

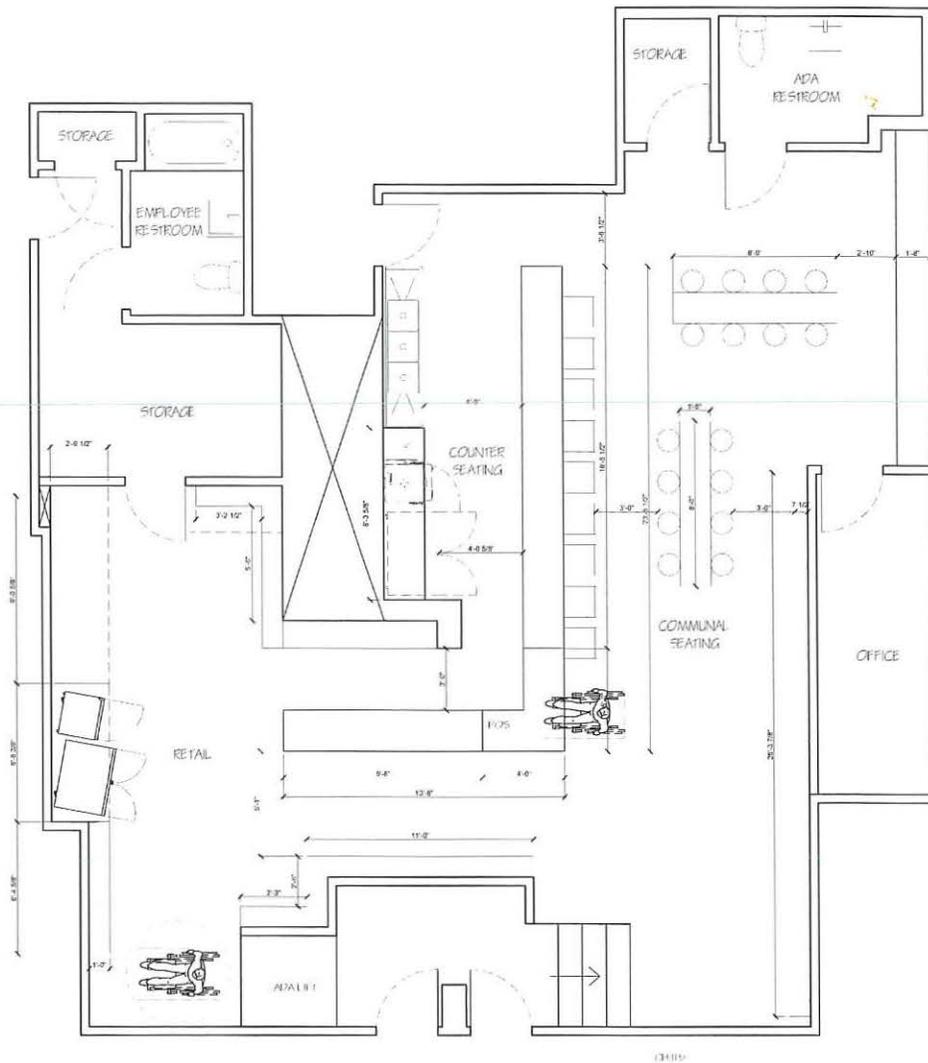
Department of Alcoholic Beverage Control
LICENSED PREMISES DIAGRAM (RETAIL)

State of California

1. APPLICANT NAME (Last, first, middle) Decant SF LLC	2. LICENSE TYPE 42
3. PREMISES ADDRESS (Street number and name, city, zip code) 1168 Folsom Street, San Francisco, CA 94103	4. NEAREST CROSS STREET 8th Street

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



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) X <i>Chia Heng</i>	DATE SIGNED 01-08-19
FOR ABC USE ONLY	
CERTIFIED CORRECT (Signature)	INSPECTION DATE
PRINTED NAME	

ABC-257 (5/05)

RECEIVED

JAN 11 2019

Dept of Alcoholic Beverage Control
 SAN FRANCISCO

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

✓ 1. APPLICANT NAME(S) Decant SF LLC		2. LICENSE TYPE(S) 42					
✓ 3. PREMISES ADDRESS (Street number and name, city, zip code) 1168 Folsom Street, San Francisco, CA 94103		4. NEAREST CROSS STREET 8th Street					
5. TYPE OF BUSINESS (Choose one that best describes the planned operation)							
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club				
<input type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club				
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club				
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room					
.....							
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market				
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy				
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline					
<input type="checkbox"/> Other - describe: _____							
✓ 6. PATRON CAPACITY 49	7. SURROUNDING AREA <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other		8. PREMISES IS LOCATED IN <input checked="" type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): _____ <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units				
✓ 9. FOOD SERVICE <input checked="" type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pizza/Pasta	15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____		16. HOURS OF FOOD SERVICE BREAKFAST HOURS From: _____ To: _____ LUNCH HOURS From: _____ To: _____ DINNER HOURS From: _____ To: _____				
✓ 17. OPERATING HOURS							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	11 am -	closed					→
Closing Time	12 am -	closed					→
✓ 18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterisk (*) below)							
<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room				
<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies				
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input type="checkbox"/> "Hot Spot"/Lottery				
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games				
*Description: _____							
19. PREMISES IS LOCATED ON <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other		20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input checked="" type="checkbox"/> Multi-Story - Number of stories: 5					
21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. FIXED BARS? <input checked="" type="checkbox"/> Yes - how many: 1 <input type="checkbox"/> No		23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? 100%				
FOR ABC USE ONLY							
24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)			25. DATE ENTERED INTO CABIN				