

Department of Alcoholic Beverage Control  
**LICENSED PREMISES DIAGRAM (RETAIL)**

State of California

1. APPLICANT NAME (Last, first, middle) **Garfield Beach CVS, LLC/Longs Drug Stores California LLC**

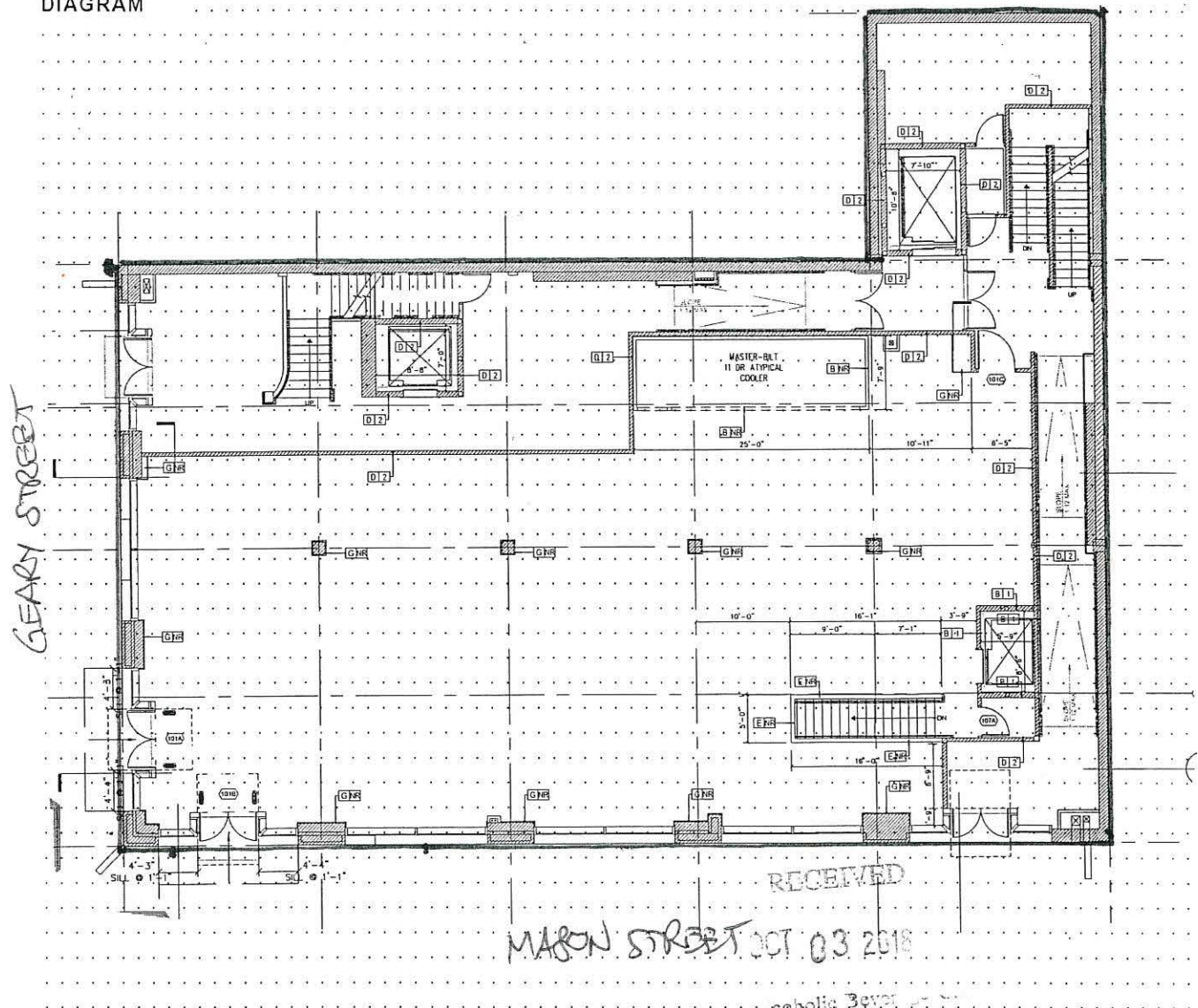
2. LICENSE TYPE **21**

3. PREMISES ADDRESS (Street number and name, city, zip code)  
**399 Geary St., Suite B, San Francisco, CA 94102**

4. NEAREST CROSS STREET  
**Mason 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) *Linda M. Cimbron* Linda M. Cimbron, Assistant Secretary DATE SIGNED **8-22-2018**

**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)

**Garfield Beach CVS, LLC/ Longs Drug Stores California LLC**

2. LICENSE TYPE(S)

**21**

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

**399 Geary Street San Francisco, CA 94102**

4. NEAREST CROSS STREET

**Mason 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 checked="" 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

N/A

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 type="checkbox"/> 10 Units or Less                  | <input type="checkbox"/> 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

- |   |                                  |                                   |                                 |                                  |                                 |
|---|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Dinner House   | <input type="checkbox"/> Seafood | <input type="checkbox"/> American | <input type="checkbox"/> Greek  | <input type="checkbox"/> Indian  | <input type="checkbox"/> French |
| <input type="checkbox"/> Fast Food/Deli | <input type="checkbox"/> Other:  | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean | <input type="checkbox"/> Italian | <input type="checkbox"/> Thai   |
| <input type="checkbox"/> Pizza/Pasta    | N/A                              | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: |                                  |                                 |

16. HOURS OF FOOD SERVICE  
BREAKFAST HOURS

From: \_\_\_\_\_ To: \_\_\_\_\_

LUNCH HOURS

From: N/A To: N/A

DINNER HOURS

From: \_\_\_\_\_ To: \_\_\_\_\_

17. OPERATING HOURS

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Opening Time 24 hour

Closing Time

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterisk (\*) 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 checked="" type="checkbox"/> Two-Story |
| <input type="checkbox"/> Multi-Story - Number of stories: |   |

21. PASS-THROUGH WINDOW?

- Yes  No

22. FIXED BARS?

- Yes - how many:  No

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

5%

**FOR ABC USE ONLY**

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)

25. DATE ENTERED INTO CABIN