

LIQUOR LICENSE PUBLIC CONVENIENCE OR NECESSITY REFERRAL

TO: Planning Department
Phone No. (415) 558-6371

DATE: April 20, 2020

TO: Police Department
Inspector Georgia Sawyer
Phone No. (415) 553-9550

AP Block/Lot Nos.: 6084/023
Zoning: NCD – Ex Outer Mission / 65X
Quad: SW Planning Team
Record No.: _____

Please submit your response within three weeks; the Public Safety and Neighborhood Services Committee will tentatively schedule the PC or N hearing for a regular meeting in June of 2020.

PLEASE EMAIL YOUR RESPONSE BY: May 8, 2020, to John Carroll, Public Safety and Neighborhood Services Committee Clerk.


john.carroll@sfgov.org - Phone No: 554-4445

Applicant name: Michael Biagio Tufo

Business name: Calabria Bros.

Application address: 4763 Mission Street
San Francisco, CA 94112

Applicant contact info: Michael Biagio Tufo
mtufo5@yahoo.com
415-602-8549



PLANNING REVIEW: Approval Denial

Planning Staff Contact: _____

Please print review comments on a trailing page.

POLICE REVIEW: Approval Denial

Please print review comments in a trailing report.

M. ERIKA SEDANE,
Consultant
(213) 417-2346

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

File Number: **615694**
 Receipt Number: **2630696**
 Geographical Code: **3800**
 Copies Mailed Date: **March 6, 2020**
 Issued Date:

DISTRICT SERVING LOCATION: **SAN FRANCISCO**

First Owner: **TUFO, MICHAEL BIAGIO**

Name of Business: **RECORDED**

Location of Business: **4763 MISSION ST
 SAN FRANCISCO, CA 94112-2729**

County: **SAN FRANCISCO**

Is Premises inside city limits? **Yes**

Mailing Address:(If different from premises address)

Type of license(s): **20**

Transferor's license/name: **338788 / KU, SOON JA**

Block/Lot: **6084/023**
 Zoning: **MCD**
 Quadrant: **SW**
 Record No: **2020-00253/m15**
 Census Tract: **0260.01**

Dropping Partner: Yes No

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
20 - Off-Sale Beer And Wine	PER/PRM	Y			

<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	STATE FINGERPRINTS	NA	2	03/06/20	\$78.00
Application Fee	DBL TRF: PREMISES AND PERSON	NA	0	03/06/20	\$905.00
Application Fee	FEDERAL FINGERPRINTS	NA	2	03/06/20	\$48.00
20 - Off-Sale Beer And Wine	ANNUAL FEE	NA	0	03/06/20	\$400.00
Total					\$1,431.00

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

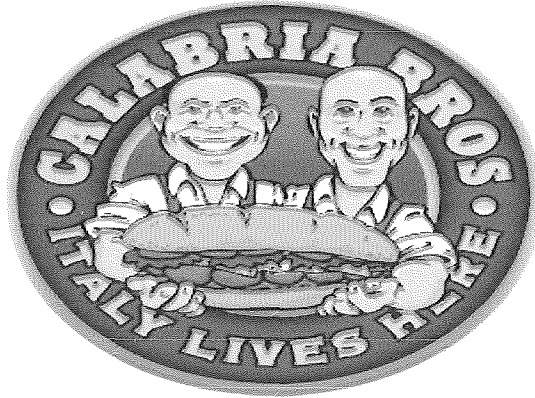
STATE OF CALIFORNIA County of SAN FRANCISCO Date: March 6, 2020

Applicant Name(s)

TUFO, MICHAEL BIAGIO

Recommend approval Type 21 license is permitted with a retail grocery store. EXCELSIOR OUTER MISSION STREET NEIGHBORHOOD COMMERCIAL DISTRICT per PC Section 745 Zoning District as continuation of permitted accessory use. Accessory use may not exceed 1/3 of total floor area or 500 sq. ft. whichever is more restrictive. Liquor establishments shall provide outside lighting in a manner sufficient to illuminate street and sidewalk areas and adjacent parking. Advertisements in windows and clear doors are not permitted, and no more than 25% of the square footage of the windows and clear doors of liquor establishments shall bear signage of any sort.

Cathleen Campbell

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2020 APR 14 AM 10:41

BY _____

March 25, 2020

Office of the Clerk of the Board of Supervisors
1 Dr. Carlton B. Goodlet Place
City Hall, Room 244
San Francisco, CA 94102

RE: Public Convenience or Necessity Determination
Issuance or Transfer of Certain Liquor Licenses in the City and County of SF

Dear Office of the Clerk,

1) Applicant's name and contact information, including daytime phone number, & email address:

Michael B. Tufo, mobile: 415-602-8549 email: mtufo5@yahoo.com

2) Name and address of applicant's business:

Calabria Bros., 4763 Mission Street, San Francisco, CA 94112

Telephone Number: 415-239-2555

email: calabriabros@gmail.com

3) Applicant's mailing address:

Home address, but please send all mail to the business address above:

53 Southridge Way, Daly City, CA 94014

4) License Type w/ CA Dept. of ABC & whether the license is a new issuance or transfer of an existing license:

I am applying for a Type 20 Liquor License and the transfer of an existing license.

5) Proposed Business Hours of Operation:

M-F 8am-5pm and Saturdays 8am-4pm

6) When and how the applicant filed the application for the liquor license w/ the CA Dept. of ABC:
I filed the application through liquorlicense.com, Erika Seoane, Erika@liquorlicense.com (213) 417-2346 on March 6, 2020.

7) When and how the applicant completed the noticing requirements for the liquor license pursuant to state law:

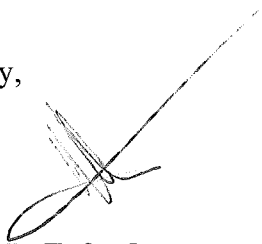
All documents are lodge with the ABC and the noticing requirement has been posted in Calabria Bros. public window since March 12, 2020.

8) Explanation for how the license will serve the public convenience or necessity in the neighborhood and city-wide.

Obtaining a liquor license would better serve the community and my business by making imported wines and spirits available to accompany our pre-existing Charcuterie Boards and Cheese Trays. Customers have been requesting to purchase wine for years to make our establishment a one-stop shop for their homes, parties or family gatherings.

I appreciate your time and attention in this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael B. Tufo". The signature is written in a cursive style with a long, sweeping line extending upwards and to the right.

Michael B. Tufo, Owner
Calabria Bros.
4763 Mission Street
San Francisco, CA 94112
415-239-2555
415-602-8549 mobile