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SAN FRANCISCO

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BY QSB

Office of the Clerk of the Board of Supervisors

1 Dr. Carlton B. Goodlett Place,
City Hall, Room 244
San Francisco, CA 94102
(415) 554-5184

Subject: Request for PC or N Determination

Dear Sir/Madam,

I am writing to request a determination regarding the Public Convenience or Necessity (PC or N) for the application of an alcoholic beverage license for my business.

1. Applicant's Name and Contact Information:

- Name: Ali Muthana
- Daytime Phone Number: 510-599-0527
- Email Address: alimuthana111974@gmail.com

2. Name and Address of Applicant's Business:

- Business Name: City Choice Market Inc
- Business Address: 301 5th St, San Francisco, CA 94107

3. Mailing Address (if different from above):

- Mailing Address: 301 5th St, San Francisco, CA 94107

4. License Type and Issuance Type:

- The applicant is seeking a **Type 21 - Off-sale General** license.
- The license is a **transfer of an existing license**.

5. Proposed Business Hours of Operation:

- **Monday to Saturday: 8 AM – 2 AM**
- **Sunday: 8 AM – 12 AM**

6. Application Filing Date and Method:

- Date of Application: October 10th, 2024
- Method of Filing: In person

7. Completion of Noticing Requirements:

- o Date and Method of Completion: November 22, 2024, via USPS Direct Mail

8. Explanation for Serving Public Convenience or Necessity:

- o The proposed liquor license will serve the public convenience or necessity by offering a variety of alcoholic beverages to the local community, particularly catering to nearby residents and businesses. It will contribute to the neighborhood's vibrant commercial environment while adhering to local laws and regulations. Additionally, the business intends to maintain a responsible approach to alcohol sales, ensuring it serves the broader needs of the community.


Please feel free to contact my son Hesham Muthana at 559-892-5073 or via email at alimuthana111974@gmail.com if any additional information is required.

Thank you for your time and consideration.

Sincerely,

Ali Muthana

Owner, City Choice Market Inc



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO:Department of Alcoholic Beverage Control
 33 NEW MONTGOMERY STREET
 STE 1230
 SAN FRANCISCO, CA 94105
 (415) 356-6500

File Number: **663925**
 Receipt Number: **2940339**
 Geographical Code: **3800**
 Copies Mailed Date: **October 10, 2024**
 Issued Date:

DISTRICT SERVING LOCATION: **SAN FRANCISCO**

First Owner: **CITY CHOICE MARKET, INC.**

Name of Business: **CITY CHOICE MARKET**

Location of Business: **301 5TH ST
 SAN FRANCISCO, CA 94107-1001**

County **SAN FRANCISCO**

Is Premises inside city limits **Yes** Census Tract: **0185.04**

Mailing Address:(If different from premises address)

Type of license(s): **21** Dropping Partner: Yes ___ No ___

Transferor's license/name: **452794 / MOHAMED, MAEN ALI**

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
21 - Off-Sale General	PER/PRM	Y			

<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	FEDERAL FINGERPRINTS	NA	1	10/10/24	\$24.00
Application Fee	STATE FINGERPRINTS	NA	1	10/10/24	\$39.00
Application Fee	DBL TRF: PREMISES AND PERSON	NA	0	10/10/24	\$1,470.00
21 - Off-Sale General	ANNUAL FEE	NA	0	10/10/24	\$949.00
Total					\$2,482.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **No**

STATE OF CALIFORNIA County of SAN FRANCISCO

Date: October 10, 2024

Applicant Name(s)

CITY CHOICE MARKET, INC.

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