

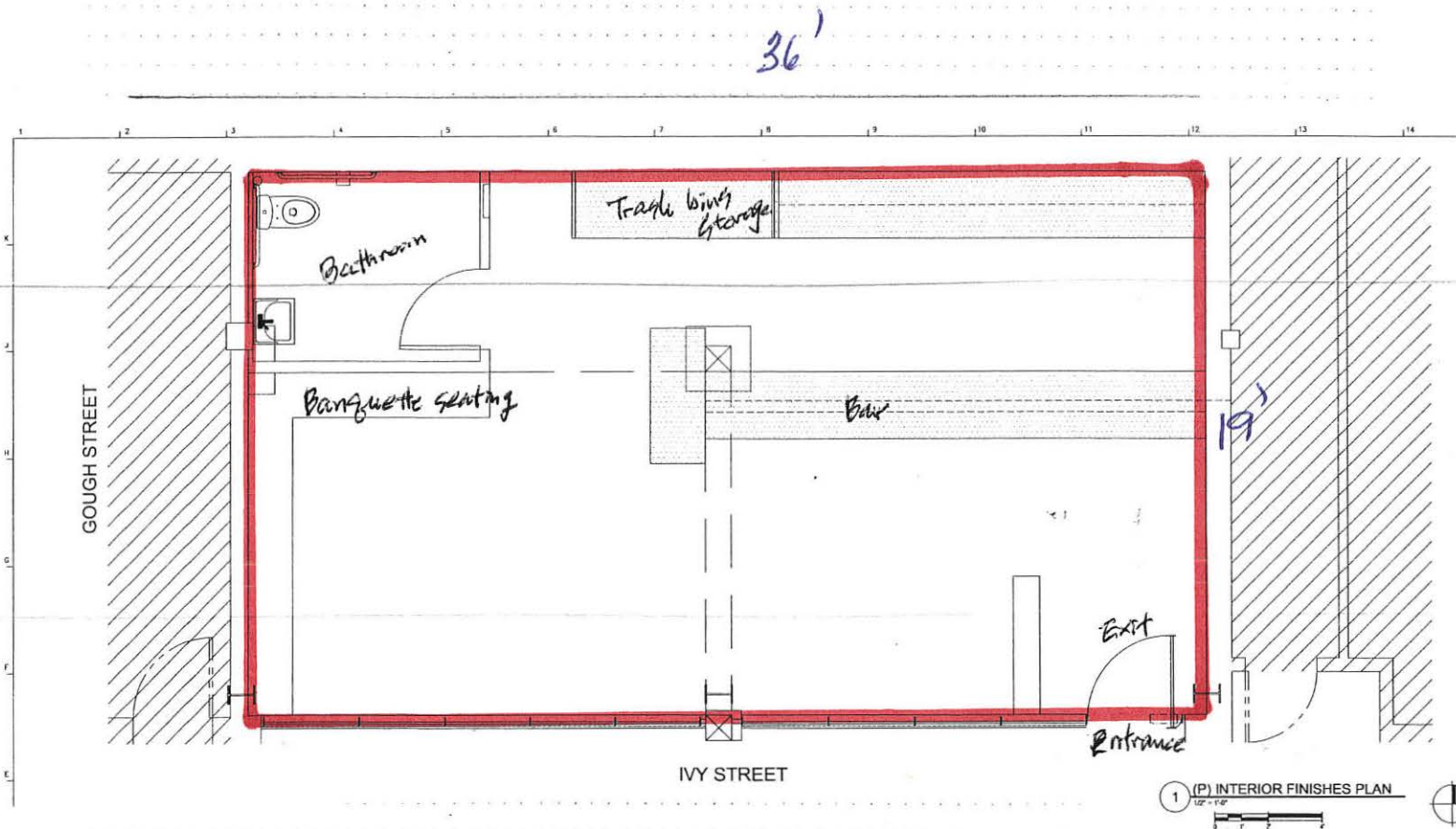
LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (If individual, Last, first, middle) Woo, Hye-seung EBB&FLOW, INC. 2. LICENSE TYPE CLZ

3. PREMISES ADDRESS (Street number and name, city, zip code) 294 Ivy St. San Francisco CA 94102 4. NEAREST CROSS STREET Gough St

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) [Signature] DATE SIGNED 5/21/19

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CERTIFIED CORRECT (Signature) [Signature] PRINTED NAME ROSETTE RAOY INSPECTION DATE 6/13/19

PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1 APPLICANT NAME(S) (If individual: Last, First, Middle Initial) **WOO, HYESEUNG EBB & FLOW, INC.** 2 LICENSE TYPE(S) **VZ**

3 PREMISES ADDRESS (Street number and name, city, zip code) **2924 Ivy St. San Francisco, CA 94102** 4 NEAREST CROSS STREET **Geough St.**

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 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	

Other - describe: **Wine bar**

6 PATRON CAPACITY **28** 7 SURROUNDING AREA Commercial Rural Residential Industrial Other

8 PREMISES IS LOCATED IN Free Standing Building Shopping Center (Name): _____

10 Units or Less More than 10 Units

9 FOOD SERVICE None Minimal Full Meals

10. PARKING LOT? Yes No

11. PATIO? Yes No

12. WILL YOU HIRE A MANAGER? (Rule 57.5) Yes No

13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) Yes No

14. MEAL TYPE Dinner House Seafood Other: _____

15. TYPE OF FOOD American Greek Indian French Chinese Korean Italian Thai Other: **cheese**

16. HOURS OF FOOD SERVICE

BREAKFAST HOURS From: _____ To: _____

LUNCH HOURS From: _____ To: _____

DINNER HOURS From: _____ To: _____

17 OPERATING HOURS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	2 PM	closed	4 PM	4 PM	4 PM	4 PM	4 PM
Closing Time	9 PM	closed	11 PM	11 PM	11 PM	12 PM	12 PM

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 Major Thoroughfare Secondary Street Other

20. TYPE OF STRUCTURE Single Story Two-Story Multi-Story - Number of stories: **4**

21. PASS-THROUGH WINDOW? Yes No

22. FIXED BARS? Yes - how many: **1** No

23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? **70%**

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