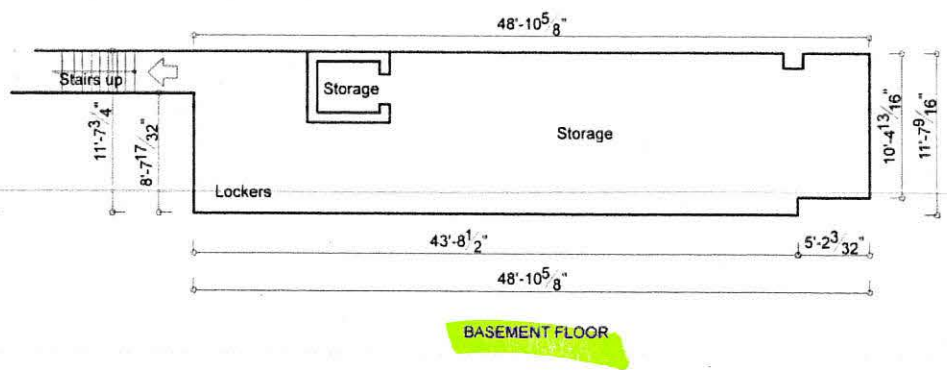
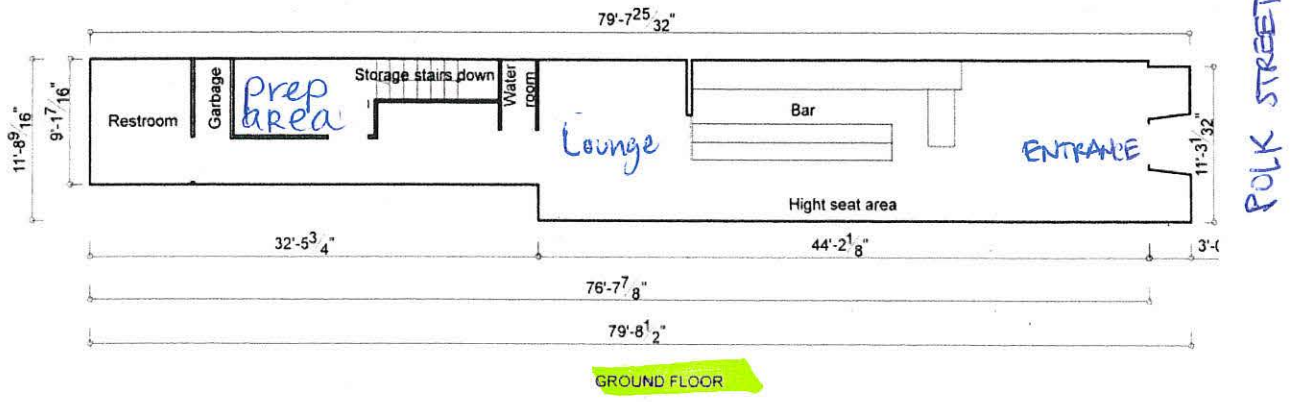


LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (If Individual: Last, first, middle) NUNOVI LLC	2. LICENSE TYPE 4A
3. PREMISES ADDRESS (Street number and name, city, zip code) 1519 POLK ST SF, CA 94109	4. NEAREST CROSS STREET California 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



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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>[Signature]</i>	DATE SIGNED 5.20.19
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FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) NUNOVI LLC		2. LICENSE TYPE(S): 42					
3. PREMISES ADDRESS (Street number and name, city, zip code) 1519 POLK ST SF, CA 94109		4. NEAREST CROSS STREET California 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 checked="" 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					
<input type="checkbox"/> Other - describe: _____							
6. PATRON CAPACITY 49	7. SURROUNDING AREA <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential <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 <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. MEAL TYPE <input checked="" type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pizza/Pasta		15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input checked="" type="checkbox"/> Other: International					
13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
16. HOURS OF FOOD SERVICE							
BREAKFAST HOURS From: _____ To: _____							
LUNCH HOURS From: _____ To: _____							
DINNER HOURS From: 4:30 To: 2am							
17. OPERATING HOURS							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	4:30 pm	_____		_____		_____	
Closing Time	11:30	11:30 - 11:30		12am - 12am		1am - 1am	
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 <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 type="checkbox"/> Two-Story <input checked="" type="checkbox"/> Multi-Story - Number of stories: 4 stories			
21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. FIXED BARS? <input checked="" type="checkbox"/> Yes - how many: 1 <input type="checkbox"/> No		23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? 0% 40%			
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24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)						25. DATE ENTERED INTO CABIN	

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