

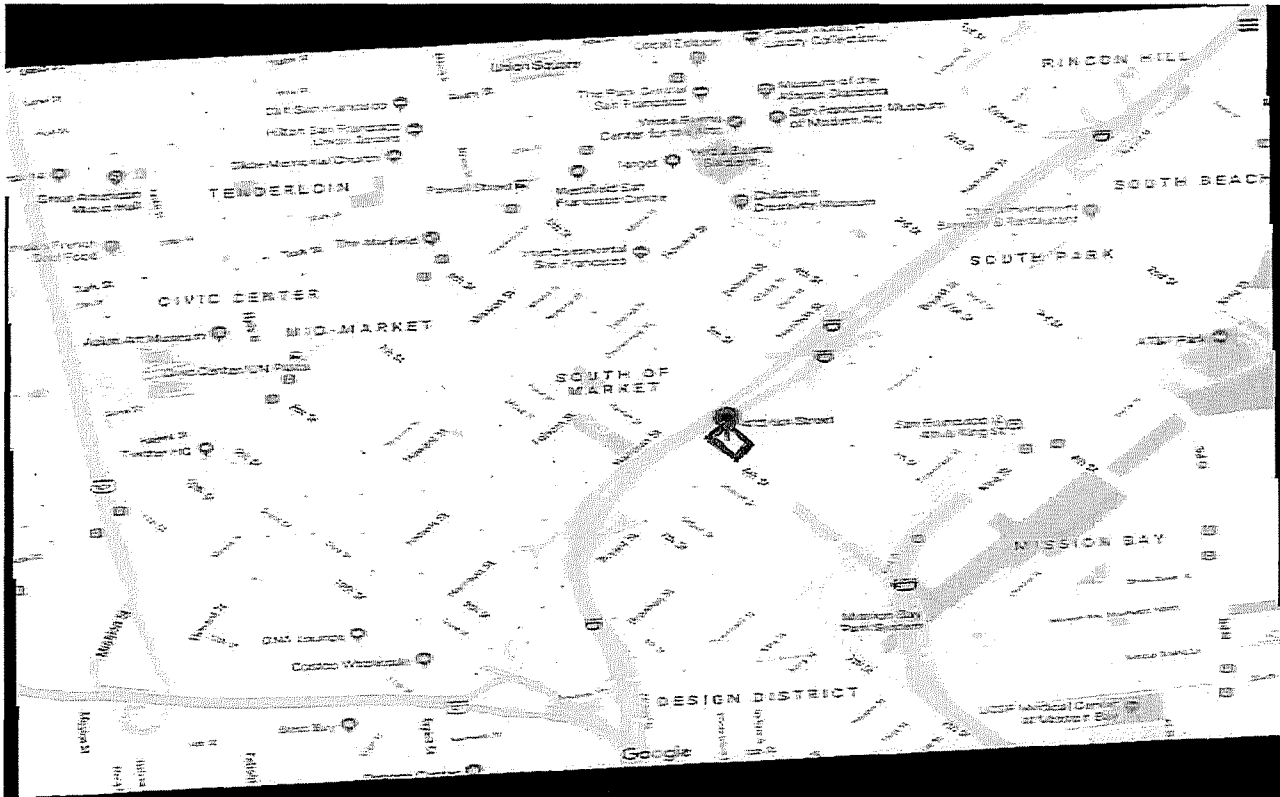
# SUPPLEMENTAL DIAGRAM

### Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle) <b>Bebidas Bananas Operativos LLC</b>	2. LICENSE TYPE <b>21</b>
3. PREMISES ADDRESS (Street number and name, city, zip code) <b>475 6th St., San Francisco, CA 94103</b>	4. NEAREST CROSS STREET <b>Bryant St.</b>

### DIAGRAM



RECEIVED  
 APR 15 2019  
 Department of Alcoholic Beverage Control  
 License Division

I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE 	DATE SIGNED <b>3-14-19</b>
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### FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME <b>Diego Berdakin</b>	INSPECTION DATE
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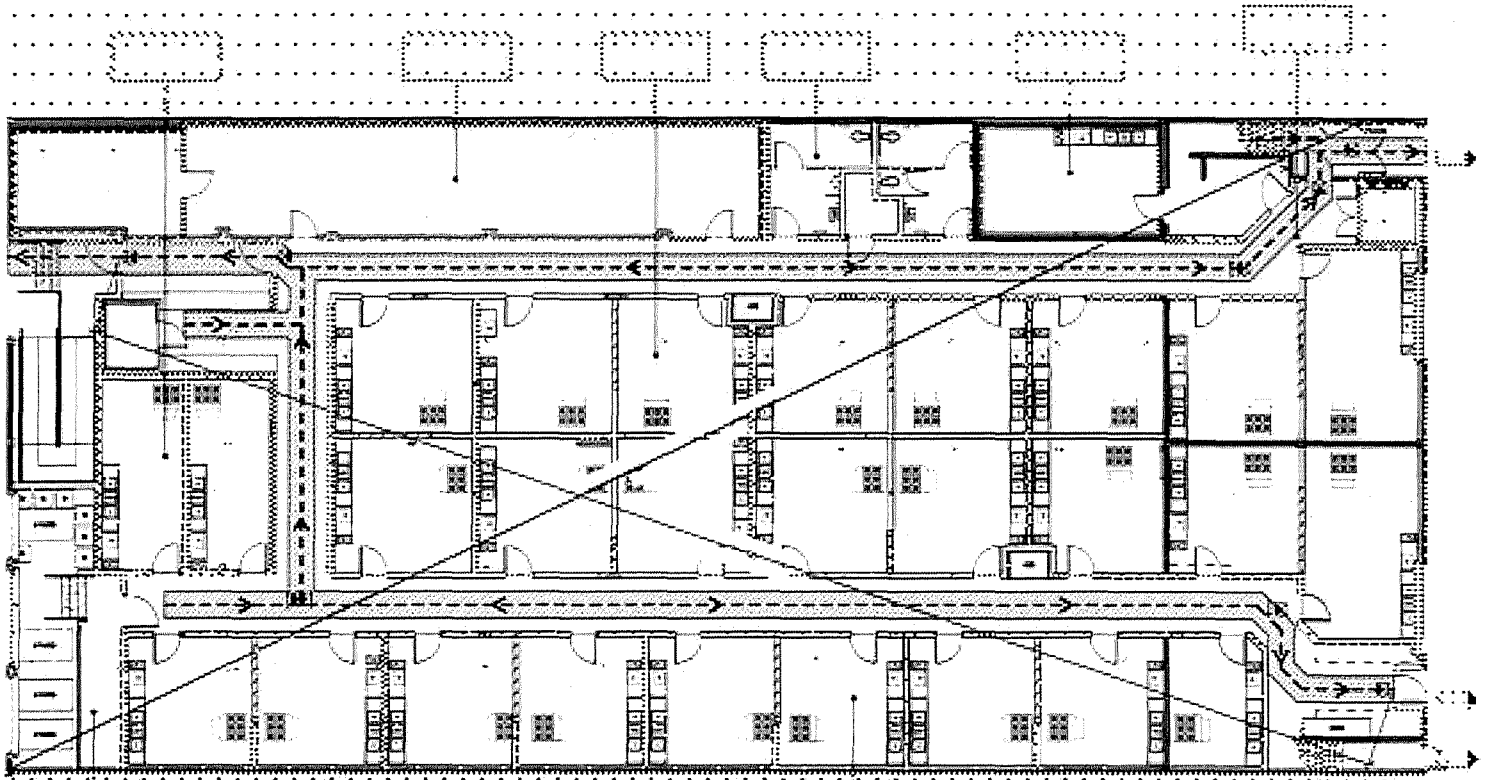
Department of Alcoholic Beverage Control  
**LICENSED PREMISES DIAGRAM (RETAIL)**

State of California

1. APPLICANT NAME (Last, first, middle) Bebidas <i>Beverages Operations LLC</i>	2. LICENSE TYPE 21
3. PREMISES ADDRESS (Street number and name, city, zip code) 475 6th St. , San Francisco, CA 94103	4. NEAREST CROSS STREET Bryant 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**



RECEIVED

APR 15 2019

*Dept of Alcoholic Beverage Control*

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 3-14-19
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**FOR ABC USE ONLY**

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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