

LIQUOR LICENSE PUBLIC CONVENIENCE OR NECESSITY REFERRAL

TO: Planning Department
Georgia Powell
Phone No. (415) 558-6371

DATE: July 18, 2019

TO: Police Department
Inspector Nelly Gordon
Phone No. (415) 837-7273

AP Block/Lot Nos.: 3706/278

Zoning: C-3-R

Quad: NE Planning Team

Record No.: _____

Please submit your response within three weeks; the Public Safety and Neighborhood Services Committee will tentatively schedule the PC or N hearing for a regular meeting in September of 2019.

PLEASE EMAIL YOUR RESPONSE BY: August 8, 2019, to John Carroll, Public Safety and Neighborhood Services Committee Clerk.

john.carroll@sfgov.org - Phone No: 554-4445

Applicant name: 32 3rd Street L-PSHIP

Business name: Night Market

Application address: 32 3rd Street
San Francisco, CA 94103

Applicant contact info: Paola Hurtado
ABC Licensing Company
510-788-5881 Ext. 3
paola@abclicensecompany.com

PLANNING REVIEW: Approval Denial

Planning Staff Contact: _____

Please print review comments on a trailing page.

POLICE REVIEW: Approval Denial

Please print review comments in a trailing report.

32 3rd Street LP

John Carroll, Assistant Clerk
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
415-554-4445

Re: Liquor License "PCN" Request
Type 48, Pending License 606806
32 3rd Street, San Francisco, CA 94103

To the Clerk of the Board,

The purpose of this letter is to respectfully request to be placed on the Board's calendar for Public Convenience and Necessity approval with regard to our Type 48 license. We are taking over the premises at 32 3rd Street and wish to operate as a lively cocktail bar and lounge, where local happy hours, small events, and San Francisco visitors are all equally at home. Our operations will be unlike nearby establishments, as we will provide a detailed cocktail menu that explores a variety of spirits and profiles, and promises to offer original cocktails not seen anywhere else in San Francisco.

Our business proves to be necessary in San Francisco, as we will recreate the flavor and energy from the open air bazaars and food stalls in Asia, Africa and Europe. Inspired by these night markets, our operations will offer a smorgasbord of sights and flavors designed to give customers a unique experience.

Our desired hours of operation are Mon-Tue 3pm-12am, Wed-Fri 3pm-2am, Sat 6pm-2am, closed on Sundays. We will vigilantly monitor the surrounding area to ensure the safety of our business and customers at all times and maintain a lawful business. Our team is composed of highly successful industry professionals with extensive experience in San Francisco. Kevin Diedrich has been behind several of San Francisco's most respected cocktail bars, such as Burritt Room, Jasper's and BDK. Andrew Chun and Jan Wiginton are the partners behind Press Club, Schroeder's Restaurant, Pacific Cocktail Haven and The Elite Café. This team's reputation and experience in San Francisco is unmatched.

We seek the SF Board of Supervisor's affirmative ruling that our application serves the public convenience and necessity of our City.

Please contact our representative, Carrie A Peters, for scheduling our hearing date. She can be reached at 415-235-3921 or via email at Carrie@ABCLicenseCompany.com. Thank you for your kind consideration of this request.

Sincerely,



Andrew Chun, Manager

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2019 JUL 15 PM 4:15

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

Paola Aurtado

TO: Department of Alcoholic Beverage Control
33 NEW MONTGOMERY STREET
SUITE 1230
SAN FRANCISCO, CA 94105
(415) 356-6500

File Number: 606806
Receipt Number: 2577684
Geographical Code: 3800
Copies Mailed Date: June 6, 2019
Issued Date:

(510) 788-5881

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2019 JUN 11 PM 4:10

DISTRICT SERVING LOCATION: SAN FRANCISCO
First Owner: 32 3RD STREET L-PSHIP
Name of Business: NIGHT MARKET
Location of Business: 32 3RD ST
SAN FRANCISCO, CA 94103-3104
County: SAN FRANCISCO
Is Premise inside city limits? Yes
Mailing Address: 30 CHEVY CHASE CT
(If different from LARKSPUR, CA 94939-2130
premises address)

Census Tract 0615.00

Type of license(s): 48

Transferor's license/name: 541251 / 1705 BUCHANAN
ENTERPRISES, INC

Dropping Partner: Yes No

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
48 - On-Sale General Public	PREMISE TO PREMISE TRANSFER	P40	Y	0	06/06/19	\$100.00
48 - On-Sale General Public	PERSON-TO-PERSON TRANSFER	P40	Y	0	06/06/19	\$1,250.00
48 - On-Sale General Public	ANNUAL FEE	P40	Y	0	06/06/19	\$1,010.00
NA	FEDERAL FINGERPRINTS	NA	N	4	06/06/19	\$96.00
NA	STATE FINGERPRINTS	NA	N	4	06/06/19	\$156.00
Total						\$2,612.00

Have you ever been convicted of a felony? No

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? No

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of SAN FRANCISCO Date: June 6, 2019

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s)

Applicant Signature(s)

32 3RD STREET L-PSHIP

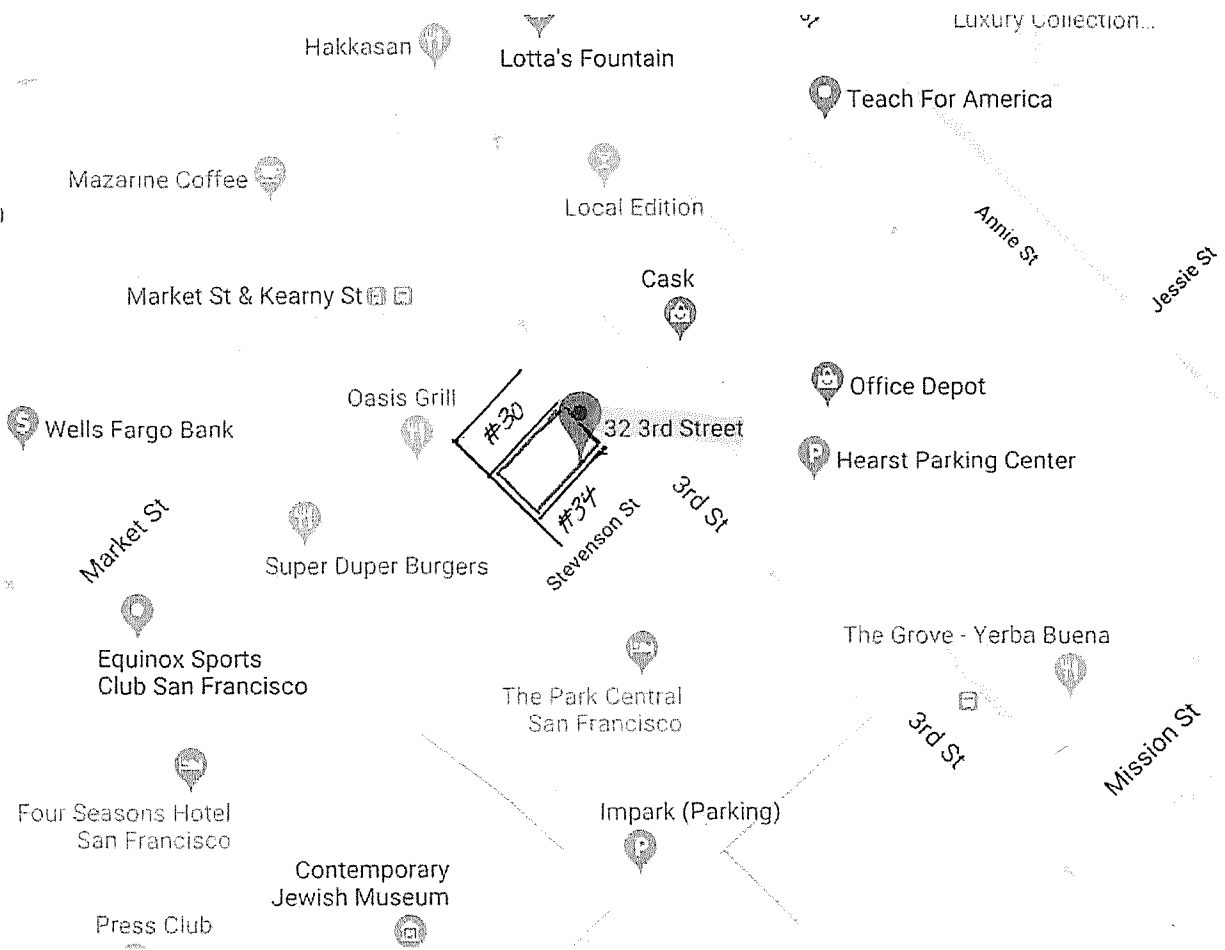
See 211 Signature Page

Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle) 32 3rd Street LP	2. LICENSE TYPE 48
3. PREMISES ADDRESS (Street number and name, city, zip code) 32 Third Street, San Francisco, CA 94103	4. NEAREST CROSS STREET Stevenson Street

DIAGRAM



I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE <i>[Signature]</i>	DATE SIGNED 05-20-19
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FOR ABC USE ONLY

CERTIFIED CORRECT (Signature) <i>[Signature]</i>	PRINTED NAME ARNEL JUNDO RECEIVED	INSPECTION DATE 6-12-19
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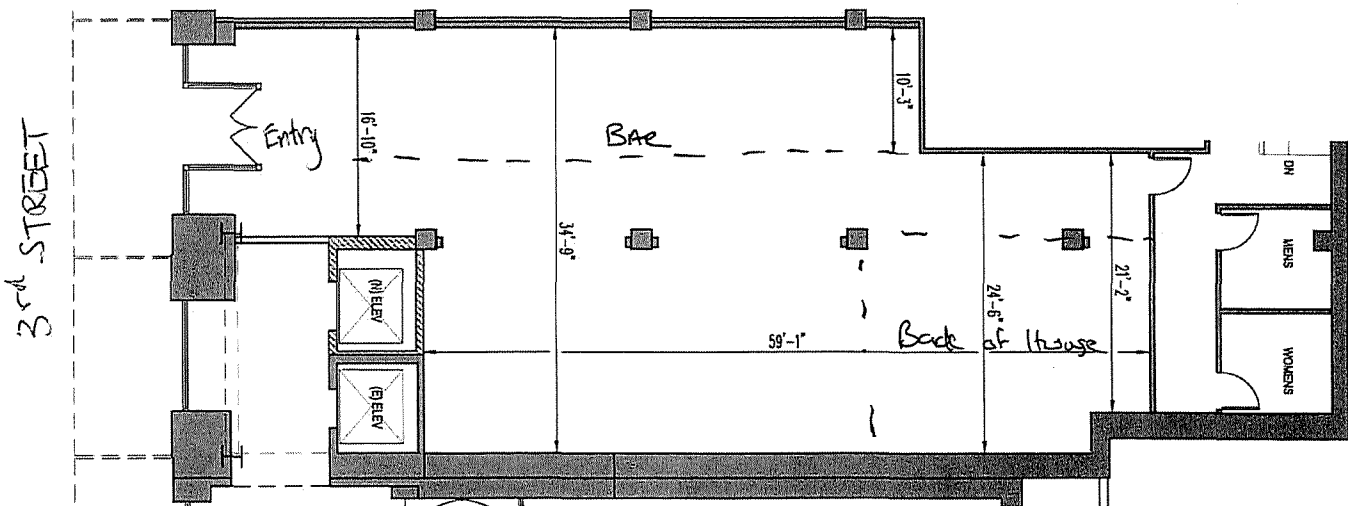
JUN 08 2019

LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (If Individual: Last, first, middle) 32 3rd Street LP	2. LICENSE TYPE 48
3. PREMISES ADDRESS (Street number and name, city, zip code) 32 Third Street, San Francisco, CA 94103	4. NEAREST CROSS STREET Stevenson 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) <i>[Signature]</i>	DATE SIGNED 05-20-19
FOR ABC USE ONLY	
CERTIFIED CORRECT (Signature)	PRINTED NAME
	INSPECTION DATE

ABC-257 (01/19)

RECEIVED

JUN 08 2019

Dept of Alcoholic Beverage Control
San Francisco

PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) (If individual: Last, First, Middle Initial) 32 3rd Street LP	2. LICENSE TYPE(S) 48
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3. PREMISES ADDRESS (Street number and name, city, zip code) 32 Third Street, San Francisco, CA 94103	4. NEAREST CROSS STREET Stevenson Street
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5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input checked="" 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	

Other - describe: _____

6. PATRON CAPACITY 49	7. SURROUNDING AREA <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Rural <input 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
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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 checked="" 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
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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: _____
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17. OPERATING HOURS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	3pm →						
Closing Time	2am →						

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
 Major Thoroughfare Secondary Street
 Other _____

20. TYPE OF STRUCTURE
 Single Story Two-Story
 Multi-Story - Number of stories: **6**

21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. FIXED BARS? <input checked="" type="checkbox"/> Yes - how many: <u>one</u> <input type="checkbox"/> No	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? 100%
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24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.) Agc-203 (Human Trafficking)	25. DATE ENTERED INTO CABIN
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