

Department of Alcoholic Beverage Control  
**PLANNED OPERATION (RETAIL)**

**SECTION I - FOR ALL RETAIL APPLICANTS**

1. APPLICANT NAME(S)  
**The Epicurean Trader, LLC**

2. LICENSE TYPE(S)  
 Type 21 - Off Sale General  
 Type 06 - Instructional Tasting License

3. PREMISES ADDRESS (Street number and name, city, zip code)  
**465 Hayes St, San Francisco CA 94102**

4. NEAREST CROSS STREET  
**Octavia St**

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 checked="" type="checkbox"/> Other - describe: <b>Specialty Grocery</b>			

6. PATRON CAPACITY: **35**

7. SURROUNDING AREA  
 Commercial  Rural  
 Residential  Industrial  
 Other

8. PREMISES IS LOCATED IN  
 Free Standing Building  
 Shopping Center (Name):  
 10 Units or Less  More than 10 Units

9. FOOD SERVICE  
 None  Minimal  Full Meals

10. PARKING LOT?  
 Yes  No

11. PATIO? **SIDEWALK**  
 Yes  No

12. WILL YOU HIRE A MANAGER? (Rule 57.5)  
 Yes  No

13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7)  
 Yes  No

14. MEAL TYPE  
 Dinner House  Seafood  
 Fast Food/Deli  Other:  
 Pizza/Pasta

15. TYPE OF FOOD  
 American  Greek  Indian  French  
 Chinese  Korean  Italian  Thai  
 Japanese  Other:

16. HOURS OF FOOD SERVICE  
 BREAKFAST HOURS: From: **N/A** To: **N/A**  
 LUNCH HOURS: From: **N/A** To: **N/A**  
 DINNER HOURS: From: **N/A** To: **N/A**

17. OPERATING HOURS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	7am	7am	7am	7am	7am	7am	7am
Closing Time	11pm	11pm	11pm	11pm	11pm	11pm	11pm

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterisk (\*) below)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input 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  
 Major Thoroughfare  Secondary Street  
 Other

20. TYPE OF STRUCTURE  
 Single Story  Two-Story  
 Multi-Story - Number of stories: **4**

21. PASS-THROUGH WINDOW?  
 Yes  No

22. FIXED BARS?  
 Yes - how many:  No

23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES?  
**30%**

**FOR ABC USE ONLY**

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)

25. DATE ENTERED INTO CABIN

Department of Alcoholic Beverage Control  
**LICENSED PREMISES DIAGRAM (RETAIL)**

State of California

1. APPLICANT NAME (Last, first middle)

The Epicurean Trader, LLC

2. LICENSE TYPE

Type 21 - Off Sale General

Type 86 - Instructional Tasting License

3. PREMISES ADDRESS (Street number and name, city, zip code)

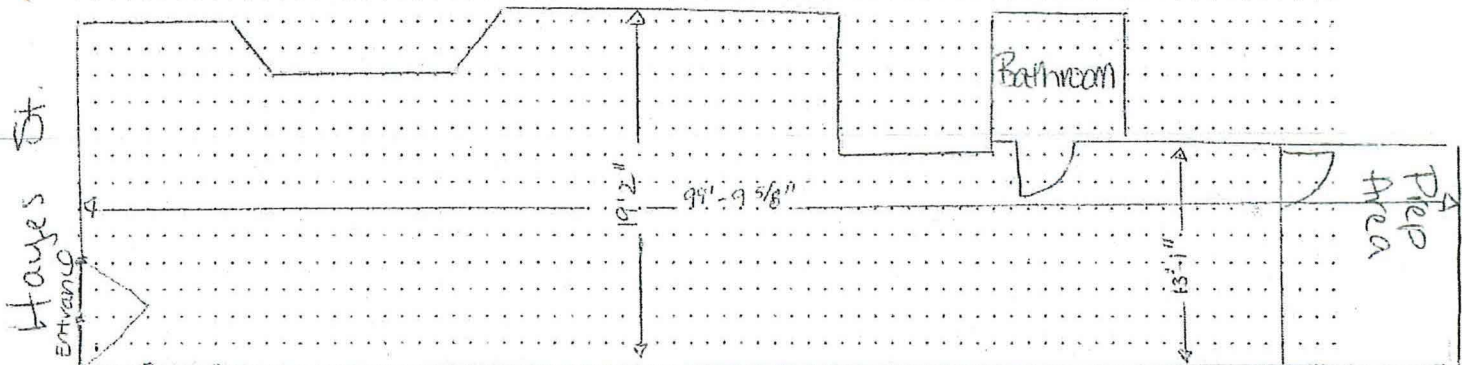
465 Hayes St, San Francisco CA 94102

4. NEAREST CROSS STREET

Octavia St

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



RECEIVED

JAN - 3 2019

Dept of Alcoholic Beverage Control  
 San Francisco

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)

*[Handwritten Signature]*

DATE SIGNED

12/27/18

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)

PRINTED NAME

INSPECTION DATE