

August 24, 2020

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

Re: Suhaila Yusuef Fahart
4201 Ocean Avenue
San Francisco, CA 94132

Dear Angela Calvillo. This letter is in regards to the California Business and Professions Code, Section 23958.4.

Mrs. Farhat is applying for a type 21 Off-Sale General liquor license at 3499 Mission Street, San Francisco, CA 94110. The DBA is Grab & Eat. This license is being purchased from an existing licensee and is being transferred to this location. The pending license number is: 21-617591. The ABC license application was filed on 6/27/2020 with the San Francisco ABC district office, located at 33 New Montgomery Street, Ste 1230, San Francisco, CA 94105, via fedex. Proposed business hours are from 8:00am to 10:00 pm, 7 days a week.


All residents within a 500 ft radius have been notified via USPS mail delivery on 7/14/2020, with ABC form (ABC 207E), along with a posting notice of intent to engage in the sale of alcohol, dated 7/3/2020.

The business in question will serve the communities convenience and necessity by allowing local residents and commercial employees the convenience of making small purchases for necessary items. We will also be offering daily fresh organic deli type foods. The other local small stores do not offer healthy, organic food items.

We are conveniently located on the corner of Mission and Cortland. We are at the bottom of the residential hill. We are quickly accessible to 3 local bus lines/stops. We are also near Fairmont Elementary school, Bernal, Holy Park and Upper Noe recreation center. Giving the local parents of all the children, the convenience to purchase snacks and or necessary items on the way or from these schools and parks.


Thank you for your consideration and time regarding this request. You may contact me via mail at my mailing address stated above, or email: sfangel@yahoo.com or telephone number 818. 605-2792. Or you may contact my consultant Frances Barron with Liquor License Specialist @ 213.417-2353 frances@liquorlicense.com

Sincerely yours,


Suhaila Yusuef Farhat

8/25/2020

cc/John Carol

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2020 AUG 28 PM 12:59
BY 

INFORMATION AND INSTRUCTIONS -

SECTION 23958.4 B&P

Instructions This form is to be used for all applications for original issuance or premises to premises transfer of licenses.

- Part 1 is to be completed by an ABC employee, given to applicant with pre-application package, with copy retained in holding file or applicant's district file.
- Part 2 is to be completed by the applicant, and returned to ABC.
- Part 3 is to be completed by the local governing body or its designated subordinate officer or body, and returned to ABC.

PART 1 - TO BE COMPLETED BY ABC

1. APPLICANT'S NAME Juhaila Yusuf Farhat

2. PREMISES ADDRESS (Street number and name, city, zip code) 3499 Mission St, San Francisco, CA 94110 3. LICENSE TYPE 21

4. TYPE OF BUSINESS

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Hofbrau/Cafeteria	<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: Beer	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast:	<input type="checkbox"/> Theater	<input type="checkbox"/> Tavern: Beer & Wine	<input type="checkbox"/> Wine Tasting Room
<input type="checkbox"/> Wine only	<input type="checkbox"/> All		

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

5. COUNTY POPULATION 883,869/4,362 6. TOTAL NUMBER OF LICENSES IN COUNTY On-Sale Off-Sale 7. RATIO OF LICENSES TO POPULATION IN COUNTY 1,132 On-Sale Off-Sale

8. CENSUS TRACT NUMBER 0253.00 9. NO. OF LICENSES ALLOWED IN CENSUS TRACT 3 On-Sale Off-Sale 10. NO. OF LICENSES EXISTING IN CENSUS TRACT 0 On-Sale Off-Sale

11. IS THE ABOVE CENSUS TRACT OVERCONCENTRATED WITH LICENSES? (i.e., does the ratio of licenses to population in the census tract exceed the ratio of licenses to population for the entire county?)
 Yes, the number of existing licenses exceeds the number allowed
 No, the number of existing licenses is lower than the number allowed

12. DOES LAW ENFORCEMENT AGENCY MAINTAIN CRIME STATISTICS?
 Yes (Go to Item #13) No (Go to Item #20)

13. CRIME REPORTING DISTRICT NUMBER 867 14. TOTAL NUMBER OF REPORTING DISTRICTS 654 15. TOTAL NUMBER OF OFFENSES IN ALL REPORTING DISTRICTS 55,022

16. AVERAGE NO. OF OFFENSES PER DISTRICT 84.13 17. 120% OF AVERAGE NUMBER OF OFFENSES 100.8 18. TOTAL NUMBER OF OFFENSES IN REPORTING DISTRICT 33

19. IS THE PREMISES LOCATED IN A HIGH CRIME REPORTING DISTRICT? (i.e., has a 20% greater number of reported crimes than the average number of reported crimes as determined from all crime reporting districts within the jurisdiction of the local law enforcement agency)
 Yes, the total number of offenses in the reporting district equals or exceeds the total number in item #17
 No, the total number of offenses in the reporting district is lower than the total number in item #17

20. CHECK THE BOX THAT APPLIES (check only one box)

a. If "No" is checked in both item #11 and item #19, Section 23958.4 B&P does not apply to this application, and no additional information will be needed on this issue. Advise the applicant to bring this completed form to ABC when filing the application.

b. If "Yes" is checked in either item #11 or item #19, and the applicant is applying for a non-retail license, a retail bona fide public eating place license, a retail license issued for a hotel, motel or other lodging establishment as defined in Section 25503.16(b) B&P, or a retail license issued in conjunction with a beer manufacturer's license, or winegrower's license, advise the applicant to complete Section 2 and bring the completed form to ABC when filing the application or as soon as possible thereafter.

c. If "Yes" is checked in either item #11 or item #19, and the applicant is applying for an off-sale beer and wine license, an off-sale general license, an on-sale beer license, an on-sale beer and wine (public premises) license, or an on-sale general (public premises) license, advise the applicant to take this form to the local governing body, or its designated subordinate officer or body to have them complete Section 3. The completed form will need to be provided to ABC in order to process the application.

Governing Body/Designated Subordinate Name: Board of Supervisors

FOR DEPARTMENT USE ONLY
PREPARED BY (Name of Department Employee)

AS UB

PART 2 - TO BE COMPLETED BY THE APPLICANT (If box #20b is checked)

21. Based on the information on the reverse, the Department may approve your application if you can show that public convenience or necessity would be served by the issuance of the license. Please describe below the reasons why issuance of another license is justified in this area. You may attach a separate sheet or additional documentation, if desired. Do not proceed to Part 3.

22. APPLICANT SIGNATURE

23. DATE SIGNED

PART 3 - TO BE COMPLETED BY LOCAL OFFICIALS (If box #20c is checked)

The applicant named on the reverse is applying for a license to sell alcoholic beverages at a premises where undue concentration exists (i.e., an over-concentration of licenses and/or a higher than average crime rate as defined in Section 23958.4 of the Business and Professions Code). Sections 23958 and 23958.4 of the Business and Professions Code requires the Department to deny the application unless the local governing body of the area in which the applicant premises are located, or its designated subordinate officer or body, determines within 90 days of notification of a completed application that public convenience or necessity would be served by the issuance. Please complete items #24 to #30 below and certify or affix an official seal, or attach a copy of the Council or Board resolution or a signed letter on official letterhead stating whether or not the issuance of the applied for license would serve as a public convenience or necessity.

24. WILL PUBLIC CONVENIENCE OR NECESSITY BE SERVED BY ISSUANCE OF THIS ALCOHOLIC BEVERAGE LICENSE?

Yes No See Attached (i.e., letter, resolution, etc.)

25. ADDITIONAL COMMENTS, IF DESIRED (may include reasons for approval or denial of public convenience or necessity):

26. CITY/COUNTY OFFICIAL NAME

27. CITY/COUNTY OFFICIAL TITLE

28. CITY/COUNTY OFFICIAL PHONE NUMBER

29. CITY/COUNTY OFFICIAL SIGNATURE

30. DATE SIGNED

ADVICE OF CORRECTION

This form is to be used for certain changes that need to be made to the licensee's information. It is used for most of the miscellaneous license reporting requirements where an application is not required, including:

- Reporting corrections to license information such as a change in DBA (doing business as) or entity name change
- Reporting a change of mailing address

Instructions: Complete items as appropriate. Items # 1, 4, 5, 7, 9 should be the licensee's current information before the change. When this form is completed, it must be submitted to the District office.

1. LICENSE NUMBER
2. RECEIPT NUMBER
3. FEE PAID

4. LICENSEE'S NAME		5. DOING BUSINESS AS (DBA)		6. DATE	
7. PREMISES ADDRESS (Street number and name, city, zip code)				8. DISTRICT OFFICE	
9. MAILING ADDRESS (Street number and name, city, state, zip code)				10. LICENSEE'S PHONE NUMBER	
11. TYPE OF PENDING APPLICATION		12. DATE APPLICATION FILED	13. ABIS UPDATED		14. DOCUMENT EXPLAINING CHANGE ATTACHED
			UPDATED BY (INITIALS) Yes No _____		Yes No

15. ACTION OR CHANGE
- a. Name Change (Attach official document; e.g., certificate from Secretary of State, court order, marriage certificate)
 - b. DBA Change (Attach letter, if any, from licensee)
 - c. Premises Address Change by City or County (Attach letter from city or county)
 - d. Mailing Address Change (Attach letter from city or county)
 - e. Replacement of License Certificate (This is a non-refundable fee)
 - f. Other

16. DETAILS OF CHANGE (e.g., annexation into city, fee for Code 8, etc.)

17. RECOMMENDATION (Required for Items 15a-c only)	LICENSING REPRESENTATIVE SIGNATURE		DATE SIGNED
18. RECOMMENDATION (Required for Items 15a-c only)	SUPERVISOR'S SIGNATURE		DATE SIGNED

Distribution: Original to HQ Licensing (If replacement of license certificate, original to HQ Cashier with Transmittal); Copy to District file