LIQUOR LICENSE PUBLIC CONVENIENCE OR NECESSITY REFERRAL

- TO: Planning Department Phone No. (415) 558-6371
- **TO:** Police Department Inspector Georgia Sawyer Phone No. (415) 553-9550

DATE: September 2, 2020 AP Block/Lot Nos.: 5673/018 Zoning: NCD Mission-Bernal Quad: SE 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 October of 2020.

PLEASE EMAIL YOUR RESPONSE BY: September 18, 2020, to John Carroll, Public Safety and Neighborhood Services Committee Clerk. john.carroll@sfgov.org - Phone No: 554-4445

Applicant name:	Suhaila Yusuf Farhat				
Business name:	Grab & Eat				
Application address:	3499 Mission Street San Francisco, CA 94110				
Applicant contact info:	Frances Barron 213-417-2353 <u>frances@liquorlicense.com</u>				
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.					

City of San Francisco Clerk of the Board of Supervisors 1 Dr. Carlton B. Goodlett Place City Hall, Room 244 San Francisco, CA 94102

Re: Suhaila Yusuef Fahart 4201 Ocean Avenue San Francisco, CA 94132

Dear Angela Calvillo. This letter is in regards to the California Business and Professions Code, Section 23958.4.

Mrs. Farhat is applying for a type 21 Off-Sale General liquor license at 3499 Mission Street, San Francisco, CA 94110. The DBA is Grab & Eat. This license is being purchased from an existing licensee and is being transferred to this location. The pending license number is: 21-617591. The ABC license application was filed on 6/27/2020 with the San Francisco ABC district office, located at 33 New Montgomery Street, Ste 1230, San Francisco, CA 94105, via fedex. Proposed business hours are from 8:00am to 10:00 pm, 7 days a week.

All residents within a 500 ft radius have been notified via USPS mail delivery on 7/14/2020, with ABC form (ABC 207E), along with a posting notice of intent to engage in the sale of alcohol, dated 7/3/2020.

The business in question will serve the communities convenience and necessity by allowing local residents and commercial employees the convenience of making small purchases for necessary items. We will also be offering daily fresh organic deli type foods. The other local small stores do not offer healthy, organic food items.

We are conveniently located on the corner of Mission and Cortland. We are at the bottom of the residential hill. We are quickly accessible to 3 local bus lines/stops. We are also near Fairmont Elementary school, Bernal, Holy Park and Upper Noe recreation center. Giving the local parents of all the children, the convenience to purchase snacks and or necessary items on the way or from these schools and parks.

Thank you for your consideration and time regarding this request. You may contact me via mail at my mailing address stated above, or email: <u>sfangel@yahoo.com</u> or telephone number 818. 605-2792. Or you may contact my consultant Frances Barron with Liquor License Specialist @ 213.417-2353 <u>frances@liquorlicense.com</u>

Sincerely yours,

Ihaila Yusuef Farhat

8/25/2020



cc/John Carol

INFORMATION AND INSTRUCTIONS -

SECTION 23958.4 B&P

- Instructions This form is to be used for all applications for original issuance or premises to premises transfer of licenses.
 Part 1 is to be completed by an ABC employee, given to applicant with pre-application package, with copy retained in holding file or applicant's district file.
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- Part 2 is to be completed by the applicant, and returned to ABC. Part 3 is to be completed by the local governing body or its designated subordinate officer or body, and returned to ABC.

PART 1 - TO BE COMPLETED BY A	BC					
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2. PREMISES ADDRESS (Street number and name, cit 3499 MISS) (y, zip code M St, St, An A	Fancisco, CA	14/10 3. LICENSE TYPE	:		
4. TYPE OF BUSINESS	Hofbrau/Cafeteria	Cocktail Lounge	Private Clu	b		
Deli or Specialty Restaurant	Comedy Club			Veterans Club		
Cafe/Coffee Shop	Brew Pub	Tavern: Beer	Fraternal Club			
Bed & Breakfast:	Theater	Tavern: Beer & Wine	Wine Tasting Room			
Supermarket	Membership Store	Membership Store Station		Swap Meet/Flea Market		
Liquor Store	Department Store	Convenience Market	Drive-in Da	iry		
Drug/Variety Store	Florist/Gift Shop	Convenience Market w/	Gasoline			
Other - describe:	····		· · · · · · · · · · · · · · · · · · ·			
5. COUNTY POPULATION 883, 869/4,362	6. TOTAL NUMBER OF LICENSES IN C		7. RATIO OF LICENSES TO POPULA			
8. CENSUS TRACT NUMBER	9. NO. OF LICENSES ALLOWED IN CE	On-Sale Off-Sale	10. NO. OF LICENSES EXISTING IN			
0253.00	3	On-Sale	Ģ	On-Sale Off-Sale		
11. IS THE ABOVE CENSUS TRACT OVERCONCENT		atio of licenses to population in the	census tract exceed the ratio of license	s to population for the entire county?)		
Yes, the number of existing licenses e				· .		
No, the number of existing licenses is						
Yes (Go to Item #13)	No (Go to Item #20)					
13. CRIME REPORTING DISTRICT NUMBER	14. TOTAL NUMBER OF REPORTING	, , , , , , , , , , , , , , , , , , ,		15. TOTAL NUMBER OF OFFENSES IN ALL REPORTING DISTRICTS		
16. AVERAGE NO. OF OFFENSES PER DISTRICT	17. 120% OF AVERAGE NUMBER OF C	17. 120% OF AVERAGE NUMBER OF OFFENSES		18. TOTAL NUMBER OF OFFENSES IN REPORTING DISTRICT		
19. IS THE PREMISES LOCATED IN A HIGH CRIME F reporting districts within the jurisdiction of the local I		reater number of reported crimes th	an the average number of reported crim	ies as determined from all crime		
Yes, the total number of offenses in th		eds the total number in ite	m #17			
\overline{V} No, the total number of offenses in the	ereporting district is lower than th	e total number in item #17				
20. CHECK THE BOX THAT APPLIES (check only one						
a. If " <u>No</u> " is checked in both item #1 on this issue. Advise the applicant to	l <u>and</u> item #19, <u>Section 23958.4 I</u> b bring this completed form to AB ⁱ	<u>B&P does not apply</u> to this C when filing the applicatio	application, and no additional n.	information will be needed		
b. If " <u>Yes</u> " is checked in either item # retail license issued for a hotel, motel beer manufacturer's license, or wineg application or as soon as possible the	l or other lodging establishment a grower's license, advise the <u>applic</u>	s defined in Section 25503	.16(b) B&P, or a retail license	issued in conjuction with a		
C. If " <u>Yes</u> " is checked in either item # sale beer license, an on-sale beer an to the local governing body, or its des ABC in order to process the application	d wine (public premises) license, signated subordinate officer or bo on.	or an on-sale general (pub dy to have them complete	blic premises) license, advise the Section 3. The completed forr	he <u>applicant to take this form</u>		
Governing Body/Designated Subordin	ate Name:	Board of Su	pervisors			
FOR DEPARTMENT USE ONLY						
PREPARED BY (Name of Department Employed		612)			
ABC-245 (rev. 01-11)						

PART 2 - TO BE COMPLETED BY THE APPLICANT (If box #20b is checked)

21. Based on the information on the reverse, the Department may approve your application if you can show that public convenience or necessity would be served by the issuance of the license. Please describe below the reasons why issuance of another license is justified in this area. You may attach a separate sheet or additional documention, if desired. Do not proceed to Part 3.

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22. APPLICANT SIGNATURE	23. DATE SIGNED	

O BE COMPLETED BY LOCAL OFFICIALS (If box #20c is checked) آمر PART 3 المر

The applicant named on the reverse is applying for a license to sell alcoholic beverages at a premises where undue concentration exists (i.e., an over-concentration of licenses and/or a higher than average crime rate as defined in Section 23958.4 of the Business and Professions Code). Sections 23958 and 23958.4 of the Business and Professions Code requires the Department to deny the application unless the local governing body of the area in which the applicant premises are located, or its designated subordinate officer or body, determines within 90 days of notification of a completed application that public convenience or necessity would be served by the issuance. Please complete items #24 to #30 below and certify or affix an official seal, or attach a copy of the Council or Board resolution or a signed letter on official letterhead stating whether or not the issuance of the applied for license would serve as a public convenience or necessity.

24. WILL PUBLIC CONVENIENCE OR NECESSITY BE SERVED BY ISSUANCE OF THIS ALCOHOLIC BEVERAGE LICENSE?							
Yes		No		See Attached (i.e., letter, resolution, etc.)			
25. ADDITIONAL COMMENTS, IF DESIRED (may include reasons for approval or denial of public convenience or necessity):							
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26. CITY/COUNTY OFFIC	IAL NAME	27. CITY/COUNTY OFFICIAL TITLE		28. CITY/COUNTY OFFICIAL PHONE NUMBER			
29. CITY/COUNTY OFFIC	IAL SIGNATURE	1 		30. DATE SIGNED			

Department of Alcoholic Beverage Control

ADVICE OF CORRECTION

This form is to be used for certain changes that need to be made to the licensee's information. It is used for most of the miscellaneous license reporting requirements where an application is not required, including:

- Reporting corrections to license information such as a change in DBA (doing business as) or entity name change
- Reporting a change of mailing address

Instructions: Complete items as appropriate. Items # 1, 4, 5, 7, 9 should be the licensee's current information before the change. When this form is completed, it must be submitted to the District office.					I. LICENSE NUMBER 2. RECEIPT NUMBER 3. FEE PAID		
4. LICENSEE'S NAME 5. DOING BUSINESS AS (DBA)				6. DATE			
7. PREMISES ADDRESS (Street number and name, city, zip code)				8. DISTRICT OFFICE			
9. MAILING ADDRESS (Street number and name, city, state, zip code)					10. LICENSEE'S PHONE NUMBER		
11. TYPE OF PENDING APPLICATION	12. DATE APPLICATION FILED	13. ABIS UPDATED	No	UPDATED BY (INITIALS)	14. DOCUMENT EXPLA CHANGE ATTACHED Yes	No	

- 15. ACTION OR CHANGE
- a. Name Change (Attach official document; e.g., certificate from Secretary of State, court order, marriage certificate)
- b. DBA Change (Attach letter, if any, from licensee)
- c. Premises Address Change by City or County (Attach letter from city or county)
- d. Mailing Address Change (Attach letter from city or county)
- e. Replacement of License Certificate (This is a non-refundable fee)
- f. Other

16. DETAILS OF CHANGE (e.g., annexation into city, fee for Code 8, etc.)

17. RECOMMENDATION (Required for Items 15a-c only)	LICENSING REPRESENTATIVE SIGNATURE	DATE SIGNED
18. RECOMMENDATION (Required for Items 15a-c only)	SUPERVISOR'S SIGNATURE	DATE SIGNED

Distribution: Original to HQ Licensing (If replacement of license certificate, original to HQ Cashier with Transmittal); Copy to District file

ABC-219 (rev. 07/19)