

# LIQUOR LICENSE REVIEW

**TO:** Planning Department  
AnMarie Rodgers/CTYPLN/SFGOV  
Georgia Powell/CTYPLN/SFGOV@SFGOV  
Fax No.: (415) 558-6409

**File:** 160250

**TO:** Police Department  
Inspector Nelly Gordon  
Phone: (415) 837-7273

**DATE:** March 15, 2016

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This item is tentatively scheduled to be heard in four to six weeks.

**PLEASE EMAIL YOUR RESPONSE BY:** April 20, 2016, to Erica Major, Public Safety and Neighborhood Services Committee Clerk.

[Erica.Major@sfgov.org](mailto:Erica.Major@sfgov.org) - Fax No: 554-7771

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**Applicant Name:** Mike Cook  
927 Raton  
**and Business Name:** (927 Post Street)  
**Applicant Address:** 927 Post Street  
San Francisco, CA 94109  
**and Phone No.** (707) 938-8931

**PLANNING COMMENTS:**  Approval  Denial

**POLICE COMMENTS:**  Approval  Denial



**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

Raton 927 LLC

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

927 Post St., San Francisco CA 94109-5841

3. LICENSE TYPE

20

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 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

845,602

6. TOTAL NUMBER OF LICENSES IN COUNTY

1060

On-Sale  Off-Sale

7. RATIO OF LICENSES TO POPULATION IN COUNTY

On-Sale  Off-Sale

8. CENSUS TRACT NUMBER

122.01

9. NO. OF LICENSES ALLOWED IN CENSUS TRACT

4

On-Sale  Off-Sale

10. NO. OF LICENSES EXISTING IN CENSUS TRACT

4

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

542

14. TOTAL NUMBER OF REPORTING DISTRICTS

653

15. TOTAL NUMBER OF OFFENSES IN ALL REPORTING DISTRICTS

53,160

16. AVERAGE NO. OF OFFENSES PER DISTRICT

81

17. 120% OF AVERAGE NUMBER OF OFFENSES

97

18. TOTAL NUMBER OF OFFENSES IN REPORTING DISTRICT

291

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)