



1401 Willow Pass Rd, Suite 900 • Concord, California 94520 • T 925.609.6153 • F 925.798.7150 • www.bevmo.com

VIA E-MAIL

October 16, 2017

City of San Francisco
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
Attention: John Carroll

**RE: Request for “Public Convenience and Necessity” (PCN) Resolution - Withdrawal
150 Kearny St., San Francisco, CA 94108**

Mr. Carroll:

Beverages & More, Inc. (BevMo!) wishes to withdraw its application for a resolution from the Board of Supervisors finding that public convenience or necessity is served by a new BevMo! store located at the above referenced address. Per your request, enclosed is a signed copy of the California Department of Alcoholic Beverage Control’s (ABC) Form 209-Application Withdrawal. This form will also be sent to the ABC today.

If you have any questions, please feel free to call me at (925)609-6153.

Sincerely,

A handwritten signature in black ink that reads "Liz Darrington". The signature is fluid and cursive.

Liz Darrington
Assistant General Counsel, BevMo!
925-609-6153
darringtonl@bevmo.com

To avoid delays with your refund, please be sure all information is completed.

Read instructions on reverse before completing.

DATE OF WITHDRAWAL
10/16/17
PENDING FILE NUMBER
575633

1. APPLICANT(S) NAME(S) BEVERAGES & MORE, INC.	2. COPIES MAILED DATE
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3. APPLICANT PREMISES ADDRESS (proposed premises) 150 KEARNY STREET, SAN FRANCISCO, CA 94108
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4. LICENSE TYPE(S) APPLIED FOR 21/42/86	5. TRANSACTION TYPE <input checked="" type="checkbox"/> Original <input type="checkbox"/> Exchange <input checked="" type="checkbox"/> Person to Person Transfer <input checked="" type="checkbox"/> Premises Transfer <input type="checkbox"/> Other
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6. TRANSFEROR NAME (if applicable) LAWTON TRADING POST, LLC

7. TRANSFEROR PREMISES ADDRESS (if applicable) 3645 LAWTON STREET, SAN FRANCISCO, CA 94122
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8. REASON FOR WITHDRAWAL business decision
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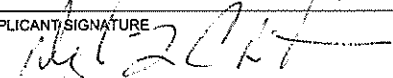
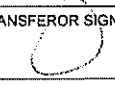
9. REFUND INFORMATION <i>The undersigned hereby request the Department of Alcoholic Beverage Control to withdraw the above-described application and to refund or apply the fee as follows:</i>
--

Make refund payable to the applicant entity(s) as listed on Form ABC-211, Application for ABC License.

Make refund payable to: _____
I agree to submit documentation to ABC Headquarters within 15 days from the date I sign this withdrawal that the foregoing person paid the license fees. I understand that failure to submit documentation will result in the refund being made payable to the entity(s) shown on Form ABC-211, Application for ABC License.

Apply fee on supplemental application for: _____

10. MAILING ADDRESS FOR REFUND (Street number and name, city, state, zip code) 1401 WILLOW PASS RD., SUITE 900, CONCORD, CA 94520

11. APPLICANT SIGNATURE X 	PRINTED NAME DOUGLAS CHRISTMAN	DATE SIGNED 10/16/17
12. TRANSFEROR SIGNATURE (If applicable) X 	PRINTED NAME	DATE SIGNED
13. SIGNATURE OF WITNESS X	PRINTED NAME	DATE SIGNED

ABC USE ONLY

If protested application, District Administrator/District Supervisor must complete this section. Investigation reveals:

Application withdrawn due to protest. Applicant may not refile at this premises for one year (Section 24013.1 B&P Code).

Application withdrawn due to protest against premises. Protests to remain valid at this premises for one year (Section 24013.2 B&P Code).

Application not withdrawn due to the valid protest(s). Protests not to be carried forward.

DISTRICT ADMINISTRATOR/DISTRICT SUPERVISOR SIGNATURE	DATE SIGNED
--	-------------

Original to HQ Licensing; copy to District files; if protested application, copy to HQ Hearing & Legal and Division Office.

Department of Alcoholic Beverage Control
APPLICATION WITHDRAWAL

State of California
 Edmund G. Brown Jr., Governor

To avoid delays with your refund, please be sure all information is completed.

Read instructions on reverse before completing.

DATE OF WITHDRAWAL
~~10/16/17~~

PENDING FILE NUMBER
 575633

1. APPLICANT(S) NAME(S)
BEVERAGES & MORE, INC.

2. COPIES MAILED DATE
 10-19-16

3. APPLICANT PREMISES ADDRESS (proposed premises)
 150 KEARNY STREET, SAN FRANCISCO, CA 94108

4. LICENSE TYPE(S) APPLIED FOR
21/42/86

5. TRANSACTION TYPE
 Original Person to Person Transfer Other
 Exchange Premises Transfer

6. TRANSFEROR NAME (if applicable)
LAWTON TRADING POST, LLC

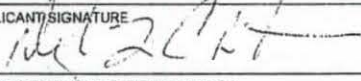

7. TRANSFEROR PREMISES ADDRESS (if applicable)
 3645 LAWTON STREET, SAN FRANCISCO, CA 94122

8. REASON FOR WITHDRAWAL
business decision

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10. MAILING ADDRESS FOR REFUND (Street number and name, city, state, zip code)
 1401 WILLOW PASS RD., SUITE 900, CONCORD, CA 94520

11. APPLICANT SIGNATURE X 	PRINTED NAME V. President DOUGLAS CHRISTMAN	DATE SIGNED 10/16/17
12. TRANSFEROR SIGNATURE (if applicable) X 	PRINTED NAME	DATE SIGNED
13. SIGNATURE OF WITNESS X	PRINTED NAME	DATE SIGNED

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DEPT. OF ALCOHOLIC BEVERAGE CONTROL
 OCT 16 2017