

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

*Ms. HIA CAROLAN,
Hinman & Carmichael
LLP
(415) 362-1215*

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

File Number: **613202**
Receipt Number: **2615232**
Geographical Code: **3800**
Copies Mailed Date: **December 3, 2019**
Issued Date:

DISTRICT SERVING LOCATION: **SAN FRANCISCO**

First Owner: **706 MISSION RESIDENCES OWNERS ASSOCIATION**

Name of Business:

Location of Business: **706 MISSION ST
5TH FL
SAN FRANCISCO, CA 94103-3163**

County: **SAN FRANCISCO**

Is Premises inside city limits? **Yes** Census Tract: **0615.00**

Mailing Address:(If different from premises address) **735 MARKET ST
STE 602
SAN FRANCISCO, CA 94103-2026**

Type of license(s): **57** Dropping Partner: **Yes**

Transferor's license/name: **199357 / SRISOPA, APINUN**

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2019 DEC -6 PM 4:32
 BY *[Signature]*

| <u>License Type</u> | <u>Transaction Type</u> | <u>Master</u> | <u>Secondary LT And Count</u> | | |
|------------------------------|-------------------------|---------------|-------------------------------|--|--|
| 57 - Special On-Sale General | EXC/PER/PRM | Y | | | |

| <u>License Type</u> | <u>Transaction Description</u> | <u>Fee Code</u> | <u>Dup</u> | <u>Date</u> | <u>Fee</u> |
|------------------------------|--------------------------------|-----------------|------------|-------------|-------------------|
| Application Fee | STATE FINGERPRINTS | NA | 1 | 12/03/19 | \$39.00 |
| Application Fee | DBL TRF: PREMISES AND PERSON | NA | 0 | 12/03/19 | \$1,250.00 |
| Application Fee | LICENSE TYPE EXCHANGE | NA | 0 | 12/03/19 | \$100.00 |
| Application Fee | FEDERAL FINGERPRINTS | NA | 1 | 12/03/19 | \$24.00 |
| 57 - Special On-Sale General | ANNUAL FEE | P40 | 1 | 12/03/19 | \$1,235.00 |
| Total | | | | | \$2,648.00 |

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**

STATE OF CALIFORNIA County of **SAN FRANCISCO**

Date: **December 3, 2019**

Applicant Name(s)

706 MISSION RESIDENCES OWNERS ASSOCIATION