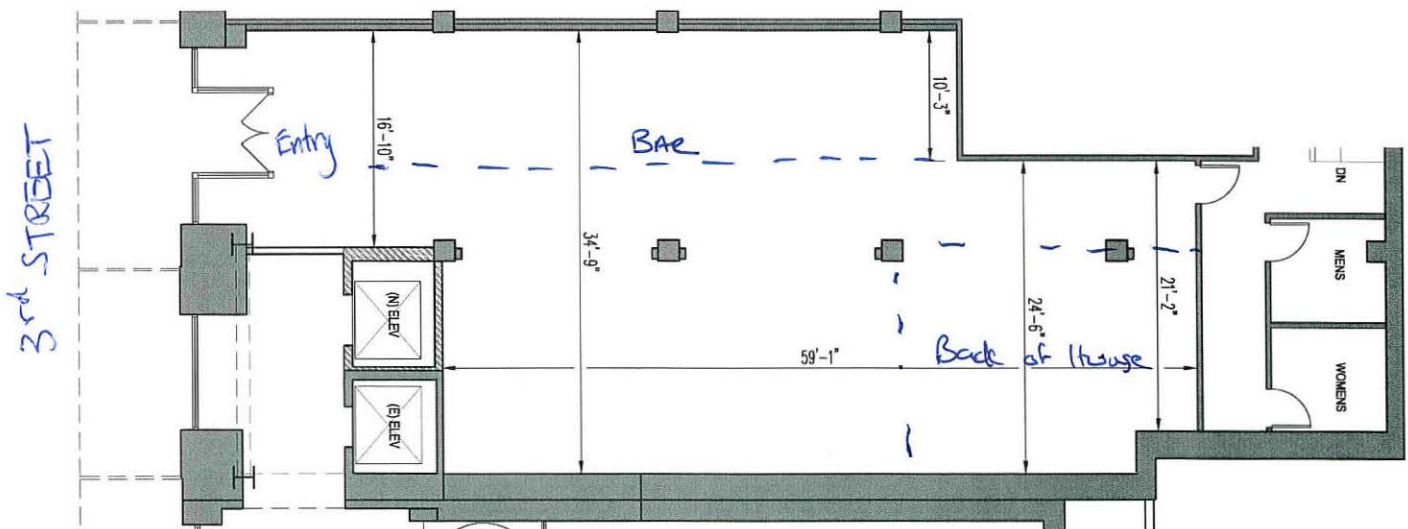


LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (If Individual: Last, first, middle) 32 3rd Street LP	2. LICENSE TYPE 48
3. PREMISES ADDRESS (Street number and name, city, zip code) 32 Third Street, San Francisco, CA 94103	4. NEAREST CROSS STREET Stevenson Street

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) <i>[Signature]</i>	DATE SIGNED 05-20-19
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FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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ABC-257 (01/19)

RECEIVED

JUN 03 2019

Dept of Alcoholic Beverage Control
San Francisco

PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) (If Individual: Last, First, Middle Initial) **32 3rd Street LP** 2. LICENSE TYPE(S) **48**

3. PREMISES ADDRESS (Street number and name, city, zip code) **32 Third Street, San Francisco, CA 94103** 4. NEAREST CROSS STREET **Stevenson Street**

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

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input checked="" 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 type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	

Other - describe: _____

6. PATRON CAPACITY **49** 7. SURROUNDING AREA Commercial Residential Other Rural Industrial

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

15. TYPE OF FOOD American Greek Indian French Chinese Korean Italian Thai Japanese Other: _____

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	3pm →						
Closing Time	2am →						

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

<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input checked="" 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 Major Thoroughfare Secondary Street Other 20. TYPE OF STRUCTURE Single Story Two-Story Multi-Story - Number of stories: **6**

21. PASS-THROUGH WINDOW? Yes No 22. FIXED BARS? Yes - how many: **one** No 23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? **100%**

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.) **ABC-203 (Human Trafficking)** 25. DATE ENTERED INTO CABIN _____

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