**LIQUOR LICENSE REVIEW** 



TO:	Georgia Po	epartment odgers/CTYPLN/SFGOV owell/CTYPLN/SFGOV@ 15) 558-6409	SFGOV	File: 1600					
TO:	Police Depa	•		Block llo Donns: Quad	t:03 RC- :NE	46/0	10		
DATE:	January 19	, 2016	. ¥	Quad Record	#201	6-0007	77		
PLEASE E	MAIL YOUR I ety and Neighb	cheduled to be heard in f RESPONSE BY: Febru porhood Services Comm ior@sfgov.org - Fax No	ary 17, 20 nittee Clerl	016, to Erica M k.	lajor,	1	Mis		
Applicant and Busin	Name: ess Name:	Peter C. Friel Harry Harrington's Pu (456 Larkin Street)	b						
Applicant	e No.	460 Larkin Street San Francisco, CA 94 ( <b>415) 775-1150</b>							
PLANNING COMMENTS: Approval Denial  Derial  De									

## Donegal All Blacks, LLC Dba Harry Harringtons Pub 460 Larkin Street San Francisco, CA 94102 415-775-1150

Friday January 15, 2016

Clerk of the Board San Francisco Board of Supervisors 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Re: Liquor License "PCN" Request

To Whom It May Concern:

We currently hold a 48-License for the premises located at 460 Larkin Street, and known as Harry Harringtons Pub. We have applied for an extension of the license to cover the premises at 456 Larkin Street, which is right next door. We would like to have a separate dining room so that we may run a full-service restaurant in addition to the bar area that is currently 460 Larkin Street.

Currently, there is nothing similar to our Irish pub style, in the neighborhood, and very few sit-down restaurants within the blocks surrounding us. We feel that such an eatery will add to the neighborhood in a positive fashion and help the community become one that embraces family and friends – something that is the soul of an Irish Bar/Restaurant. The restaurant will be open from 11.30am until 10pm.

Thank you for your consideration.

Sincerely

Peter C. Friel

Managing Member of Donegal All Blacks, LLC

415-279-5879

petercfriel@gmail.com

## **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 B	BY ABC			
1 APPLICANTS NAME DOI	negal All Bla	rcks 40		
E PREMISES ADDRESS (Street number and na 400 Lark		rancisco CA 941	02 ELICENSE	•
- TYPE OF BUSINESS Full Service Restaurant	Hofbrau/Cafeteria	Cocktail Lounge	Private	Clute
Deli or Specialty Restaurant	Comedy Club	Night Club No	Vetera	
Cafe/Coffee Shop	Brew Pub	Tavem: Beer	A CAMPAN	nal Club
Bed & Breakfast:	Theater	Tavern: Beer & Wine		Tasting Room
Wine only All		Tavetti Geer & Wille		asing Hoom
Supermarket	Membership Store	Service Station	Suran	Meet/Flea Market
Liquor Store	Department Store	Convenience Market	=	
=	<u> </u>	=	Drive-i	n Dairy
Drug/Variety Store	Florist/Gift Shop	Convenience Market w/G	asoline	
Other describe: 5 COUNTY POPULATION	16 TOTAL NUMBER OF LICENS	EC IN COUNTY 17	. RATIO OF LICENSES TO PO	DOLLATION IN DOUBLE
845.602	275	On-Sale Off-Sale	. AMILO OF LICENSES TO FO	On-Sale Off-Sale
8. CENSUS TRACT NUMBER	IS NO OF LICENSES ALLOWER	<u> </u>	0 NO OF LICENSES EXISTIN	
0/24-0/	18	On-Sale Off-Sale	16	₽ On-Sale Off-Sale
11_ IS THE ABOVE CENSUS TRACT OVERCOR	NCENTRATED WITH LICENSES? (I.e., do	es the ratio of incenses to population in the co	ensus tract exceed the ratio of lig	senses to population for the entire country?
Yes, the number of existing licen	ses exceeds the number allowed			
No. the number of existing licens		wed		
12 DOES AN ENFORCEMENT AGENCY MAI	<del></del>			
Yes (Go to Item #13) 13 CRIME REPORTING DISTRICT NUMBER	No (Go to Item #20) 14 TOTAL NUMBER OF REPORT	TIMO DISTRICTS	E TOTAL WINDER DE DECE	NSES IN ALL REPORTING DISTRICTS
(CTT	65		53./60	
16 AVERAGE NO OF OFFENSES PER DISTR				NSES IN REPORTING DISTRICT
81	9-	7-	335	
19 IS THE PREMISES LOCATED IN A HIGH C		20% greater number of reported crimes ina-	the average number of reporte	d crimes as determined from all crime
Yes, the total number of offenses	* .	r exceeds the total number in item	. #17	
,			, ,	
No, the total number of offenses  20 CHECKITHE BOXITHAT APPLIES (check of		ide the total number in item 4 (;		
		258.4 B&P does not apply to this a	pplication, and no addition	onal information will be needed
on this issue. Advise the applic	ant to bring this completed form	to ABC when filing the application		
p. If "Yes" is checked in either	item #11 <u>or</u> πem #19. <u>and</u> the ap	plicant is applying for a non-retail i	icense, a retail bona fide	public eating place license, a
retail license issued for a notel.	motel or other lodging establishr	nent as defined in Section 25503.	16(b) B&P, or a retail lice	nse issued in conjuction with a
application or as soon as possit		applicant to complete Section 2 a	ua pring tue completed t	orm to ABC when bling the
C. If "Yes" is checked in either	nem #11 <u>or</u> item #19, <u>and</u> the ap	plicant is applying for an off-sale b	eer and wine license, an	off-sale general license, an on-
sale beet license, an on-sale be	eer and wine (public premises) lid	cense, or an on-sale general (publi r <u>or body to nave them complete S</u>	ic premises) license, adv lection 3. The completed	ise the <u>applicant to take this form</u> I form will need to be provided to
ABC in order to process the ab		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		
		Board of Sus	pervisors	
Governing Body/Designated Sul	/A//AMA/AMA/AMA/A	yours of any	VISOR	
FOR DEPARTMENT USE ONLY				
	15			
ABC-245 (rev. 05-51)		:		

PART 2 - TO BE COMPLETE	ED BY THE AF _CANT (	If box #20b is che	cked)			
21. Based on the information necessity would be served by	on the reverse, the Depa the issuance of the licens	itment may approvise. Please describ	e your application if e below the reasons	you can show to why issuance o	hat public conver of another license	nience or s is justified in
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Larken Stre	et. We Y	مصر		ser th	e en	344 -
premises a	± 456 (	arkin license	Street.	we wa	auld li	رول ہے۔
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22 APPLICANT SIGNATURE		otag	122	DATE SIGNED	10-11	
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PART 3 - TO BE COMPLET						
Please complete items #24 to ietter on official letterhead state on official letterhead state of the ietterhead state of the i	ating whether or not the is	suance of the appl	ed for license would	serve as a pub	ic convenience (	or necessity.
Yes	No			(i.e., letter, resol	ution. etc.)	
25 ADDITIONAL COMMENTS, IF DESIR	ED (may include reasons for approval	or denial of Dublic conveni	ence or necessity)			
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26 CITY/ODUNTY OFFICIAL NAME	127 CITY/COUNTY C	DEFICIAL TITLE	128	CITY/COUNTY OFF	ICIAL PHONE NUMBER	
25 OTY/COUNTY DEFICIAL SIGNATUR	RE	, , <del></del>		DATE SIGNED	and the second s	and a second

ABC-245 REVERSE (rev. 01-11)