

File No. 140055

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Neighborhood Services & Safety Date June 19, 2014

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Derek Evans Date 6/13/14

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.



San Francisco Police Department
ABC Liaison Unit



Alcoholic Beverage License -
*Public Convenience and
Necessity Recommendation*

To: The San Francisco Board of Supervisors' Committee on City
Operations & Neighborhood Services

Supervisor David Campos
Supervisor Eric Mar
Supervisor Norman Yee

From: Officer Alberto Duarte
ABC Liaison Unit (ALU) 553-1049

Date: March 27, 2013

Subject: P.C.N. Investigation Regarding:

DBA: Nabila's Naturals Inc
559 Hayes Street
Ramiz Yousef
(415)864-6514

Ramiz Yousef has filed an application with the California Department of Alcoholic Beverage Control (ABC) seeking a Type 21 (Off-Sale General Package Store) license for 559 Hayes Street. Mr. Yousef has been operating at this location with a Type 20 (Off-Sale Beer and Wine) license since 1996.

Mr. Yousef has is trying to enhance his business by providing to a demanding community.

Notifications

It should be noted that during the application process, notification date for the 500' mailer was on January 2, 2014. The Notice to the Public was posted on December 12, 2013.

For the purposes of this hearing, the California Department of Alcoholic Beverage Control (ABC) seeks a determination from the Board of Supervisors as to the approval or denial of this license.

Police Calls for Service:

From January 2013 to December 2013

2 Police calls

Police Reports:

From January 2013 to December 2013

None

San Francisco Plot Information:

This premise is located in Plot **552**

The High Crime area is defined as 86 or more police reports in a plot.

This plot had 163 police reports recorded for 2012.

Applicant premise is located in a "High Crime" area.

State Census Tract Information:

This premise is located in Census Tract **0162.00**

Population for this tract is: 2,541

On-sale license authorized by census tract: 8

Active on-sale licenses: 43

Off-sale licenses authorized by census tract: 2

Active off-sale licenses: 8

Applicant premise is currently located in an "undue concentration" area.

Letters of Protest:

None recorded with the California Department of Alcoholic Beverage Control, (ABC).

Letters of Support:

No recorded with the California Department of Alcoholic Beverage Control, (ABC).

Departmental Recommendation:

The ALU recommends approval.

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 *Nabilas Naturals Inc*

2. PREMISES ADDRESS (Street number and name, city, zip code) *559 Hayes St., San Francisco, CA 94102* 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"/> Theatre	<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 *2,541,812, 820* 6. TOTAL NUMBER OF LICENSES IN COUNTY *980* On-Sale Off-Sale 7. RATIO OF LICENSES TO POPULATION IN COUNTY On-Sale Off-Sale

8. CENSUS TRACT NUMBER *0162.00* 9. NO. OF LICENSES ALLOWED IN CENSUS TRACT *2* On-Sale Off-Sale 10. NO. OF LICENSES EXISTING IN CENSUS TRACT *8* 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 *3x publication*

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

13. CRIME REPORTING DISTRICT NUMBER *558* 14. TOTAL NUMBER OF REPORTING DISTRICTS *653* 15. TOTAL NUMBER OF OFFENSES IN ALL REPORTING DISTRICTS *46,883*

16. AVERAGE NO. OF OFFENSES PER DISTRICT *72* 17. 120% OF AVERAGE NUMBER OF OFFENSES *86* 18. TOTAL NUMBER OF OFFENSES IN REPORTING DISTRICT *163*

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 *PC or N required*

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)

COA

Department of Alcoholic Beverage Control

State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

Ramiz Yousef
(415) 864-6514

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

File Number: 540354
Receipt Number: 2206804
Geographical Code: 3800
Copies Mailed Date: December 11, 2013
Issued Date:

DISTRICT SERVING LOCATION: SAN FRANCISCO
First Owner: NABILAS NATURALS INC
Name of Business: NABILAS NATURALS INC
Location of Business: 559 HAYES ST
SAN FRANCISCO, CA 94102-4213
County: SAN FRANCISCO

Is Premise inside city limits? Yes Census Tract 0162.00

Mailing Address:
(If different from
premises address)

Type of license(s): 21

Transferor's license/name: 358569 / PHETHSAYA, LIENG Dropping Partner: Yes ___ No

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
21 - Off-Sale General	PREMISE TO PREMISE TRANSFER	NA	Y	0	12/11/13	\$100.00
21 - Off-Sale General	PERSON-TO-PERSON TRANSFER	NA	Y	0	12/11/13	\$1,250.00
21 - Off-Sale General	ANNUAL FEE	NA	Y	0	12/11/13	\$582.00
NA	FEDERAL FINGERPRINTS	NA	N	1	12/11/13	\$24.00
NA	STATE FINGERPRINTS	NA	N	1	12/11/13	\$39.00
Total						\$1,995.00

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
Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of SAN FRANCISCO Date: December 11, 2013

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s)

Applicant Signature(s)

See 211 Signature Page

NABILAS NATURALS INC

1 / 23 / 2014

LIQUOR LICENSE "PCN" REQUEST

To: **BOARD OF SUPERVISORS CITY AND COUNTY OF SAN FRANCISCO.**

From: **Ramiz Yousef / 415-8646114**

Business name: **Nabila's naturals INC**

Address: **559 Hayes St. San francisco, CA 94102**

Applying for: **Type 21 License**

Transfer license from: **Anna's Market 424 Hayes St. San Francisco, CA 94102**

Being transferred to: **Nabila's Naturals 559 Hayes St. San Francisco, CA 94102**

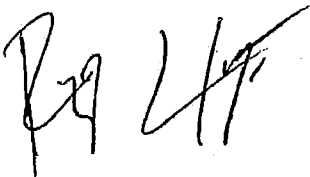
Business hours: **monday to sunday 9:00 AM. to 9:00 PM.**

Hi my name is Ramiz Yousef and I am the owner of Nabila's Naturals in hayes valley.

I have been open for business and serving my neighborhood and the community in hayes valley for the past 18 years,As the neighborhood continues to grows and my customers continued request for a variety of spirits,I saw an opportunity to upgrade my type 20 license for a type 21.

When I found out about Anna's Market imminent closing, I decided to try and purchase his license and have it transferred over to my location, So I went ahead and applied for it. I currently sale some conventional products and a small variety of vintage organic beer and wines, and would like to continue in the same tradition by offering some of the same eclectic specialty items and spirits to my customer base in the greater neighborhood.

Sincerely Yours,
Ramiz Yousef

 1/23/14



**California Department of Alcoholic
Beverage Control**
License Query System Summary
as of 4/3/2014

License Information
License Number: 459794
Primary Owner: NABILAS NATURALS INC
ABC Office of Application: 24 - SAN FRANCISCO
Business Name
Doing Business As: NABILAS HEALTH FOOD
Business Address
Address: 559 HAYES ST Census Tract: 0162.00
City: SAN FRANCISCO County: SAN FRANCISCO
State: CA Zip Code: 94102
Licensee Information
Licensee: NABILAS NATURALS INC
Company Information
Officer: YOUSEF, RAMIZ T (PRESIDENT/SECRETARY)
Stock Holder: YOUSEF, RAMIZ T
License Types
1) License Type: 20 - OFF-SALE BEER AND WINE
License Type Status: ACTIVE
Status Date: 18-JAN-2008 Term: 12 Month(s)
Original Issue Date: 18-JAN-2008 Expiration Date: 30-SEP-2014
Master: Y Duplicate: 0 Fee Code: P40
Condition: OPERATING RESTRICTIONS
License Type was Transferred On: 18-JAN-2008 FROM: 20-321521
Current Disciplinary Action
... No Active Disciplinary Action found ...
Disciplinary History
... No Disciplinary History found ...
Hold Information
... No Active Holds found ...
Escrow
... No Escrow found ...

--- End of Report ---

For a definition of codes, view our [glossary](#).



**California Department of
Alcoholic Beverage Control
License Query System Summary
as of 12/16/2013**

License Information
License Number: 540354
Primary Owner: NABILAS NATURALS INC
ABC Office of Application: 24 - SAN FRANCISCO
Business Name
Doing Business As: NABILAS NATURALS INC
Business Address
Address: 559 HAYES ST Census Tract: 0162.00
City: SAN FRANCISCO County: SAN FRANCISCO
State: CA Zip Code: 94102
Licensee Information
Licensee: NABILAS NATURALS INC
<i>Company Information</i>
Officer: YOUSEF, RAMIZ T (PRESIDENT/SECRETARY)
Officer: YOUSEF, RAMIZ T (TREASURER)
Officer: YOUSEF, RAMIZ T (VICE PRESIDENT)
Stock Holder: YOUSEF, RAMIZ T
License Types
1) License Type: 21 - OFF-SALE GENERAL
License Type Status: PENDING
Status Date: 11-DEC-2013 Term: 12 Month(s)
Original Issue Date: Expiration Date:
Master: Y Duplicate: 0 Fee Code: P40
License Type was Transferred On: FROM: 21-358569
Current Disciplinary Action
<i>... No Active Disciplinary Action found ...</i>
Disciplinary History
<i>... No Disciplinary History found ...</i>
Hold Information

Hold Date: 11-DEC-2013 Type: FORM 220
Escrow
Escrow: FIDELITY NATIONAL TITLE, 1 DANIEL BURNHAM CT STE 218-C SAN FRANCISCO,CALIFORNIA 94109

--- End of Report ---

For a definition of codes, view our [glossary](#).



**California Department of
Alcoholic Beverage Control
License Query System Summary
as of 12/16/2013**

License Information
License Number: 358569
Primary Owner: PHETHSAYA, LIENG
ABC Office of Application: 24 - SAN FRANCISCO
Business Name
Doing Business As: ANNAS MARKET
Business Address
Address: 424 HAYES ST Census Tract: 0162.00
City: SAN FRANCISCO County: SAN FRANCISCO
State: CA Zip Code: 94102
Licensee Information
Licensee: PHETHSAYA, LIENG
Licensee: PHETHSAYA, VIENG
License Types
1) License Type: 21 - OFF-SALE GENERAL
License Type Status: SURRENDERED
Status Date: 18-SEP-2013 Term: 12 Month(s)
Original Issue Date: 04-NOV-1999 Expiration Date: 31-OCT-2014
Master: Y Duplicate: 0 Fee Code: P40
Condition: OPERATING RESTRICTIONS
License Type was Transferred On: 04-NOV-1999 FROM: 21-192568
License Type was Transferred On: TO: 21-540354
2) License Type: TEMPORARY PERMIT
License Type Status: EXPIRED
Status Date: 01-NOV-1999 Term: 4 Month(s)
Original Issue Date: 01-NOV-1999 Expiration Date: 28-FEB-2000
Master: Duplicate: Fee Code:

Condition: OPERATING RESTRICTIONS	
License Type was Transferred On: 04-NOV-1999	FROM: <u>21-192568</u>
License Type was Transferred On:	TO: <u>21-540354</u>
3) License Type: TEMPORARY PERMIT	
License Type Status: EXPIRED	
Status Date: 01-NOV-1999	Term: 4 Month(s)
Original Issue Date: 01-NOV-1999	Expiration Date: 28-FEB-2000
Master:	Duplicate:
Fee Code:	
Condition: OPERATING RESTRICTIONS	
License Type was Transferred On: 04-NOV-1999	FROM: <u>21-192568</u>
License Type was Transferred On:	TO: <u>21-540354</u>
Current Disciplinary Action	
<i>... No Active Disciplinary Action found ...</i>	
Disciplinary History	
Reg. Number: 05058782	
1) Section: 25658(a)	
2) Section: 24200(a&b)	
Proceeding Status: CLOSED Decision: SUSPEND	
Suspension Days: 15 Stayed Days 0 POIC/Fine:	
Suspension Start Date: 30-MAR-2006	
Suspension End Date: 13-APR-2006	
Hold Information	
<i>... No Active Holds found ...</i>	
Escrow	
<i>... No Escrow found ...</i>	

--- End of Report ---

For a definition of codes, view our [glossary](#).

FROM: PT00ALUB ISN: 6 ITIME: 04/04/2014 11:42:29
TO: PP00ALUZ OSN: 2 OTIME: 04/04/2014 11:42:29

Original Message

FROM: CABLE ISN: 18997 DATE: 04/04/14 TIME: 11:42:24 ADMIN MSG
TO: PT00ALUB OSN: 00006 DATE: 04/04/14 TIME: 11:42:26

S A N F R A N C I S C O P O L I C E D E P A R T M E N T
G E O G R A P H I C L O C A T I O N S Y S T E M

REQUESTED LOCATION => 0559 /HAYES /ST

TYPE => PREMISE ADDRESS

HOUSE NUMBER => 0559

STREET NAME => HAYES

STREET TYPE => STREET

STREET NUMBER => 0782

LOW HOUSE NUMBER => 0001

HIGH HOUSE NUMBER => 2299

HIGH HOUSE ON BLOCK => 0599

BLOCKFACE NUMBER => 11888


HIGH CROSS STREET => 0949

INTERSECTION NUMBER => 01096

REPORTING AREA => 558

DISTRICT => NORTHERN


CENSUS TRACT => 000162

export To  **New!**

Records **1** through **1** of **1**

Call No	Report No	Received Date	Received Time	Priority	Call Type	Unit ID	Disposition	Location
<u>131420365</u>		05/22/2013	05:44:51	B	418		DUP	559 HAYES ST

End of document

export To  **New!**

Records **1** through **1** of **1**

Call No	Report No	Received Date	Received Time	Priority	Call Type	Unit ID	Disposition	Location
<u>132301660</u>		08/18/2013	13:23:31	A	800	3E11C	ADV	559 HAYES ST

End of document

LIQUOR LICENSE REVIEW

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

File: 140055

TO: Police Department
Officer Alberto Duarte
Inspector Darcy Keller
Fax No.: 553-1463

DATE: January 24, 2014

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

PLEASE EMAIL YOUR RESPONSE BY: February 28, 2014, to Derek Evans,
Clerk, Neighborhood Services and Safety Committee.

Derek.Evans@sfgov.org - Fax No: 554-7714

Applicant Name: Ramiz Yousef
and Business Name: Nabila's Naturals, Inc.
(559 Hayes Street)

Applicant Address: 559 Hayes Street
San Francisco, CA 94102
and Phone No. (415) 864-6114

PLANNING COMMENTS: Approval Denial

POLICE COMMENTS: Approval Denial

LIQUOR LICENSE REVIEW

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

File: 140055

TO: Police Department
Officer Alberto Duarte
Inspector Darcy Keller
Fax No.: 553-1463

Block/lot: 0818/036
Zoning: NCT
Quad: NE
MRS #1400147

DATE: January 24, 2014

This item is tentatively scheduled to be heard in four to six weeks.
PLEASE EMAIL YOUR RESPONSE BY: February 28, 2014, to Derek Evans,
Clerk, Neighborhood Services and Safety Committee.

Derek.Evans@sfgov.org - Fax No: 554-7714

Applicant Name: Ramiz Yousef
and Business Name: Nabila's Naturals, Inc.
(559 Hayes Street)

Applicant Address: 559 Hayes Street
San Francisco, CA 94102
and Phone No. (415) 864-6114

PLANNING COMMENTS: Approval Denial

ABC license type 21 permitted as accessory use, not to exceed 15% (300sqft) of floor area, within principle use of Other Retail, Specialty Green, per Planning Code Sec 720.4, 790.102 + 703.2
H. B. (415) 575-9112
S. 21.4 Hanisaka Beams

POLICE COMMENTS: Approval Denial

1 / 23 / 2014

LIQUOR LICENSE "PCN" REQUEST

To: **BOARD OF SUPERVISORS CITY AND COUNTY OF SAN FRANCISCO.**

From: **Ramiz Yousef / 415-8646114** *519-51466*

Business name: **Nabila's naturals INC**

Address: **559 Hayes St. San francisco, CA 94102**

Applying for: **Type 21 License**

Transfer license from: **Anna's Market 424 Hayes St. San Francisco, CA 94102**

Being transferred to: **Nabila's Naturals 559 Hayes St. San Francisco, CA 94102**

Business hours: **monday to sunday 9:00 AM. to 9:00 PM.**

Hi my name is Ramiz Yousef and I am the owner of Nabila's Naturals in hayes valley.

I have been open for business and serving my neighborhood and the community in hayes valley for the past 18 years,As the neighborhood continues to grows and my customers continued request for a variety of spirits,I saw an opportunity to upgrade my type 20 license for a type 21.

When I found out about Anna's Market imminent closing, I decided to try and purchase his license and have it transferred over to my location, So I went ahead and applied for it. I currently sale some conventional products and a small variety of vintage organic beer and wines, and would like to continue in the same tradition by offering some of the same eclectic specialty items and spirits to my customer base in the greater neighborhood.

Sincerely Yours,
Ramiz Yousef

Ramiz Yousef *1/23/14*

Evans, Derek

From: Burns, Kanishka
Sent: Friday, February 21, 2014 4:03 PM
To: ramizsf@gmail.com
Cc: Bernardino, Joan@ABC (Joan.Bernardino@abc.ca.gov); Evans, Derek
Subject: 559 Hayes Street - Nabila's Naturals

Hi Ramiz,

I'm the planner reviewing this ABC license. Please send me a floor plan of your store, showing how much of the store will be devoted to the sale and display of alcohol. In order to continue to be permitted as a general/specialty grocery the area devoted to the sale and display of alcohol cannot exceed 15% of your gross square footage.

Your floor plan can be hand drawn, but it should include dimensions and clearly call out the areas for alcohol.

Please let me know if you have any questions.

Thanks,

Kanishka Burns
PLANNER

SAN FRANCISCO
PLANNING DEPARTMENT
1650 Mission Street, #400 | SF, CA 94103
kanishka.burns@sfgov.org | 415.575.9112
www.sfplanning.org



1/23/2014

LIQUOR LICENSE "PCN" REQUEST

To : **BOARD OF SUPERVISORS CITY AND COUNTY OF SAN FRANCISCO.**

From: **Ramiz Yousef / 415-8646114**

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Being transferred to: **Nabila's Naturals 559 Hayes St. San Francisco, CA 94102**

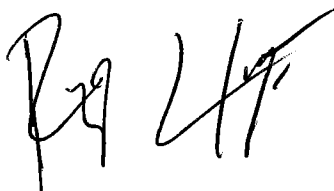
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Sincerely Yours,
Ramiz Yousef

 1/23/14

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 *Nabilas Naturals Inc*

2. PREMISES ADDRESS (Street number and name, city, zip code) *559 Hayes St, San Francisco, CA 94102*

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 *2,541,812, 820*

6. TOTAL NUMBER OF LICENSES IN COUNTY *980*

7. RATIO OF LICENSES TO POPULATION IN COUNTY

8. CENSUS TRACT NUMBER *0162.00*

9. NO. OF LICENSES ALLOWED IN CENSUS TRACT *2*

10. NO. OF LICENSES EXISTING IN CENSUS TRACT *8*

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

3x publication

12. DOES LAW ENFORCEMENT AGENCY MAINTAIN CRIME STATISTICS?

Yes (Go to Item #13)

No (Go to Item #20)

13. CRIME REPORTING DISTRICT NUMBER *558*

14. TOTAL NUMBER OF REPORTING DISTRICTS *653*

15. TOTAL NUMBER OF OFFENSES IN ALL REPORTING DISTRICTS *46,883*

16. AVERAGE NO. OF OFFENSES PER DISTRICT *72*

17. 120% OF AVERAGE NUMBER OF OFFENSES *86*

18. TOTAL NUMBER OF OFFENSES IN REPORTING DISTRICT *163*

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

PC or N required

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)

COJ

