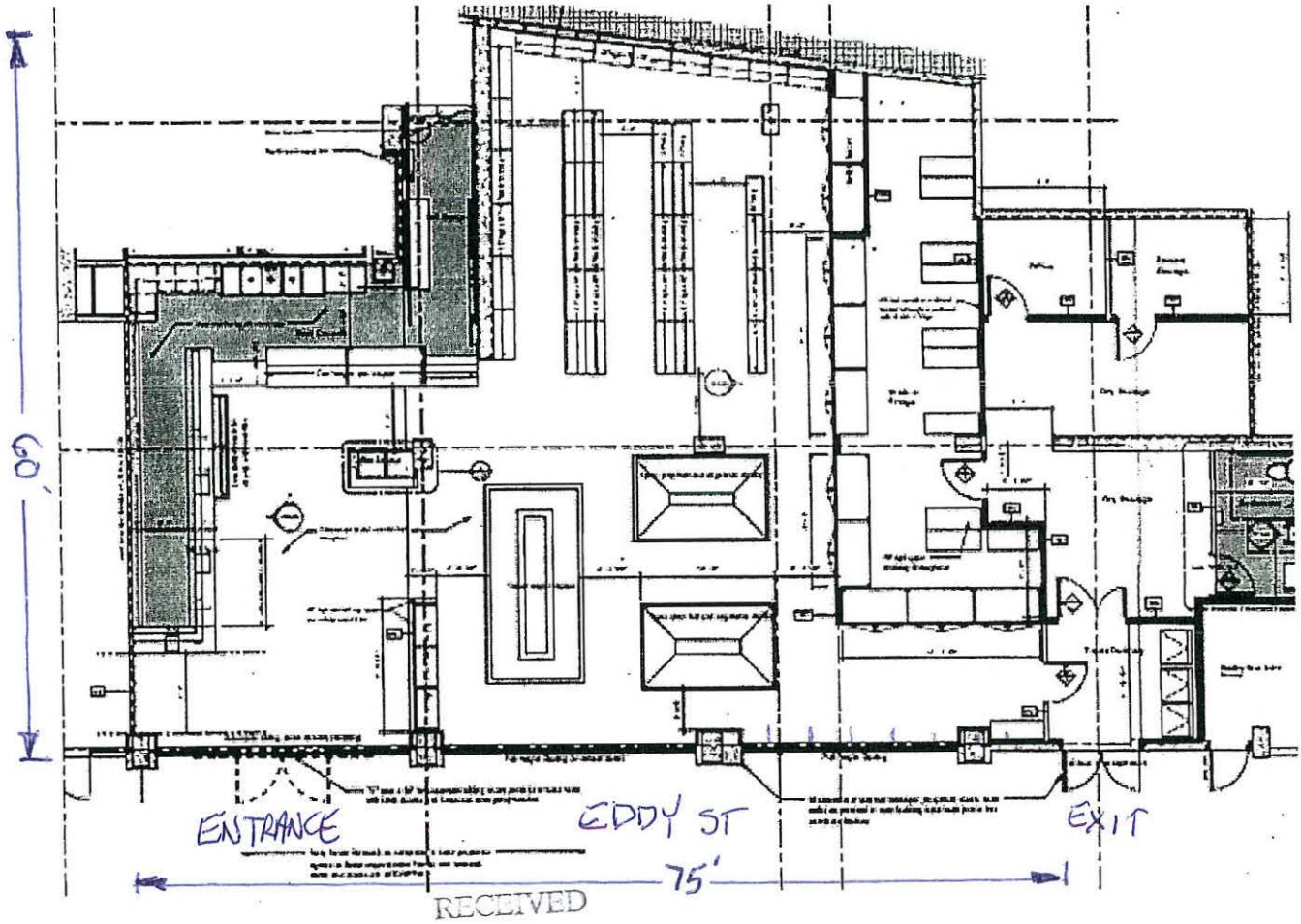


1. APPLICANT NAME (If Individual Last, first, middle) Dalda's, Inc.	2. LICENSE TYPE 21
3. PREMISES ADDRESS (Street number and name, city, zip code) 186 EDDY STREET SAN FRANCISCO CA 94102	4. NEAREST CROSS STREET TAYLOR

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



FEB 22 2019

Dept of Alcoholic Beverage Control
 San Francisco

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) <i>Satwinder</i>	DATE SIGNED 2-22-19
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FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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24044

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) (If Individual: Last, First, Middle Initial) **DALDA'S, INC.** 2. LICENSE TYPE(S) **21**

3. PREMISES ADDRESS (Street number and name, city, zip code) **186 EDDY ST SANFRANCISCO CA 94102** 4. NEAREST CROSS STREET **TAYLOR**

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

Full Service Restaurant Cafeteria/Hofbrau Cocktail Lounge Private Club
 Deli or Specialty Restaurant Comedy Club Night Club Veterans Club
 Cafe/Coffee Shop Brew Pub Tavern Fraternal Club
 Bed & Breakfast Theater Wine Tasting Room

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

6. PATRON CAPACITY **99** 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 Fast Food/Deli Other: _____ Pizza/Pasta **N/A**

15. TYPE OF FOOD American Greek Indian French Chinese Korean Italian Thai Japanese Other: **N/A**

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	6:00am	6:00am	6:00am	6:00am	6:00am	6:00am	6 AM
Closing Time	2:00am	2:00am	2:00am	2:00am	2:00am	2:00am	7 AM

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

None *Amplified Music Patron Dancing Card Room
 Recorded Music *Live Entertainment Bikini/Topless/Exotic Movies
 Juke Box *Floor/Stage Shows Pool/Billiard Tables "Hot Spot"/Lottery
 *Other Karaoke *Amateur/Pro Sports Events 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: **14**

21. PASS-THROUGH WINDOW? Yes No 22. FIXED BARS? Yes - how many: _____ No 23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? **40%**

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