

Transferor's license/name: 325039 / ALEMU, ABAI JEMERE

Dropping Partner: Yes No

Table with columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Rows include ANNUAL FEE, PREMISE TO PREMISE TRANSFER, PERSON-TO-PERSON TRANSFER, and a Total row.

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
Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of SAN FRANCISCO Date: March 26, 2014

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s)

Applicant Signature(s)

SOMA RESTAURANT GROUP, INC.

See 211 Signature Page

55

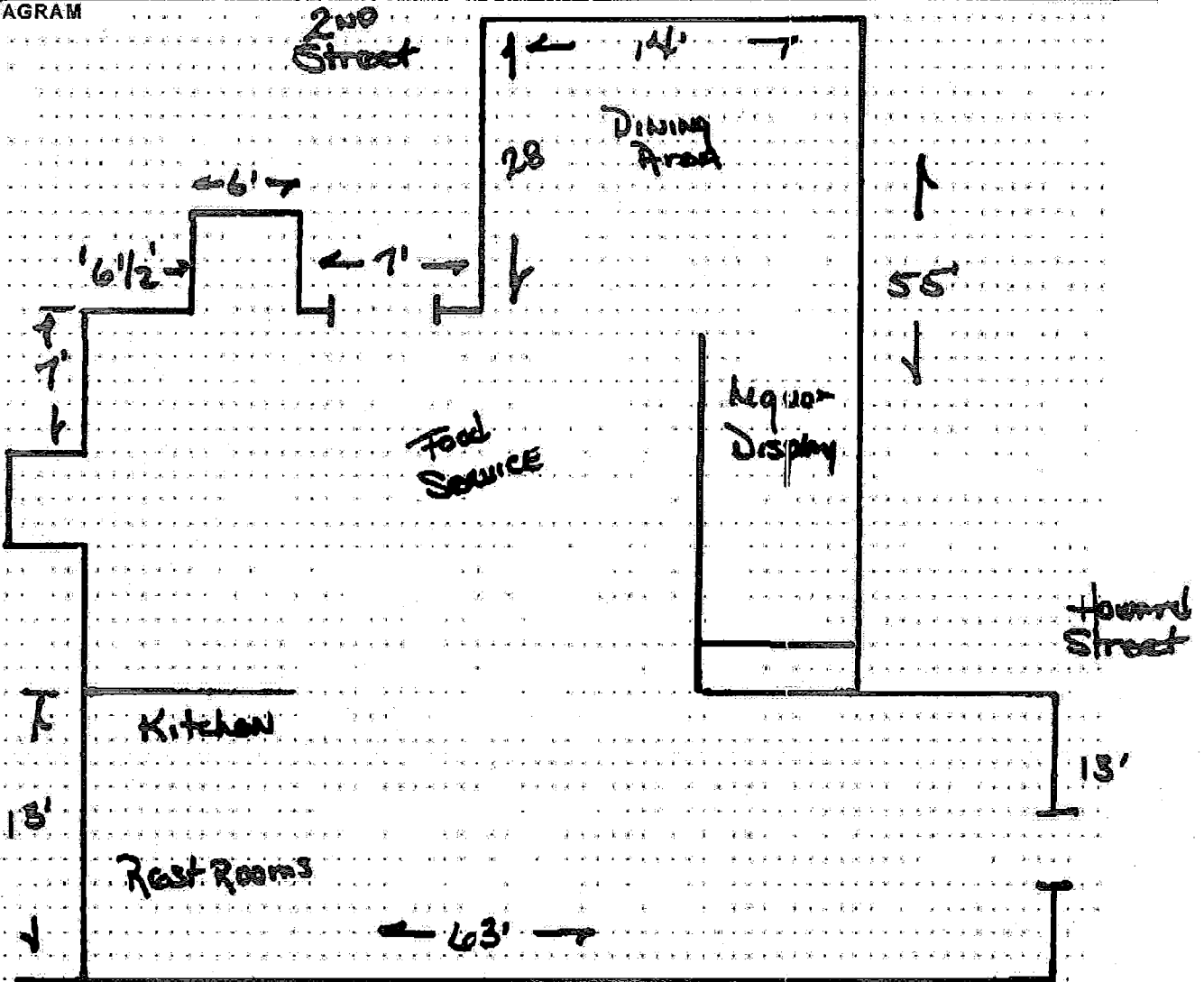
Department of Alcoholic Beverage Control
LICENSED PREMISES DIAGRAM (RETAIL)

State of California

1 APPLICANT NAME (Last, first, middle) Soma Restaurant Group, Inc	12 LICENSE TYPE 21 & 41
3 PREMISES ADDRESS (Street number and name, city, zip code) 186 2nd Street, San Francisco CA 94105	14 NEAREST CROSS STREET Howard Street

The diagram below is a true and correct description of the entrances, exits, interior walls and exterior boundaries of the premises to be licensed, including dimensions and identification of each room (i.e., "storeroom", "office", etc.).

DIAGRAM



It is hereby declared that the above-described boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required)

DATE SIGNED

[Handwritten Signature]

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)

PRINTED NAME

INSPECTION DATE

ABC-257 (5/05)



Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) Soma Restaurant Group, Inc	2. LICENSE TYPE(S) 21 & 41
3. PREMISES ADDRESS (Street number and name, city, zip code) 182 2nd Street, San Francisco CA 94105	4. NEAREST CROSS STREET Howard Street

5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club
<input checked="" type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	
<input type="checkbox"/> Other - describe:			

6. PATRON CAPACITY 49	7. SURROUNDING AREA: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other	8. PREMISES IS LOCATED IN: <input checked="" type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units
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8. FOOD SERVICE <input type="checkbox"/> None <input checked="" type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---	---

14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: <input type="checkbox"/> Pizza/Pasta	15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other:	16. HOURS OF FOOD SERVICE BREAKFAST HOURS: From: 7:00 am To: 11:00 am LUNCH HOURS: From: 11:00 am To: 2:00 pm DINNER HOURS: From: 5:00 pm To: 10:00 pm
--	--	---

17. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
Closing Time	2:00 am	2:00 am	2:00 am	2:00 am	2:00 am	2:00 am	2:00 am <i>12:00 am</i>

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterisk (*) below)

<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input type="checkbox"/> "Hot Spot"/Lottery
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games

*Description:

19. PREMISES IS LOCATED ON <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other	20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input checked="" type="checkbox"/> Multi-Story - Number of stories: 5
--	---

21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. FIXED BARS? <input checked="" type="checkbox"/> Yes - how many: 1 <input type="checkbox"/> No	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGE? 2.5%
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FOR ABC USE ONLY

24. INFORMATION GIVEN (A-27, R-107, Sec. 25612.5, Sec. 23700.5, etc.)	25. DATE ENTERED INTO CABIN
---	-----------------------------

RECEIVED
 SEP 3 2013
 Dept of Alcoholic Beverage Control
 555 Francisco



**California Department of Alcoholic
Beverage Control**
License Query System Summary
as of 7/1/2014

License Information
License Number: 543435
Primary Owner: SOMA RESTAURANT GROUP, INC.
ABC Office of Application: 24 - SAN FRANCISCO
Business Name
Doing Business As: SOMA EATS
Business Address
Address: 186 2ND ST Census Tract: 0615.00
City: SAN FRANCISCO County: SAN FRANCISCO
State: CA Zip Code: 94105
Licensee Information
Licensee: SOMA RESTAURANT GROUP, INC.
Company Information
Officer: MANNAA, OUSSAMA MOHAMAD FAROUK (PRESIDENT/SECRETARY)
Officer: MANNAA, OUSSAMA MOHAMAD FAROUK (VICE PRESIDENT/TREASURER)
Stock Holder: MANNAA, OUSSAMA MOHAMAD FAROUK
License Types
1) License Type: 21 - OFF-SALE GENERAL
License Type Status: PENDING
Status Date: 26-MAR-2014 Term: 12 Month(s)
Original Issue Date: Expiration Date:
Master: Y Duplicate: 0 Fee Code: P40
License Type was Transferred On: FROM: 21-325039
Current Disciplinary Action
<i>... No Active Disciplinary Action found ...</i>
Disciplinary History
<i>... No Disciplinary History found ...</i>
Hold Information
Hold Date: 11-JAN-2013 Type: FRANCHISE TAX HOLD
Hold Date: 26-MAR-2014 Type: FORM 220
Escrow
Escrow: ABC ESCROW, 12304 SANTA MONICA BLVD STE 100 LOS ANGELES,CALIFORNIA 90025

--- End of Report ---

For a definition of codes, view our [glossary](#).

<http://www.abc.ca.gov/datport/LQSDData.asp?ID=77724367>

7/2/14



**California Department of Alcoholic
Beverage Control**
License Query System Summary
as of 7/1/2014

License Information
License Number: 325039
Primary Owner: ALEMU, ABAI JEMERE
ABC Office of Application: 24 - SAN FRANCISCO
Business Name
Doing Business As: RITE WAY MARKET
Business Address
Address: 500 PRECITA AVE Census Tract: 0251.00
City: SAN FRANCISCO County: SAN FRANCISCO
State: CA Zip Code: 94110
Licensee Information
Licensee: ALEMU, ABAI JEMERE
License Types
1) License Type: 21 - OFF-SALE GENERAL
License Type Status: SURRENDERED
Status Date: 04-MAR-2014 Term: 12 Month(s)
Original Issue Date: 03-DEC-1996 Expiration Date: 30-NOV-2014
Master: Y Duplicate: 0 Fee Code: P40
License Type was Transferred On: 03-DEC-1996 FROM: 21-179823
License Type was Transferred On: TO: 21-525784, 21-543435, 21-518493
Current Disciplinary Action
<i>... No Active Disciplinary Action found ...</i>
Disciplinary History
Reg. Number: 00049776
1) Section: 25658(a)
2) Section: 24200(a&b)
Proceeding Status: CLOSED Decision: POIC
Suspension Days: 15 Stayed Days: POIC/Fine: 3000
Suspension Start Date:
Suspension End Date:
Reg. Number: 02052990
1) Section: 25663(b)
2) Section: 25658(a)
3) Section: 24200(a&b)
Proceeding Status: CLOSED Decision: SUSPEND
Suspension Days: 25 Stayed Days: POIC/Fine:

Suspension Start Date: 01-AUG-2002
Suspension End Date:
Reg. Number: 07066802
1) Section: 25658(a)
2) Section: 24200(a)(b)
Proceeding Status: CLOSED Decision: POIC
Suspension Days: 15 Stayed Days POIC/ Fine: 3000
Suspension Start Date:
Suspension End Date:
Reg. Number: 08069237
1) Section: 25658(a)
2) Section: 24200(a&b)
Proceeding Status: CLOSED Decision: POIC
Suspension Days: 25 Stayed Days POIC/ Fine: 6859.5
Suspension Start Date:
Suspension End Date:
Reg. Number: 08069249
1) Section: 24200(a&b)
2) Section: 24200(a)
Proceeding Status: CLOSED Decision: REVOKED
Suspension Days: 20 Stayed Days 1095 POIC/Fine:
Suspension Start Date: 14-AUG-2008
Suspension End Date: 03-SEP-2005
Hold Information
Hold Date: 11-JAN-2013 Type: FRANCHISE TAX HOLD
Escrow
... No Escrow found ...

--- End of Report ---

For a definition of codes, view our [glossary](#).

Soma Eats
186 2nd st
SF, CA 94105

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 MAR 11 PM 3:33

Feb 14, 2014
Attn: Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Attached is the PCN request for the acquisition of a Type 21 liquor license for Soma Restaurant Group, Inc. 186 2nd street, SF, CA 94105

Dear Board of Supervisors:

Soma Eats has applied for a Premise-to-Premise transfer of Type 21 ABC license from 500 Precita Ave, SF, CA 94110 to 186 2nd street, SF, CA 94105.

Soma Eats is a division of Soma Restaurant Group that is intended to cater to the downtown business crowd, as well as nearby residents. Customers will have the choice of enjoying their food or drink on site in a trendy environment or taking their orders to go.

Soma Eats will be a great addition to the South of market neighborhood. We provide the customer an alternative to fast food dining for a quick breakfast, lunch or dinner. We do this by providing gourmet, yet casual food made from organic and mostly local ingredients, prepared on site, that

showcases Mediterranean and Californian cuisine through unique recipes.

In addition, we provide customers with a variety of quality beverages through our premium coffee, beer and wine program.

We will be investing a substantial amount in remodeling and improving the site to provide the best experience that we can to our patrons. Talented local firms abmoarchitects, Rubber Design, and The Culinary Edge have been assisting us in creating and refining this vision.

This investment is a commitment to provide a great all day experience for employees and residents in a safe and comfortable setting.

We already partnered with local artisanal producers, breweries, wineries, and distillers and plan to showcase their products by pairing them with our food.

This will provide the ultimate San Francisco experience to our customers.

A monthly rotating selection of selected coffee beans, seasonal local craft beer and boutique highly rated wines would be highlighted.

Some of our partners include:

Sightglass Coffee, B Young Patisserie, Yolo Farms, Farmer Browne Crackers, Sunbud Bakery, Dandelion Chocolates, Tcho Chocolatier, Awesome Bars, Magnolia Brewery, Speakeasy Brewery, 21st Amendment, SF Vodka, Raff Distilleries, and St. George spirits.

We would greatly appreciate the support of the board of supervisors and hope that you find the same public convenience and necessity that we envision and see in our concept. Additional information about the concept as well as sketches and floor plans can be provided if needed.

Please feel free to contact me at your earliest convenience to let me know when we can present our concept in front of the board. We respectfully request that we can be scheduled

as soon as possible as our construction is pending the approval of the transfer. We have been paying rent since December 2013 and would love to start construction as soon as we can.

Hours of Operation are 7:00 am until 2:00 daily.

Please contact:

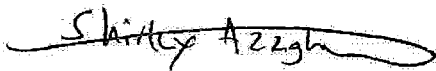
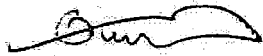
Oussama Manna (415) 595-3604

Craig Block (310) 893-1136

David Villa-Lobos, CLA Consulting (415) 921-4192

Sincerely,

Oussama Manna & Shirley Azzghayer





**California Department of Alcoholic Beverage Control
For the County of SAN FRANCISCO - (Off-Sale
Licenses)
and Census Tract = 615**

Report as of 7/2/2014

	License Number	Status	License Type	Orig. Iss. Date	Expir Date	Primary Owner and Premises Addr.	Business Name	Mailing Address	Geo Code
1)	274324	ACTIVE	21	7/3/1992	4/30/2015	PESUSIC, ANITA 120 BRANNAN ST SAN FRANCISCO, CA 94107 Census Tract: 0615.00	BAYSIDE MARKET		3800
2)	338788	ACTIVE	20	7/27/1998	10/31/2014	KU, SOON JA 121 NEW MONTGOMERY ST SAN FRANCISCO, CA 94105 Census Tract: 0615.00	STORE ON THE CORNER		3800
3)	373170	ACTIVE	21	2/13/2001	6/30/2014	R J PESUSIC INC 98 HOWARD ST SAN FRANCISCO, CA 94105 Census Tract: 0615.00	RINCON MARKET		3800
4)	416674	ACTIVE	21	10/1/2004	8/31/2014	NEILLS GROCERY & LIQUOR INC 521 3RD ST SAN FRANCISCO, CA 94107 Census Tract: 0615.00	NEILLS GROCERY & LIQUOR		3800
5)	416693	ACTIVE	20	9/28/2004	7/31/2014	LESLIE A HENNESSY INC 545 2ND ST SAN FRANCISCO, CA 94107 Census Tract: 0615.00	LESLIE A HENNESSY INC		3800
6)	424351	ACTIVE	21	8/12/2005	7/31/2014	JACKS MARKET INC 471 3RD ST SAN FRANCISCO, CA 94107 Census Tract: 0615.00	JACKS MARKET INC		3800
7)	452233	ACTIVE	21	5/24/2007	12/31/2014	HABASH, NAJWA	GABBY CAFE &		3800

						OSAMA 201 HARRISON ST, STE C SAN FRANCISCO, CA 94105-2098 Census Tract: 0615.00	DELI		
8)	<u>456226</u>	ACTIVE	20	5/30/2008	4/30/2015	GHIASI, MITRA 432 BRYANT ST SAN FRANCISCO, CA 94107-1303 Census Tract: 0615.00	SFGIFTBASKET COM	PO BOX 77328 SAN FRANCISCO, CA 94107	3800
9)	<u>458504</u>	ACTIVE	20	12/24/2007	11/30/2014	TURRENTINE, GLYNIS ELIZABETH 355 1ST ST, # S- 1002 SAN FRANCISCO, CA 94105-2696 Census Tract: 0615.00	CHARITABLE WINE AND SPIRITS	100 WARWICK PL SOUTH PASADENA, CA 91030	3800
10)	<u>460917</u>	ACTIVE	21	9/18/2008	8/31/2014	FUTURE BEVERAGE INC 17 3RD ST SAN FRANCISCO, CA 94103-3214 Census Tract: 0615.00	CASK	244 KEARNY ST, 7TH FL SAN FRANCISCO, CA 94108	3800
11)	<u>462254</u>	ACTIVE	20	4/7/2008	3/31/2015	AVALON COVE INC 333 BRYANT ST, LOWER LEVEL STE LL130 SAN FRANCISCO, CA 94107-1475 Census Tract: 0615.00		PO BOX 02515272 SIOUX FALLS, SD 57188	3800
12)	<u>467616</u>	ACTIVE	21	8/7/2008	7/31/2014	CHUN, YOOJA 699 3RD ST SAN FRANCISCO, CA 94107-1901 Census Tract: 0615.00	THIRD & TOWNSEND CORNER STORE		3800
13)	<u>475107</u>	ACTIVE	21	7/21/2009	10/31/2014	SOMA WINES AND SPIRITS INC 246 2ND ST SAN FRANCISCO, CA 94105-3111 Census Tract: 0615.00	SOMA WINES AND SPIRITS		3800
14)	<u>484940</u>	ACTIVE	21	3/23/2010	10/31/2014	ZUGHAYIR, NASSIR ABDEL RAZAK 84 2ND ST	SAMMYS ON 2ND	410 CHYRL WAY SUISUN CITY, CA 94585-1818	3800

						SAN FRANCISCO, CA 94105-3439 Census Tract: 0615.00			
15)	<u>516648</u>	ACTIVE	21	2/2/2012 3:54:10 PM	1/31/2015	AZZGHAYER, DEAN ZAIN 715 MARKET ST SAN FRANCISCO, CA 94103-2101 Census Tract: 0615.00	DEAN'S SMOKE & SNACKS	8 BARTON PL PACIFICA, CA 94044	3800
16)	<u>522588</u>	ACTIVE	20	8/29/2012 8:32:56 AM	7/31/2014	WINE SPOTS CELLARS, INC. 100 SPEAR ST, SUITE 935 SAN FRANCISCO, CA 94105-1522 Census Tract: 0615.00	WINE SPOTS CELLARS	101 MISSION ST, STE 935 SAN FRANCISCO, CA 94105	3800
17)	<u>524893</u>	ACTIVE	20	2/21/2013 2:23:39 PM	1/31/2015	MAYACAMA FARMS LLC 1 MARKET ST, SPEAR TOWER STE 4150 SAN FRANCISCO, CA 94105-1420 Census Tract: 0615.00			3800
18)	<u>527171</u>	ACTIVE	21	8/8/2013 1:38:00 PM	7/31/2014	F M SMOKES AND WINES INC 57 NEW MONTGOMERY ST SAN FRANCISCO, CA 94105-3438 Census Tract: 0615.00	F&M SMOKES & WINE		3800
19)	<u>533814</u>	ACTIVE	21	8/30/2013 2:49:57 PM	7/31/2014	ZUGHAIYER, MOHAMMAD AHMAD 34 3RD ST SAN FRANCISCO, CA 94103-3104 Census Tract: 0615.00	ZAINS LIQUOR		3800
20)	<u>533961</u>	ACTIVE	21	11/22/2013 12:33:42 PM	10/31/2014	FUTURE BEVERAGE INC 101 SPEAR ST, STE A04 SAN FRANCISCO, CA 94105-1557 Census Tract: 0615.00	CASK AT RINCON	244 KEARNY ST, 7TH FL SAN FRANCISCO, CA 94108	3800
21)	<u>538959</u>	ACTIVE	21	1/31/2014 2:49:42 PM	12/31/2014	SOMA WINES AND SPIRITS INC		246 B 2ND ST SAN	3800

					689 FOLSOM ST SAN FRANCISCO, CA 94107-1313 Census Tract: 0615.00	FRANCISCO, CA 94105	
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--- End of Report ---

For a definition of codes, view our [glossary](#).

Department of Alcoholic Beverage Control
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)
 ABC 211 (6/99)

State of California
Christina West

TO: Department of Alcoholic Beverage Control
 33 NEW MONTGOMERY STREET
 SUITE 1230
 SAN FRANCISCO, CA 94105
 (415) 356-6500

File Number: **543435**
 Receipt Number: **2222350**
 Geographical Code: **3800**
 Copies Mailed Date: **March 26, 2014**
 Issued Date:

(310) 893-1117

DISTRICT SERVING LOCATION: SAN FRANCISCO
 First Owner: **SOMA RESTAURANT GROUP, INC.**
 Name of Business: **SOMA EATS**
 Location of Business: **186 2ND ST
 SAN FRANCISCO, CA 94105-3809**
 County: **SAN FRANCISCO**
 Is Premise inside city limits? **Yes**
 Mailing Address: **246 2ND ST
 STE B
 SAN FRANCISCO, CA 94105-3150**
 (If different from premises address)

*Block/lot: 3722/019
 zoning: C-3-0(CSD)
 Quad: NE
 MB # 1460503*

Census Tract **0615.00**

Type of license(s): **21**

Transferor's license/name: **325039 / ALEMU, ABAI JEMERE** Dropping Partner: Yes No

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
21 - Off-Sale General	ANNUAL FEE	NA	Y	0	03/26/14	\$582.00
21 - Off-Sale General	PREMISE TO PREMISE TRANSFER	NA	Y	0	03/26/14	\$100.00
21 - Off-Sale General	PERSON-TO-PERSON TRANSFER	NA	Y	0	03/26/14	\$1,250.00
Total						\$1,932.00

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**
 Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of **SAN FRANCISCO** Date: **March 26, 2014**
 Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department
 Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s) **SOMA RESTAURANT GROUP, INC.** Applicant Signature(s)
 See 211 Signature Page

*TYPE 21 ABC LICENSE PERMITTED PER SECTION 218 OF THE PLANNING CODE. Anne Brask ANNE BRASK 575-9078
 4/18/14*

Soma Eats
186 2nd st
SF, CA 94105

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 MAR 11 PM 3:33

Feb 14, 2014
Attn: Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Attached is the PCN request for the acquisition of a Type 21 liquor license for Soma Restaurant Group, Inc. 186 2nd street, SF, CA 94105

Dear Board of Supervisors:

Soma Eats has applied for a Premise-to-Premise transfer of Type 21 ABC license from 500 Precita Ave, SF, CA 94110 to 186 2nd street, SF, CA 94105.

Soma Eats is a division of Soma Restaurant Group that is intended to cater to the downtown business crowd, as well as nearby residents. Customers will have the choice of enjoying their food or drink on site in a trendy environment or taking their orders to go.

Soma Eats will be a great addition to the South of market neighborhood. We provide the customer an alternative to fast food dining for a quick breakfast, lunch or dinner. We do this by providing gourmet, yet casual food made from organic and mostly local ingredients, prepared on site, that

showcases Mediterranean and Californian cuisine through unique recipes.

In addition, we provide customers with a variety of quality beverages through our premium coffee, beer and wine program.

We will be investing a substantial amount in remodeling and improving the site to provide the best experience that we can to our patrons. Talented local firms abmoarchitects, Rubber Design, and The Culinary Edge have been assisting us in creating and refining this vision.

This investment is a commitment to provide a great all day experience for employees and residents in a safe and comfortable setting.

We already partnered with local artisanal producers, breweries, wineries, and distillers and plan to showcase their products by pairing them with our food.

This will provide the ultimate San Francisco experience to our customers.

A monthly rotating selection of selected coffee beans, seasonal local craft beer and boutique highly rated wines would be highlighted.

Some of our partners include:

Sightglass Coffee, B Young Patisserie, Yolo Farms, Farmer Browne Crackers, Sunbud Bakery, Dandelion Chocolates, Tcho Chocolatier, Awesome Bars, Magnolia Brewery, Speakeasy Brewery, 21st Amendment, SF Vodka, Raff Distilleries, and St. George spirits.

We would greatly appreciate the support of the board of supervisors and hope that you find the same public convenience and necessity that we envision and see in our concept. Additional information about the concept as well as sketches and floor plans can be provided if needed.

Please feel free to contact me at your earliest convenience to let me know when we can present our concept in front of the board. We respectfully request that we can be scheduled

as soon as possible as our construction is pending the approval of the transfer. We have been paying rent since December 2013 and would love to start construction as soon as we can.

Hours of Operation are 7:00 am until 2:00 daily.

Please contact:

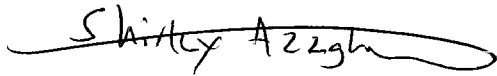
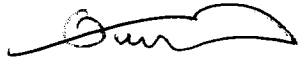
Oussama Manna (415) 595-3604

Craig Block (310) 893-1136

David Villa-Lobos, CLA Consulting (415) 921-4192

Sincerely,

Oussama Manna & Shirley Azzghayer



Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
 Edmund G. Brown Jr., Governor

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.) <u>Soma Restaurant Group, Inc.</u>			P-12 LICENSEE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, complete form ABC-811)</small>	
2. LICENSE TYPE(S) (Check appropriate items)		3. TRANSACTION TYPE (Check appropriate item)		
<input type="checkbox"/> 20 Off-Sale Beer & Wine		<input type="checkbox"/> Original (New)		
<input checked="" type="checkbox"/> 21 Off-Sale General		<input checked="" type="checkbox"/> Person-to-Person Transfer (check appropriate section):		
<input type="checkbox"/> 40 On-Sale Beer		<input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)		
<input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place		<input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership)		
<input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises		<input type="checkbox"/> Section 24071.2 (Limited Liability Company)		
<input type="checkbox"/> 47 On-Sale General Eating Place		<input checked="" type="checkbox"/> Premises-to-Premises Transfer		
<input type="checkbox"/> 48 On-Sale General Public Premises		<input type="checkbox"/> Exchange		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		
4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code) <u>186 2nd st SF, CA 94105</u>				County <u>San Francisco</u>
6. PREMISES TELEPHONE NUMBER ()	7. PREMISES ARE INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. BUSINESS NAME (DBA) YOU WILL USE <u>Soma Eats</u>		
9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code) <u>246 2nd st #13 SF, CA 94105</u>				10. MAILING ADDRESS <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary
11. ABC LICENSE COST (Item #33a on reverse) <u>18,000</u>		12. SUBTOTAL (Item #33f on reverse)		
13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN <u>N/A</u>				
16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.) <u>Alemu, Abai Jemere</u>				17. ABC LICENSE NUMBER <u>325039</u>
18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code) <u>500 Precita Ave, San Francisco, CA 94110</u>				
19. PREMISES UNDER CONSTRUCTION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, LIST ESTIMATED COMPLETION DATE <u>June 01, 2014</u>		20. FRANCHISE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. NAME OF PERSON WE MAY CONTACT (For the applicant) <u>Christina West</u>		22. TITLE OF CONTACT PERSON <u>Consultant</u>		
23. CONTACT TELEPHONE NUMBER <u>(310) 893-1117</u>		24. CONTACT E-MAIL ADDRESS <u>christina @ LiqueurLicense.com</u>		
25. PREMISES IS CURRENTLY LICENSED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, TYPE OF LICENSE		26. CURRENT LICENSE IS OPERATING <input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, DATE CLOSED				
FINANCIAL INFORMATION				
27. ESCROW COMPANY'S NAME <u>ARC Escrow</u>		ESCROW COMPANY'S ADDRESS <u>Los Angeles, CA 12304 Santa Monica Blvd, ste 100 90025</u>		TELEPHONE NUMBER <u>(310) 893-1135</u>
28. BOOKKEEPER/ACCOUNTANT'S NAME <u>Step Ahead Financial</u>		BOOKKEEPER/ACCOUNTANT'S ADDRESS <u>535 San Mateo Ave San Bruno, CA 94066</u>		TELEPHONE NUMBER <u>(650) 794-9011</u>
29. LANDLORD'S NAME <u>Peter Wong</u>		LANDLORD'S ADDRESS <u>182 2nd st, suite 500 SF, CA 94105</u>		TELEPHONE NUMBER <u>(415) 566-0800</u>
30. MONTHLY RENT <u>10,083 \$</u>		31. LEASE EXPIRATION DATE <u>08/2023</u>		32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES <input type="checkbox"/> All <input type="checkbox"/> Some <input checked="" type="checkbox"/> None

33. INVESTMENT INFORMATION

	COST
a. ABC License	\$ 18,000
b. Furniture/fixtures	\$ 100,000
c. Inventory	\$ 50,000
d. Goodwill/non-compete covenant	\$ 0
e. Leasehold and/or Improvements	\$ 300,000
f. SUBTOTAL (Usually should equal the recorded notice)	\$ 468,000
g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State, County or City license fees or permits; lease and utility deposits	\$
h. Working capital (approximate)	\$ 60,000
i. Realty or interest therein	\$
j. TOTAL INVESTMENT (Items f through i) (will equal total of amounts listed in item #33)	\$ 528,000

34. Source of Funds for Total Investment (item #33j) - identify amount(s), type(s) and explain source(s) and/or terms of Repayment

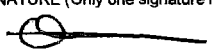
Amount	Type	Source and/or Terms of Repayment
<i>Examples</i> \$1,000	Gift	John Doe, Brother
\$15,000	Promissory Note	to seller, payable @ \$1,000 per month for 15 months
\$10,000	Loan	from ABC Bank, @ 8.5% over 5 yrs; monthly payment = \$2,052
470,000	SBA Loan	Bridge Bank San Jose
58,000	Business Account	Some Wines & spirits

35. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a. N/A		
b.		

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

36. APPLICANT SIGNATURE (Only one signature needed)	PRINTED NAME	DATE SIGNED
	Oussama Mannaec	03/01/2014

ATTEST (ABC Employee or Notary Public)

Certificate of Acknowledgement

State of California)

County of San Mateo)

On March 4 2014 before me, Shruti Bhalla, Notary Public,

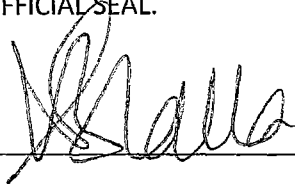
Date

personally appeared Dussama Nanna, who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity ~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~ or entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

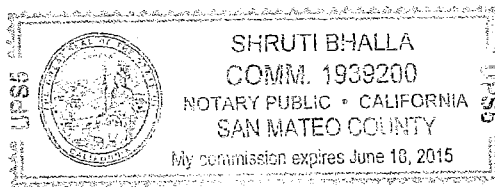
I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature



Seal:



This Certificate is attached to the following document:

Investment Information

03/04/2014

SUPPLEMENTAL DIAGRAM

Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle) <i>Soma Restaurant Group, Inc,</i>	2. LICENSE TYPE <i>21</i>
3. PREMISES ADDRESS (Street number and name, city, zip code) <i>186 2nd st SF, CA 94105</i>	4. NEAREST CROSS STREET <i>Howard street</i>

DIAGRAM

I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE 	DATE SIGNED <i>03/01/2014</i>
--	----------------------------------

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (Last, first, middle) <i>Soma Restaurant Group, Inc.</i>	2. LICENSE TYPE <i>21</i>
3. PREMISES ADDRESS (Street number and name, city, zip code) <i>186 2nd st SF, CA 94105</i>	4. NEAREST CROSS STREET <i>Howard street</i>

The diagram below is a true and correct description of the entrances, exits, interior walls and exterior boundaries of the premises to be licensed, including dimensions and identification of each room (i.e., "storeroom", "office", etc.).

DIAGRAM

It is hereby declared that the above-described boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required) 	DATE SIGNED <i>03/01/2014</i>
--	----------------------------------

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
-------------------------------	--------------	-----------------

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) <i>Soma Restaurant Group, Inc.</i>	2. LICENSE TYPE(S) <i>21</i>
--	---------------------------------

3. PREMISES ADDRESS (Street number and name, city, zip code) <i>186 2nd st SF, CA 94105</i>	4. NEAREST CROSS STREET <i>Howard street</i>
--	---

5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club
<input checked="" type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	

<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	
<input type="checkbox"/> Other - describe: _____			

6. PATRON CAPACITY	7. SURROUNDING AREA <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other	8. PREMISES IS LOCATED IN <input checked="" type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): _____ <input checked="" type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units
--------------------	--	---

9. FOOD SERVICE <input type="checkbox"/> None <input type="checkbox"/> Minimal <input checked="" type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---	---

14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input checked="" type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: <input type="checkbox"/> Pizza/Pasta	15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other: <i>Mediterranean Fusion</i>	16. HOURS OF FOOD SERVICE BREAKFAST HOURS From: <i>7:00</i> To: <i>10:00</i> LUNCH HOURS From: <i>11:00</i> To: <i>2:00</i> DINNER HOURS From: <i>5:00</i> To: <i>10:00</i>
---	--	---

17. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	<i>9:00 am</i>	<i>7:00 am</i>	<i>7:00 am</i>	<i>7:00 am</i>	<i>7:00 am</i>	<i>7:00 am</i>	<i>9:00 am</i>
Closing Time	<i>12:00 am</i>	<i>12:00 am</i>	<i>12:00 am</i>	<i>12:00 am</i>	<i>12:00 am</i>	<i>12:00 am</i>	<i>12:00 am</i>

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterick (*) below)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input type="checkbox"/> "Hot Spot"/Lottery
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games

*Description: _____

19. PREMISES IS LOCATED ON <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other	20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input checked="" type="checkbox"/> Multi-Story - Number of stories: <i>5</i>
--	--

21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. FIXED BARS? <input type="checkbox"/> Yes - how many: _____ <input checked="" type="checkbox"/> No	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? <i>30%</i>
---	--	--

FOR ABC USE ONLY

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)	25. DATE ENTERED INTO CABIN
---	-----------------------------

Department of Alcoholic Beverage Control
STATEMENT RE: RESIDENCES
(Rule 61.4)

State of California
 Edmund G. Brown Jr., Governor

Applicant: Please complete left side of form, then sign. List addresses of all residences within 100 feet of your proposed premises. If there are none, write "None." Measure all distances by direct line from the closest edge of the residential structure to the closest edge of your structure or parking lot, whichever is closer. Your "parking lot" includes any area that is maintained for the benefit of your patrons or operated in conjunction with your premises. Continue on reverse if needed.


1. APPLICANT NAME
Soma Restaurant Group, Inc.

2. PREMISES ADDRESS (Street number and name, city, zip code)
186 2nd St SF, CA 94105

3. RESIDENCES WITHIN 100'		DEPARTMENT USE ONLY			
	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1. <u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
2.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
3.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
4.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
5.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
6.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
7.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
8.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				

NON-INTERFERENCE (For Department Use Only)

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of application for the license, or if the license is issued in reliance upon information in this statement which is offered, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE  DATE SIGNED 03/21/2014

Department of Alcoholic Beverage Control
STATEMENT RE: RESIDENCES
(Rule 61.4)

State of California
 Edmund G. Brown Jr., Governor

Applicant: Please complete left side of form, then sign. List addresses of all residences within 100 feet of your proposed premises. If there are none, write "None." Measure all distances by direct line from the closest edge of the residential structure to the closest edge of your structure or parking lot, whichever is closer. Your "parking lot" includes any area that is maintained for the benefit of your patrons or operated in conjunction with your premises. Continue on reverse if needed.

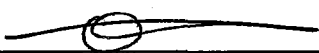
1. APPLICANT NAME
Soma Restaurant Group, Inc.

2. PREMISES ADDRESS (Street number and name, city, zip code)
186 2nd st SF, CA 94105

3. RESIDENCES WITHIN 100'		DEPARTMENT USE ONLY			
	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1. <u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
2.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
3.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
4.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
5.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
6.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
7.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
8.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				

NON-INTERFERENCE (For Department Use Only)

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of application for the license, or if the license is issued in reliance upon information in this statement which is offered, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE  DATE SIGNED 03/01/2014

STATEMENT RE: CONSIDERATION POINTS

Applicant: Please complete left side of form, then sign. List the names and addresses of all schools, churches, hospitals, public playgrounds, parks, and youth facilities located within 600 feet of your proposed premises. Measure all distances by direct line from the closest edge of the facility structure to the closest edge of your structure. Continue on reverse if needed.

1. APPLICANT NAME

Soma Restaurant Group, Inc.

2. PREMISES ADDRESS (Street number and name, city, zip code)

186 2nd st SE, CA 94105

3. FACILITY NAME/ADDRESS DEPARTMENT USE ONLY

1.	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
None	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
2.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
3.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
4.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
5.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
6.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
7.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
8.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					
9.	<input type="checkbox"/>	<input type="checkbox"/>			
NAME					

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of the application for the license, or, if the license is issued in reliance upon information in this statement which is omitted, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE DATE SIGNED



03/21/2014

STATEMENT RE: CONSIDERATION POINTS

Applicant: Please complete left side of form, then sign. List the names and addresses of all schools, churches, hospitals, public playgrounds, parks, and youth facilities located within 600 feet of your proposed premises. Measure all distances by direct line from the closest edge of the facility structure to the closest edge of your structure. Continue on reverse if needed.

1. APPLICANT NAME

Soma Restaurant Group, Inc.

2. PREMISES ADDRESS (Street number and name, city, zip code)

186 2nd St SF, CA 94105

3. FACILITY NAME/ADDRESS

DEPARTMENT USE ONLY

	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1. <i>None</i>	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
2.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
3.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
4.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
5.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
6.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
7.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
8.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
9.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of the application for the license, or, if the license is issued in reliance upon information in this statement which is omitted, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE



DATE SIGNED

03/01/2014

ZONING AFFIDAVIT

Instructions to the Applicant: Complete Items 1 - 14. Sign and date the form and submit it to ABC.

1. APPLICANT(S) NAME (Last, first, middle) <i>Soma Restaurant Group, Inc.</i>		
2. PREMISES ADDRESS (Street number and name, city, zip code) <i>186 2nd st SF, CA 94105</i>		3. PARCEL NUMBER OF PROPERTY (Obtain from County Assessor's Office) <i>37 22/019</i>
4. TYPE OF LICENSE APPLIED FOR <i>21</i>	5. UPGRADE OF LICENSED PRIVILEGES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. CURRENT LICENSE TYPE AT THIS LOCATION, IF ANY <i>None</i>
7. TYPE OF BUSINESS (i.e., restaurant, mini-mart, gas station, etc.) <i>Cafe, Deli</i>		8. ARE THE PREMISES INSIDE THE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For answers to Questions 9 - 14, contact your local city OR county planning department (if inside the city limits, contact city planning; if outside, contact county planning.

9. HOW ARE APPLICANT PREMISES ZONED? STATE TYPE (i.e., "C" commercial, "R" residential, etc.) <i>C-3-O(SD)</i>		
10. DOES ZONING PERMIT INTENDED USE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. IS A CONDITIONAL USE PERMIT (C.U.P.) NEEDED? (If yes, please attach copy of receipt or C.U.P.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. IF YES, DATE YOU FILED APPLICATION FOR C.U.P.
13. NAME OF PLANNER CONTACTED AT PLANNING DEPARTMENT <i>Wade Wietgreffe</i>		14. PLANNER'S PHONE NUMBER <i>575-9050</i>

Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge.

15. APPLICANT'S SIGNATURE (One signature will suffice) 	16. DATE SIGNED <i>03/01/2014</i>
---	--------------------------------------

FOR DEPARTMENT USE ONLY

<input type="checkbox"/> C.U.P. Approved	IF APPROVED, EFFECTIVE DATE	FILE NUMBER
<input type="checkbox"/> C.U.P. Denied	DATE DENIED	

GENERAL INFORMATION

•Section 23790 of the Business and Professions Code says that ABC may not issue a retail license contrary to a valid zoning ordinance. This form will help us determine whether your proposed business is properly zoned for alcoholic beverage sales.

•A conditional use permit (CUP) (Item 11) is a special zoning permit granted after an individual review of proposed land-use has been made. CUP's are used in situations where the proposed use may create hardships or hazards to neighbors and other community members who are likely to be affected by the proposed use. The ABC district office will not make a final recommendation on your license application until after the local CUP review process has been completed. If the local government denies the CUP, ABC must deny your license application.

23790. Zoning ordinances. No retail license shall be issued for any premises which are located in any territory where the exercise of the rights and privileges conferred by the license is contrary to a valid zoning ordinance of any county or city.

Premises which had been used in the exercise of those rights and privileges at a time prior to the effective date of the zoning ordinance may continue operation under the following conditions:

- (a) The premises retain the same type of retail liquor license within a license classification.
- (b) The licensed premises are operated continuously without substantial change in mode or character of operation. For purposes of this subdivision, a break in continuous operation does not include:
 - (1) A closure for not more than 30 days for purposes of repair, if that repair does not change the nature of the licensed premises and does not increase the square footage of the business used for the sale of alcoholic beverages.
 - (2) The closure for restoration of premises rendered totally or partially inaccessible by an act of God or a toxic accident, if the restoration does not increase the square footage of the business used for the sale of alcoholic beverages.

CERTIFICATION RE CHAPTER 15 TIED-HOUSE RESTRICTIONS

Instructions

- Type or print clearly in black or blue ink (do not use red).
- This form is to be completed by all applicants, retail and non-retail.
- This form is used to ensure compliance with tied-house laws, which generally prohibit or restrict vertical integration. These laws prohibit vertical integration of the three levels of the alcoholic beverage industry (manufacturer, wholesaler, and retailer). (Section 25500, et seq., Business & Professions Code.)

License Applicant Name (Item 1) -- Enter the name of the license applicant. For a limited partnership, limited liability company, or a corporation, the name of the entity.

License Type (Item 2) -- Enter the numeric designation for the applied-for license (e.g., Type 21) or a description (e.g., Off-Sale General).

Premises Address (Item 3) -- Enter the location of the proposed business.

Applicant Entity (Item 4) -- Check the box for the type of business ownership.

Certification (Items 5 & 6) -- Check the boxes that apply and explain ownerships, interests, gifts or loans.

Signature (Item 7) -- Any one signature for the certifying entity is sufficient (e.g., one general partner; one corporate officer; an LLC member, if member-run; the LLC manager, if manager-run; or LLC officer, if designated).

1. LICENSE APPLICANT NAME	2. LICENSE TYPE
---------------------------	-----------------

Soma Restaurant Group	21
-----------------------	----

3. PREMISES ADDRESS (Street number and name, city, zip code)

186 2nd St SF, CA 94105

4. APPLICANT ENTITY

SOLE PROPRIETOR PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION

5. CERTIFICATION

Retail License Applicant

- The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- does does not hold any ownership or interest, directly or indirectly, in the business, property, license, or management of any alcoholic beverage producer, rectifier, importer, or wholesaler, in California or elsewhere.

Non-Retail License Applicant

- The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- does does not hold any ownership, directly or indirectly, in any retail license, or in the premises upon which such retail license is located, or in the furniture, fixtures or equipment in such business.
- is is not an agent or employee of a retail licensee.
- has has not furnished, given or loaned any money or other thing of value, directly or indirectly, to a retail licensee, or guaranteed the repayment of any loan or obligation owed by such retail licensee.
- does does not have an interest in the manufacture, importation, or distribution of distilled spirits products in California or elsewhere.

6. EXPLAIN DETAILS IF YOU CHECKED "IS", "DOES" OR "HAS" IN ITEM 5.

I have read all of the above information and certifications and declare under penalty of perjury they are true, correct, and complete.

7. PRINTED NAME OF PERSON SIGNING FORM	TITLE	SIGNATURE	DATE SIGNED
Oussama Manna	President	X	03/01/2014

APPLICATION SIGNATURE SHEET ("SIGN ON")

- This form is to be used as the signature page for applications not signed in the District Office.
- **Read instructions on reverse before completing.**
- **All signatures must be notarized in accordance with laws of the State where signed.**

1. OWNERSHIP TYPE (Check one)

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership-Ltd
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Other _____

2. FILE NUMBER (if any)	3. LICENSE TYPE 21	4. TRANSACTION TYPE <input type="checkbox"/> Original <input type="checkbox"/> Exchange <input checked="" type="checkbox"/> Person to Person Transfer <input checked="" type="checkbox"/> Premise to Premise Transfer <input type="checkbox"/> Other _____
-------------------------	----------------------------------	---

5. APPLICANT(S) NAME (Last, first, middle)

Soma Restaurant Group, Inc.

6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code)

246 2nd st #B SF, CA 94105

7. PREMISES ADDRESS (Street address, city, zip code)

186 2nd st SF CA 94105

APPLICANT'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer

payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department, (b) to gain or establish a preference to or for any creditor or transferor, or (c) to defraud or injure any creditor or transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

I understand that if I fail to qualify for the license or withdraw this application there will be a service charge of one-fourth of the license fee paid, up to \$100.

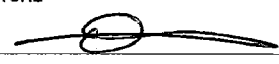
SOLE OWNER


8. PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
---------------------------------------	-----------------------	-------------

PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

9. PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

CORPORATION

10. PRINTED NAME (Last, first, middle) Manna, Oussama, Mohamed Farouk	SIGNATURE X 	DATE SIGNED 03/01/2014
TITLE <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Vice President <input type="checkbox"/> Chairman of the Board		

PRINTED NAME (Last, first, middle) Manna, Oussama, Mohamed Farouk	SIGNATURE X 	DATE SIGNED 03/01/2014
TITLE <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Asst. Secretary <input checked="" type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Asst. Treasurer		

LIMITED LIABILITY COMPANY

11. The limited liability company is member-run Yes No (If no, complete Item #12 below)

12. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)

13. MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

Certificate of Acknowledgement

State of California)

County of San Mateo)

On March 4th 2014 before me, Shruti Bhalla, Notary Public,

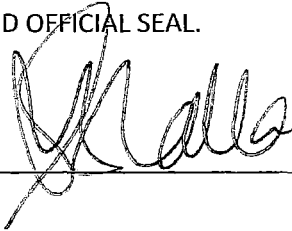
Date

personally appeared Dussama Manna, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

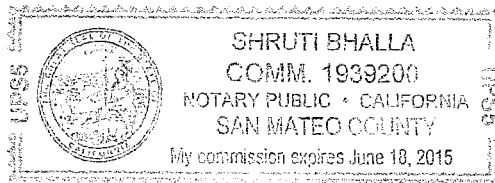
I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature



Seal:



This Certificate is attached to the following document:

Application Signature Sheet

03/04/2014

CORPORATE QUESTIONNAIRE

Instructions: Complete all items. One officer must sign for the corporation. Item 16 - List Certificates chronologically, including active, canceled, and pending issuance. If stock is pledged, include date, number of shares, and from whom to whom.

1. NAME OF CORPORATION <i>Soma Restaurant Group, Inc.</i>	2. ABC LICENSE NUMBER <i>325039</i>
3. PREMISES ADDRESS <i>186 2nd street, San Francisco, CA 94105</i>	4. TELEPHONE NUMBER <i>N/A</i>
5. ATTORNEY'S NAME	6. ATTORNEY'S TELEPHONE NUMBER
7. ATTORNEY'S ADDRESS	
8. NAME OF BANK (Corporate account) <i>N/A</i>	9. ACCOUNT NUMBER
10. ADDRESS OF CORPORATE BANK ACCOUNT	
11. PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT (Print)	


12. INCORPORATION DATE <i>Nov, 28, 2012</i>	13. STATE OF INCORPORATION <i>CA</i>	14. SECRETARY OF STATE FILE NUMBER <i>3523610</i>
--	---	--

15. OFFICERS AND DIRECTORS			
TITLE	NAME	ADDRESS	TELEPHONE NUMBER
<i>President, Secretary, VP, Treasurer</i>	<i>Oussama Mannaa</i>	<i>709 Woodside Way #F San Mateo, CA 94105</i>	<i>415-595-3604</i>

16. LIST ALL STOCK CERTIFICATES						
TO WHOM ISSUED	CERTIFICATE NUMBER	NUMBER OF SHARES	PERCENTAGE OF OUTSTANDING SHARES OF STOCK	DATE ISSUED	DATE CANCELED	
<i>Mannaa, Oussama Mohamed Farouk</i>	<i>001</i>	<i>1000</i>	<i>100%</i>	<i>Nov, 30, 2012</i>		

Continued on reverse

I hereby certify the above are the present officers, directors and/or stockholders and that each such officer, director and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as an agent, employee or representative of any other person not reported to the Department. The provisions of sections 23405 and 23405.3 of the Business and Professions Code are hereby acknowledged and it is understood that changes within the corporation and/or entities holding interest in the corporation will be reported to the Department as required.

SIGNATURE (FOR THE CORPORATION) 	TITLE <i>President</i>	DATE SIGNED <i>03/01/2014</i>
--	---------------------------	----------------------------------

INDIVIDUAL PERSONAL AFFIDAVIT

Instructions: This form must be completed by: sole owners and their spouses; each general partner and their spouses; officers of a corporation and a majority of the board of directors; persons holding 10% or more of the capital or stock of a corporation and their spouses; persons holding 10% or more of the capital or stock of a limited liability company or limited partnership.

If item #23b is checked, you must complete Form ABC-208-B, Financial Affidavit.

FINGERPRINTING (ABC USE ONLY)
 Active Livescan

Date:

1. FIRST NAME Onssama			MIDDLE NAME Mahamad Farouk			LAST NAME Monnae			2. PREVIOUS NAME(S) (Include maiden name, aka, alias)		
3. PREMISES ADDRESS 186 2nd st, SF, CA 94105						4. PREMISES TELEPHONE NUMBER					
5. HOME ADDRESS 709 Woodside Way # F San Mateo, CA 94401						6. HOME TELEPHONE NUMBER 415-595-3604					
7. SOCIAL SECURITY NUMBER [REDACTED]			8. DRIVER'S LICENSE OR ID NUMBER D4905423			9. STATE WHERE DL OR ID ISSUED CA			10. WORK OR CELL TELEPHONE NUMBER 415-495-7286		
11. PERSONAL DATA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			HEIGHT 6' 00"		WEIGHT 180 Lbs		EYE COLOR Blue		HAIR COLOR Black		
12. BIRTHDATE [REDACTED]			13. BIRTHPLACE (City, State, Country) Sidon, Lebanon			14. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated			15. SPOUSE'S/REGISTERED PARTNER'S NAME (Last, first, middle) (Include alias) Azzhayer, Shirley Lyla		
						16. MARRIAGE DATE 08/29/2003			17. MARRIAGE PLACE (City, State) SF, CA		
18. I AM OR WILL BE			<input type="checkbox"/> Sole Owner			<input type="checkbox"/> General Partner			<input type="checkbox"/> Food Lessee		
<input type="checkbox"/> Spouse/Registered Partner			<input type="checkbox"/> Limited Partner			<input type="checkbox"/> Director			<input type="checkbox"/> Officer		
<input type="checkbox"/> Partner			<input type="checkbox"/> Manager			<input checked="" type="checkbox"/> Stockholder			<input type="checkbox"/> LLC Member/Managing Member		

19. Do you now have any direct, or indirect, interest in any other alcoholic beverage business, or have you ever been an alcoholic beverage licensee or an officer or director of a corporate licensee in or outside of California?

Yes No

IF YES, EXPLAIN (List License number and/or premises address)

Soma Wines & Spirits 246 2nd st # B SF, CA 94105 ; Soma Wines & Spirits 689 Folsom St SF, CA 94107
Bel Cliff Market 516 Geary st SF, CA 94105 ; Drum Lighters 15 Arum st SF, CA 94111

IF YES, EXPLAIN

21. EMPLOYMENT HISTORY (Past five years - include unemployed, student, homemaker, etc. Use additional sheets if needed.)

FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE	COMPANY NAME AND CITY
03/2009	03/2014	Business Owner	Soma Wines & Spirits, Inc. SF
			Drum Lighters, Inc. SF

22. Have you ever, anywhere or at any time, (1) forfeited bail, (2) been convicted, (3) fined, or (4) placed on probation for any violation of the law? (5) Are you now actively being prosecuted for a criminal offense?

(If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in expungement, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under age 18 years, has been issued. If no order has been issued, the answer must be "Yes.")

Yes No

ARREST DATE	PLACE OF ARREST	OFFENSE	RESULT/DISPOSITION

23. FINANCIAL CONTRIBUTION TO THE BUSINESS (If Box B is checked, complete Form ABC-208-B)

- A. I am not making a contribution in any form
 B. I am making a financial contribution
 C. I am contributing labor/expertise only
 D. Same as the affidavit of

I have read all of the above and declare under penalty of perjury that each and every statement is true, correct and complete.

AFFIANT SIGNATURE 		TITLE President
DATE SIGNED 03/01/2014	PLACE SIGNED San Francisco	ATTEST (ABC EMPLOYEE OR NOTARY PUBLIC)

Certificate of Acknowledgement

State of California)

County of San Mateo)

On March 4 2014 before me, Shruti Bhalla, Notary Public,

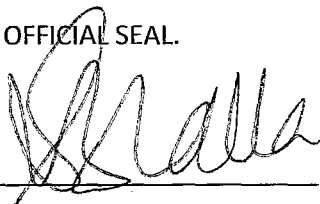
Date

personally appeared Dussama Manaa, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

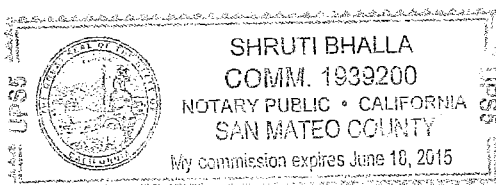
I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature



Seal:



This Certificate is attached to the following document:

Individual Personal Affidavit

03/04/2014

INDIVIDUAL FINANCIAL AFFIDAVIT

Refer to Form ABC-208-A instructions for who must complete this form.

1. NAME (Last, first, middle) <i>Manna, Oussama, Mohamed Farouk</i>	2. PREMISES ADDRESS (Street number and name, city, zip code) <i>186 2nd st SF, CA 94105</i>
3. MY TOTAL CONTRIBUTION IS \$ <i>528,000</i>	4. MY CASH CONTRIBUTION IS \$ <i>58,000</i>

5. SOURCE OF FUNDS (Explain fully) Source 1 Source 2 (If more than one source)

A. Savings/Checking/Stock Accounts

Financial Institution Name	<i>Chase</i>	
Financial Institution Address	<i>10 S El Camino Real Milbrae, CA 94030</i>	
Account Type	<i>Business Checking</i>	
Account Number	<i>3830334491</i>	
Persons Authorized to Sign (Print)	<i>Oussama Manna</i>	
Amount Being Invested	\$ <i>58,000</i>	\$
Source of This Money	<i>Business</i>	

B. Loans (e.g., loans from financial institutions, individuals, etc.)

Date of Loan		
Amount of Loan	\$ <i>470,000</i>	\$
Term(s)	<i>10 years</i>	
Security		
Lender(s)	<i>Bridge Bank</i>	
Occupation of Lender(s)		

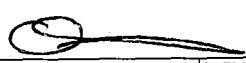
C. Sale of Property (e.g., Real estate or personal such as vehicles, jewelry, etc.)

Type of Property		
Address of Property		
Date Sold		
Buyer's Name		
Net Proceeds	\$	\$

D. Other Source of Funds (Inheritance, lawsuit settlements, gifts, etc.)

Source(s)		
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I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my bookkeeper. ***I have read all of the above and declare under penalty of perjury that each and every statement is true and correct.***

6. AFFIANT SIGNATURE 	7. DATE SIGNED <i>03/01/2014</i>	8. PLACE SIGNED <i>San Francisco</i>	9. ATTEST (ABC employee or Notary Public)
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Certificate of Acknowledgement

State of California)

County of San Mateo)

On March 4, 2014 before me, Shruti Bhalla, Notary Public,

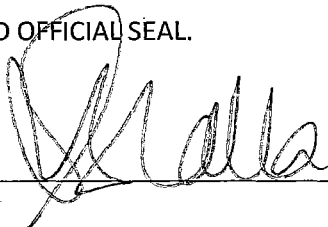
Date

personally appeared Oussama Nannaa, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity (ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

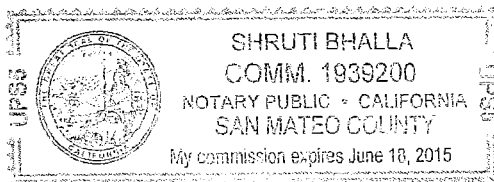
I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature



Seal:



This Certificate is attached to the following document:

Individual Financial Affidavit

03/04/2014

INDIVIDUAL PERSONAL AFFIDAVIT

Instructions: This form must be completed by: sole owners and their spouses; each general partner and their spouses; officers of a corporation and a majority of the board of directors; persons holding 10% or more of the capital or stock of a corporation and their spouses; persons holding 10% or more of the capital or stock of a limited liability company or limited partnership.

If Item #23b is checked, you must complete Form ABC-208-B, Financial Affidavit.

FINGERPRINTING (ABC USE ONLY)
 Active Livescan
 Date: _____

1. FIRST NAME Shirley			MIDDLE NAME Lyla			LAST NAME Azzghayer			2. PREVIOUS NAME(S) (Include maiden name, aka, alias)		
3. PREMISES ADDRESS 186 2nd st SF, CA 94105						4. PREMISES TELEPHONE NUMBER					
5. HOME ADDRESS 709 Woodside way # f San Mateo, CA 94401						6. HOME TELEPHONE NUMBER					
7. SOCIAL SECURITY NUMBER			8. DRIVER'S LICENSE OR ID NUMBER			9. STATE WHERE DL OR ID ISSUED CA			10. WORK OR CELL TELEPHONE NUMBER 415-279-8292		
11. PERSONAL DATA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			HEIGHT 5' 2"		WEIGHT 120 lbs		EYE COLOR Brown		HAIR COLOR Brown		
12. BIRTHDATE			13. BIRTHPLACE (City, State, Country) SF, CA			14. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated			<input type="checkbox"/> Widow(er) <input type="checkbox"/> Registered Partner		
15. SPOUSE'S/REGISTERED PARTNER'S NAME (Last, first, middle) (Include alias) Manana Oussema Mohamed Farouk						16. MARRIAGE DATE 03/29/2007			17. MARRIAGE PLACE (City, State) SF, CA		
18. I AM OR WILL BE <input type="checkbox"/> Sole Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Food Lessee <input type="checkbox"/> Officer Title: _____ <input type="checkbox"/> Spouse/Registered Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> LLC Member/Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Stockholder											

19. Do you now have any direct, or indirect, interest in any other alcoholic beverage business, or have you ever been an alcoholic beverage licensee or an officer or director of a corporate licensee in or outside of California? Yes No

IF YES, EXPLAIN (List license number and/or premises address)

Soma Wines & Spirits, Inc. 246 B 2nd st SF, CA 94105 & 689 Folsom st SF, CA
Bel Clift Market 516 Geary st SF, CA 94102

20. Have you as an individual, a partner, or while an officer, director, or stockholder of a corporation ever had an alcoholic beverage license denied, suspended, revoked, or an offer in compromise accepted or rejected? Yes No

IF YES, EXPLAIN

21. EMPLOYMENT HISTORY (Past five years - include unemployed, student, homemaker, etc. Use additional sheets if needed.)

FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE	COMPANY NAME AND CITY
03/2009	03/2014	Secretary	Soma Wines & Spirits, Inc.

22. Have you ever, anywhere or at any time, (1) forfeited bail, (2) been convicted, (3) fined, or (4) placed on probation for any violation of the law? (5) Are you now actively being prosecuted for a criminal offense?

(If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in expungement, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under age 18 years, has been issued. If no order has been issued, the answer must be "Yes.") Yes No

ARREST DATE	PLACE OF ARREST	OFFENSE	RESULT/DISPOSITION

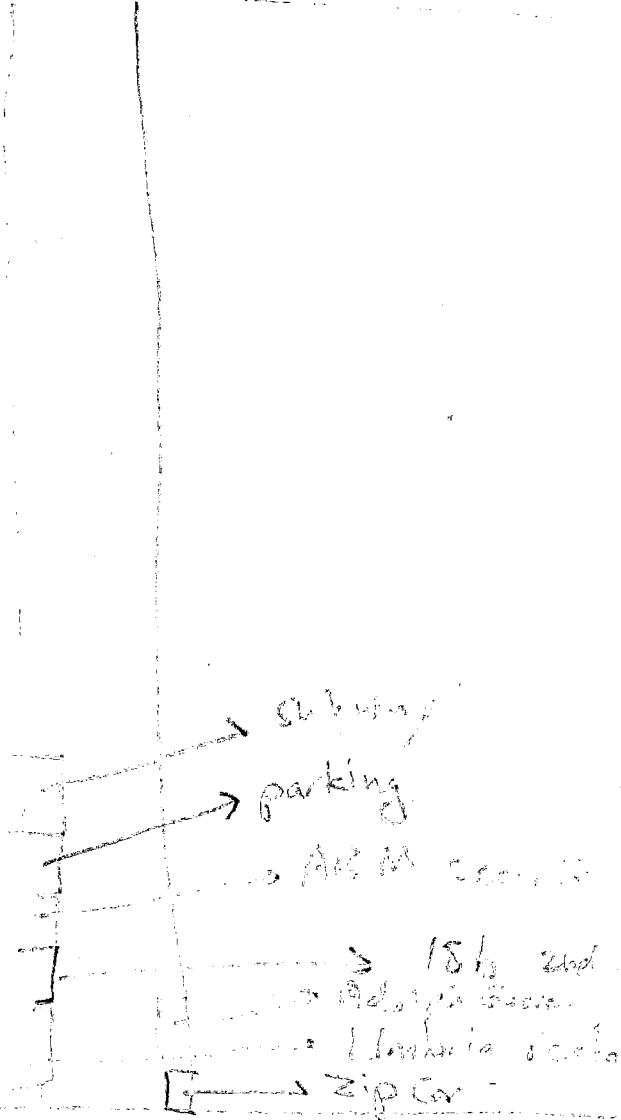
23. FINANCIAL CONTRIBUTION TO THE BUSINESS (If Box B is checked, complete Form ABC-208-B)
 A. I am not making a contribution in any form C. I am contributing labor/expertise only
 B. I am making a financial contribution D. Same as the affidavit of _____

I have read all of the above and declare under penalty of perjury that each and every statement is true, correct and complete.

AFFIANT SIGNATURE Shirley Azzghayer		TITLE	
DATE SIGNED 03/01/2014	PLACE SIGNED San Francisco	ATTEST (ABC EMPLOYEE OR NOTARY PUBLIC)	

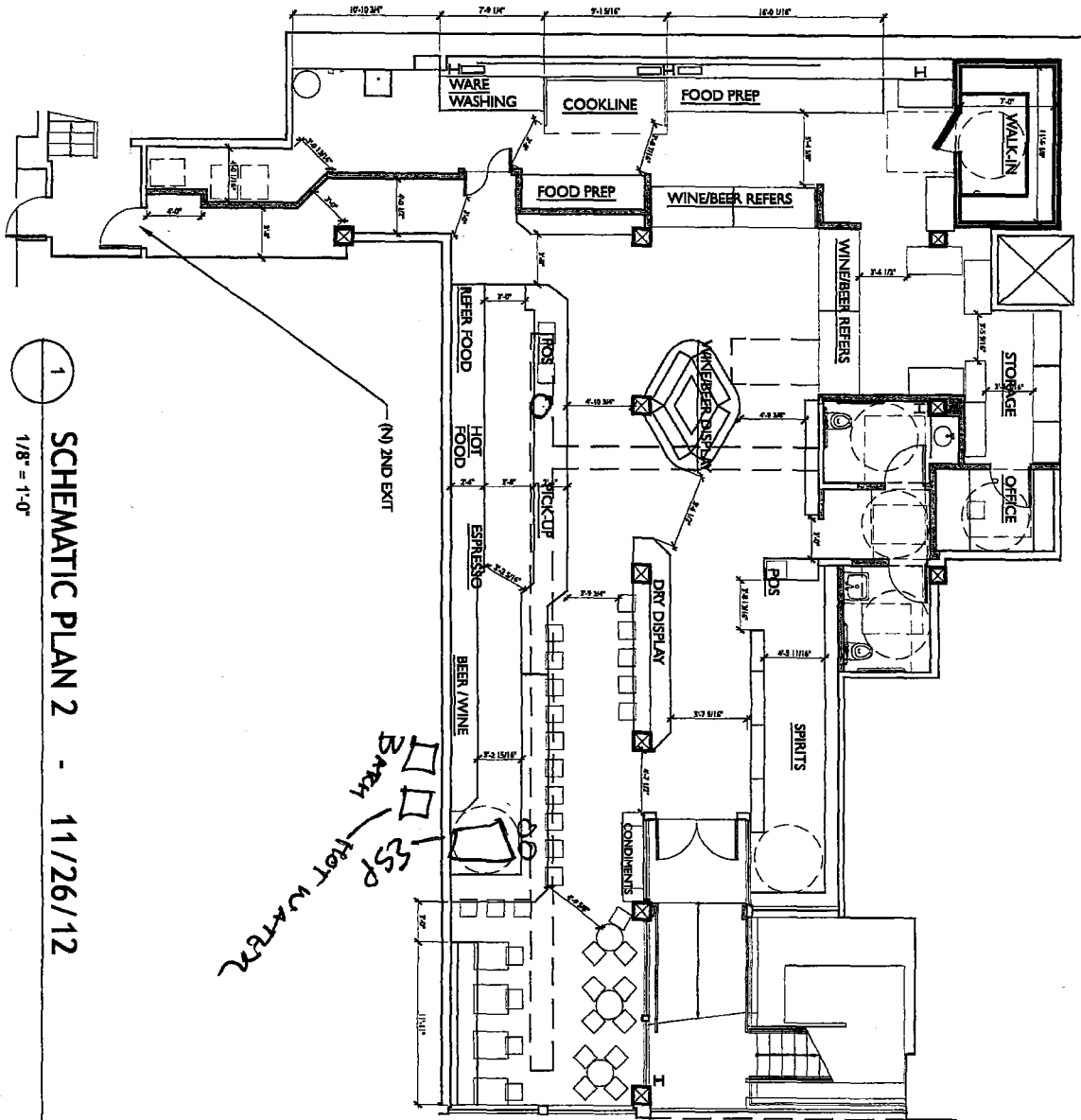
Mission st

2nd st



Howard St

Parking Lot



1 SCHEMATIC PLAN 2 - 11/26/12
 1/8" = 1'-0"

Handwritten notes:
 SSP
 Hot WATER
 Dirty

(N) 2ND EXIT

LIQUOR LICENSE REVIEW

TO: Planning Department
AnMarie Rodgers/CTYPLN/SFGOV
Georgia Powell/CTYPLN/SFGOV@SFGOV
Fax No.: 558-6409

File: 140240

TO: Police Department
Inspector Nelly Gordon
Inspector Darcy Keller
Fax No.: 553-1463

DATE: March 11, 2014

This item is tentatively scheduled to be heard in four to six weeks.
PLEASE EMAIL YOUR RESPONSE BY: April 22, 2014, to Derek Evans, Clerk,
Neighborhood Services and Safety Committee.

Derek.Evans@sfgov.org - Fax No: 554-7714

Applicant Name: Oussama Mannaa
and Business Name: SoMa Restaurant Group, Inc., dba Soma Eats
(186 2nd Street)

Applicant Address: 186 2nd Street
San Francisco, CA 94105
and Phone No. (415) 595-3604

PLANNING COMMENTS: Approval Denial

POLICE COMMENTS: Approval Denial