

From: [Crayton, Monique \(BOS\)](#)
To: [CPC.Referrals](#); [Froines, Andrew \(POL\)](#); [Alimuthana111974@gmail.com](#)
Cc: [Alabanza, Analyn@ABC](#); [amarjit.tamber@abc.ca.gov](#); [Ghanem, Sakher \(POL\)](#); [Goff, David \(POL\)](#); [Dahl, Bryan \(BOS\)](#); [Ebadi, Mahanaz \(BOS\)](#); [Owen, David \(BOS\)](#); [Tam, Madison \(BOS\)](#)
Subject: Liquor License Transfer - 301 5th Street - City Choice Market - BOS File No. 241206
Date: Monday, December 16, 2024 2:00:00 PM

Greetings,

The office of the Clerk of the Board has received a letter requesting public convenience or necessity findings for a liquor license transfer. I'm referring this matter to you for response via the following linked document:

[Referral Letter - Planning and Police Departments – December 16, 2024](#)

You may review the entire matter on our Legislative Research Center by following the link below:

Board of Supervisors [File No. 241206](#)

After receiving review from the Planning and Police Departments, the Public Safety and Neighborhood Services Committee may hear and consider public convenience or necessity findings for the application, to be forwarded to the California Department of Alcoholic Beverage Control for consideration in the license matter.

The Public Safety and Neighborhood Services Committee will tentatively schedule this hearing for a regular meeting in January of 2025.

I request the Planning Department's response on or before December 27, 2024. Please confirm receipt of this message.

You may review the fact sheet for public convenience or necessity requests from the San Francisco Board of Supervisors via the following link:

[Liquor License Public Convenience or Necessity Request](#)

Thanks for the review.

Monique C. Crayton (she/her)

Assistant Clerk

Board of Supervisors - Clerk's Office

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

(415) 554-7750 | Fax: (415) 554-5163

monique.crayton@sfgov.org | www.sfbos.org

(VIRTUAL APPOINTMENTS) To schedule a “virtual” meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

LIQUOR LICENSE PUBLIC CONVENIENCE OR NECESSITY REFERRAL

TO: Planning Department
Attn: _____
Phone No. _____

TO: Police Department
Andrew Froines
Phone No. (415) 837-7254

DATE: December 16, 2024

AP Block/Lot Nos.: 3752/081
Zoning: MUR - mixed use-
residential- 85-X

Quad: _____
Record No.: _____

Please submit your response within two weeks. The Public Safety and Neighborhood Services Committee will tentatively schedule the PC or N hearing for a regular meeting in January of 2025.

PLEASE EMAIL YOUR RESPONSE by December 27, 2024, to:
Monique Crayton, Public Safety and Neighborhood Services Committee Clerk.
monique.crayton@sfgov.org ~ (415) 554-7750

Applicant name: City Choice Market Inc.

Business name: City Choice Market

Application address: 301 5th Street

Applicant contact info: Ali Muthana
Alimuthana111974@gmail.com
510-599-0527

PLANNING REVIEW: Approval Denial

Planning Staff Contact: _____
(Please add comments on a trailing page.)

POLICE REVIEW: Approval Denial

(Please add comments in a trailing report.)

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2024 DEC 10 PM 12:33

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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BOARD OF SUPERVISORS
SAN FRANCISCO
2024 OCT 15 AM 8:36
BY 