

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

State of California
 Gavin Newsom, Governor

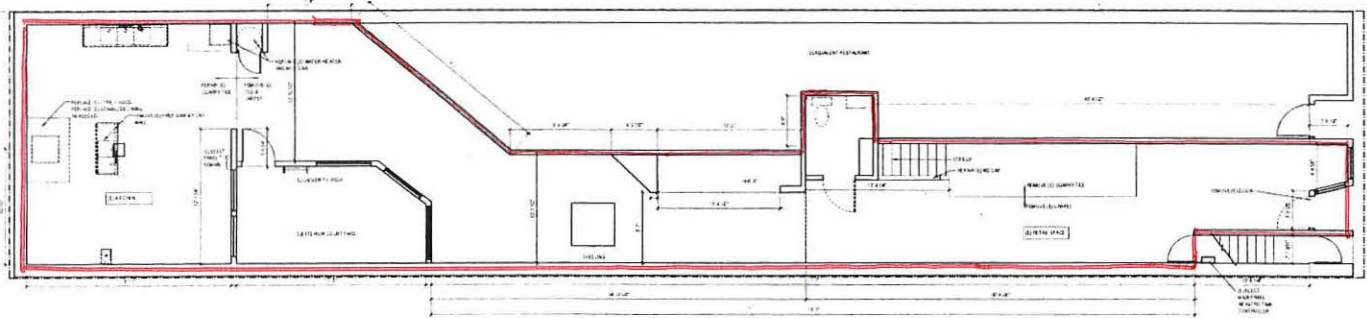
1. APPLICANT NAME (If individual: Last, first, middle) KATE EDWARD JAMES QUEENS SF, LLC		2. LICENSE TYPE 20
3. PREMISES ADDRESS (Street number and name, city, zip code) 1235 9TH AVE SAN FRANCISCO, CA 94122		4. NEAREST CROSS STREET IRVING ST.

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.).

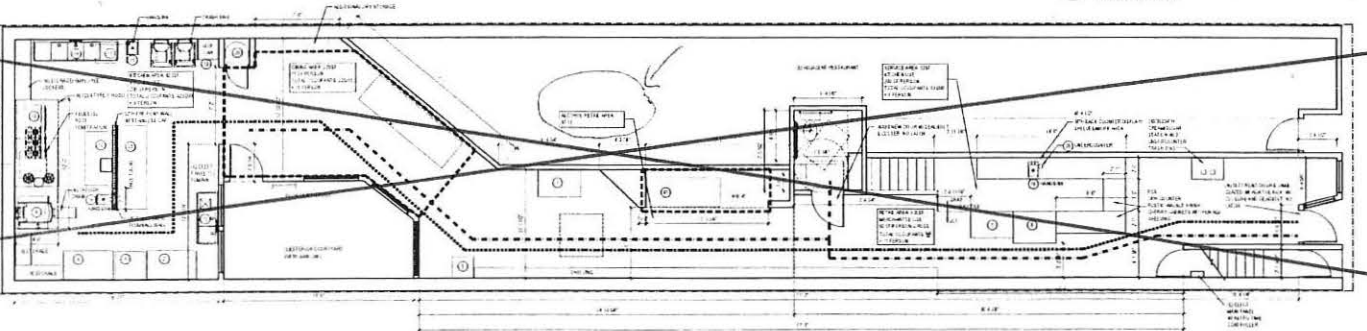
DIAGRAM

DIAGRAM OF LICENSED PREMISES:

1235 9TH AVE SF, CA 94122



2 EXISTING PLAN
 Scale: 1/4"=1'-0"



1 PROPOSED PLAN
 Scale: 1/4"=1'-0"

USE CATEGORY	EQUIPMENT	REMARKS	REVISION
Bar	Bar	Bar	1
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Bar	Bar	Bar	100

RECEIVED

AUG 07 2019

It is hereby declared that the above-described premises and character of premises, as indicated on the reverse side, will not be changed in accordance with Rule 64.2 of the California Code of Regulations without first notifying and securing approval of the Department of Alcoholic Beverage Control. Substantial changes to the premises may require an application fee in accordance with Section 24072 of the Business and Professions Code. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required) 		DATE SIGNED 7/26/2019
CERTIFIED CORRECT (Signature) 		INSPECTION DATE
PRINTED NAME FOR ABC USE ONLY		

OWNER/TENANT:
 KATE EDWARD JAMES QUEENS SF, LLC
 1235 9TH AVE SAN FRANCISCO, CA 94122
 (415) 555-1234

PROJECT:
 1235 9TH AVE SF, CA 94122
 (415) 555-1234

PLAN

A1.0

PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) (If Individual: Last, First, Middle Initial) KIM EDWARD JAMES QUEENS SF, LLC				2. LICENSE TYPE(S) 20			
3. PREMISES ADDRESS (Street number and name, city, zip code) 1235 9th AVE SAN FRANCISCO, CA 94122				4. NEAREST CROSS STREET IRVING 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					
<hr/>							
<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: SPECIALTY GROCERY							
6. PATRON CAPACITY 49		7. SUBROUNGING 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 type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> Yes n/a <input 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 checked="" type="checkbox"/> Other: <input type="checkbox"/> Pizza/Pasta PRE-PACKAGED		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 checked="" 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: 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	8 AM	8 AM	8 AM	8 AM	8 AM	8 AM	8 AM
Closing Time	8 PM	4 PM	4 PM	8 PM	8 PM	8 PM	8 PM
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: AUG 07 2019							
19. PREMISES IS LOCATED ON <input type="checkbox"/> Major Thoroughfare <input checked="" type="checkbox"/> Secondary Street <input type="checkbox"/> Other				20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input checked="" type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories:			
21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. FIXED BARS? <input type="checkbox"/> Yes - how many: <input checked="" type="checkbox"/> No		23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? 10%			
FOR ABC USE ONLY							
24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)						25. DATE ENTERED INTO CABIN	