## LIQUOR LICENSE REVIEW

- TO: Planning Department AnMarie Rodgers/CTYPLN/SFGOV Georgia Powell/CTYPLN/SFGOV@SFGOV Fax No.: 558-6409
- TO: Police Department Lieutenant Edward Santos Officer Alberto Duarte Fax No.: 553-1463

File: 140797

Block/bet: 0762/026 20ning: RC-4 10000d: NW MB#1401259

**DATE:** July 11, 2014

This item is tentatively scheduled to be heard in four to six weeks. **PLEASE EMAIL YOUR RESPONSE BY:** August 21, 2014, to Derek Evans, Clerk, Neighborhood Services and Safety Committee. **Derek.Evans@sfgov.org - Fax No: 554-7714** 

Applicant Name: and Business Name:	Salma Suleyman Opera Plaza Deli and Taqueria (601 Van Ness Avenue)
Applicant Address:	601 Van Ness Avenue San Francisco, CA 94102
and Phone No.	(415) 800-8898

PLANNING COMMENTS: Approval Denial ABC license type 21 is permitted in conjunction with grocery store use. Liquor sales permitted as an accessory use only, pursuant to Planning Code section 703.2(b)(1)(C)(vi). Attached floor plan provided by applicant for grocery store Health Permit referral #MB14011324. Laura Ajello, Planner, NW Quadrant, phone: 575-9142, August 5, 2014

POLICE COMMENTS:

Approval

Denial

## Department of Alcoholic Beverage Control

## **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.

1

PART 1 - TO BE COMPLETED BY A	3C	-		
1. APPLICANT'S NAME	in, Salma /	Habash, Vii	ctoria	
2. PREMISES ADDRESS (Street number and parter, city,		San Francisco,	CA 94/02 2	<b>)</b>
4. TYPE OF BUSINESS	/ Hofbrau/Cafeteria	Cocktail Lounge	Private Clu	b
Deli or Specialty Restaurant	Comedy Club	Night Club	Veterans Club	
Cafe/Coffee Shop	Brew Pub	Tavern: Beer	Fraternal Club	
Bed & Breakfast:	Theater	Tavern: Beer & Wine	Wine Tasti	ng Room
Wine only All				
Supermarket	Membership Store	Service Station	Swap Mee	t/Flea Market
Liquor Store	Department Store	Convenience Market	Drive-in Dairy	
Drug/Variety Store	Florist/Gift Shop	Convenience Market w/C	Sasoline	
Other - describe:				1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
5. COUNTY POPULATION	6. TOTAL NUMBER OF LICENSES IN		7. RATIO OF LICENSES TO POPULA	
2,463/8/2,820	980	On-Sale Off-Sale	10. NO. OF LICENSES EXISTING IN	On-Sale Off-Sale
8. CENSUS TRACTINUMBER	9. NO. OF LICENSES ALLOWED IN C	On-Sale	4	On-Sale Off-Sale
11. IS THE ABOVE CENSUS TRACT OVERCONCENTR		ratio of licenses to population in the o	census tract exceed the ratio of license	s to population for the entire county?)
Yes, the number of existing licenses ex				
No, the number of existing licenses is lo				·
Yes (Go to Item #13)	No (Go to Item #20)			
13. CRIME REPORTING DISTRICT NUMBER	14. TOTAL NUMBER OF REPORTING	DISTRICTS	15. TOTAL NUMBER OF OFFENSES	IN ALL REPORTING DISTRICTS
552	653		53, 748	
16. AVERAGE NO. OF OFFENSES PER DISTRICT	17. 120% OF AVERAGE NUMBER OF	OFFENSES	18. TOTAL NUMBER OF OFFENSES	IN REPORTING DISTRICT
19. IS THE PREMISES LOCATED IN A HIGH CRIME RE		reater number of reported crimes that	in the average number of reported crim	es as determined from all crime
reporting districts within the jurisdiction of the local la		eeds the total number in iten	n #17	
No, the total number of offenses in the				
20. CHECK THE BOX THAT APPLIES (check only one t				
a. If " <u>No</u> " is checked in both item #11 on this issue. Advise the applicant to	and item #19, Section 23958.4 bring this completed form to AB	<u>B&amp;P does not apply</u> to this a C when filing the application	application, and no additional i	ntormation will be needed
b. If " <u>Yes</u> " is checked in either item # retail license issued for a hotel, motel beer manufacturer's license, or winegr application or as soon as possible the	or other lodging establishment a rower's license, advise the appli	as defined in Section 25503.	16(b) B&P, or a retail license i	ssued in conjuction with a
c. If " <u>Yes</u> " is checked in either item #1 sale beer license, an on-sale beer and to the local governing body, or its desi ABC in order to process the application	I wine (public premises) license ignated subordinate officer or bo n.	, or an on-sale general (pubi ody to have them complete S	ic premises) license, advise th Section 3. The completed forn	ie <u>applicant to take this form</u>
Governing Body/Designated Subordina	ate Name: Bor	and of Supervi	sons	
FOR DEPARTMENT USE ONLY PREPARED BY (Name of Department Employee)	A	/ _/		
ABC-245 (rev. 01-11)				

. APPLICANT NAME (Last, first, middle)			2. LICENSE TYPE
	d Habach Mintorie	1	21
Suleyman, Salma an. PREMISES ADDRESS (Street number and name, city, zip co	de)		4. NEAREST CROSS STREET
60 Van Ness Ave., #K	, San Francisco, CA	94102	Turk Spreet
The diagram below is a true and cor	rect description of the entrances	, exits, interior wall	s and exterior boundaries of
the premises to be licensed, includin	g dimensions .	$\Delta$	Mark 1 2011
DIAGRAM		r	1905+ 1, 2014
OPERA PLAZA	DELL + TAQUERIA	(Grocen	, - Deli store)
	(E) 42'-4"		(E) 27'-4"
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· alcohol + liquor			
shelving m			
	(E) 13'-0"		
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	700		
	grocen hol shelving ->		
(4% alcon	hol Ushelving ->		
6 Ho'l aco		(E) (E) FREEZER	
	ser y o		
46% del			
0.5 40% gros 46% del 40% del 40%	UUERIAL E		
	(E) 37'-5"	E) WALK-IN REFRIGERATOR	
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te = V			
	海道		
	DELI + TAQUERIA		
La here	VELL + TAQUERI	а ії. ————————————————————————————————————	
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It is hereby declared that the above-	-		
side, will not be changed without fi		~~	-
Beverage Control. I declare under	penalty of perjury that the foreg	oing is true and cor	rect.
APPLICANT SIGNATURE (Only one signature equired)	· · · · · · · · · · · · · · · · · · ·		DATE SIGNED
11. 61.			AUGUST 1,2014
Im	FOR ABC USE ONL	Ŷ	, <u></u> _, <u></u> , (
CERTIFIED CORRECT (Signature)	PRINTED NAME		INSPECTION DATE
INMA	SALMA SULEYMI	HN	
ABC-257-NR (@v-07-11)		GOI VA	