## LIQUOR LICENSE PUBLIC CONVENIENCE OR NECESSITY REFERRAL

TO:	Planning Departme Phone No. (415) 55		DATE:	,		
TO: Police Department Inspector Georgia Sawye Phone No. (415) 553-955		_	Zoning: N	<b>/Lot Nos.:</b> 5673/018 NCD Mission-Bernal SE Planning Team <b>o.:</b>		
Neigh	e submit your respor borhood Services Co regular meeting in Oo	ommittee will tent	•	Public Safety and edule the PC or N hearing		
	Safety and Neighbo		Committee (			
Appli	cant name:	Suhaila Yusuf				
Busir	ness name:	Farhat Grab & E	≣at			
Appli	cation address:	3499 Mission St San Francisco, 0				
Appli	cant contact info:	Frances Barron 213-417-2353 frances@liquorli	cense.com			
PLA	NNING REVIE	<b>W</b> : <b>X</b> Appr	oval	☐ Denial		
Plann	ing Staff Contact:	Claire Feer	ney			
	Please print re	eview comm	ents on	a trailing page.		
POL	ICE REVIEW:	☐ Appre	oval	☐ Denial		
	Please print re	eview comm	ents 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: <a href="mailto:sfangel@yahoo.com">sfangel@yahoo.com</a> or telephone number 818. 605-2792. Or you may contact my consultant Frances Barron with Liquor License Specialist @ 213.417-2353 frances@liquorlicense.com

8/25/2020

Sincerely yours,

Suhaila Yusuef Farhat

cc/John Carol

2020 AUG 28 PM I2: 58

RECEIVED BOARD OF SUPERVISO SAN FRANCISCO

## **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.
  - 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	ABC				Television of the second		
1. APPLICANT'S NAME JUKA	ila Yusuf	Farhat					
2. PREMISES ADDRESS (Street number and name, c	ty, zip code of the state of th	Francisco, O	94/10 3. LICEN	ISE TYPE			
4. TYPE OF BUSINESS  Full Service Restaurant	Hofbrau/Cafeteria	Cocktail Lounge	Priv	ate Club			
Deli or Specialty Restaurant	Comedy Club	Night Club	Veterans Club				
Cafe/Coffee Shop	Brew Pub	Tavern: Beer	Frat	Fraternal Club			
Bed & Breakfast:	Theater	ater Tavern: Beer & Wine		Wine Tasting Room			
Wine only All							
Supermarket	Membership Store	Membership Store Service Station		Swap Meet/Flea Market			
Liquor Store	Department Store	Convenience Market	Drive-in Dairy				
Drug/Variety Store	Florist/Gift Shop	Convenience Market w/	Gasoline				
Other - describe:							
5. COUNTY POPULATION 883, 869/4, 362	6. TOTAL NUMBER OF LICENSES II		7. RATIO OF LICENSES TO		1		
8. CENSUS TRACT NUMBER	9. NO. OF LICENSES ALLOWED IN	On-Sale Off-Sale	10. NO. OF LICENSES EXIS	On-Sale	Off-Sale		
0253.00	(3	On-Sale 1 Off-Sale	6	On-Sale	Off-Sale		
11. IS THE ABOVE CENSUS TRACT OVERCONCEN			census tract exceed the ratio	of licenses to population for	the entire county?)		
Yes, the number of existing licenses				, · · ·			
No, the number of existing licenses is							
12. DOES LAW ENFORCEMENT AGENCY MAINTAIN Yes (Go to Item #13)	No (Go to Item #20)						
13. CRIME REPORTING DISTRICT NUMBER	14. TOTAL NUMBER OF REPORTIN	IG DISTRICTS	15. TOTAL NUMBER OF OF 55, 00	FENSES IN ALL REPORT	ING DISTRICTS		
16. AVERAGE NO. OF OFFENSES PER DISTRICT	17. 120% OF AVERAGE NUMBER O	proffenses 00.8	18. TOTAL NUMBER OF OF	FENSES IN REPORTING	DISTRICT		
19. IS THE PREMISES LOCATED IN A HIGH CRIME reporting districts within the jurisdiction of the local		6 greater number of reported crimes th	nan the average number of repo	orted crimes as determined	from all crime		
Yes, the total number of offenses in the	- · · · · · · · · · · · · · · · · · · ·	ceeds the total number in ite	m #17				
No, the total number of offenses in the	e reporting district is lower than	the total number in item #17					
20. CHECK THE BOX THAT APPLIES (check only one							
a. If "No" is checked in both item #1 on this issue. Advise the applicant to	1 <u>and</u> item #19, <u>Section 23958.</u> o bring this completed form to A	4 B&P does not apply to this ABC when filing the application	application, and no add on.	ditional information w	III be needed		
b. If "Yes" is checked in either item retail license issued for a hotel, mote beer manufacturer's license, or wine application or as soon as possible th	el or other lodging establishmen grower's license, advise the <i>app</i>	t as defined in Section 25503	1.16(b) B&P, or a retail I	icense issued in con	juction with a		
c. If " <u>Yes</u> " is checked in either item is sale beer license, an on-sale beer ar to the local governing body, or its de ABC in order to process the applicat	nd wine (public premises) licens signated subordinate officer or i	se, or an on-sale general (pub	olic premises) license, a	dvise the <i>applicant t</i>	<u>o take this form</u>		
Governing Body/Designated Subordi	nate Name: /	Board of Su	iper visors				
FOR DEPARTMENT USE ONLY		1 1		200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
PREPARED BY (Name of Department Employed		Coff	)				
ABC-245 (rev. 01-11)							

PART 2 - TO BE COMPLETED B	Y THE APPLICANT	(If box #20b is checked		
necessity would be served by the	issuance of the licens	se. Please describe bel	ow the reasons why issuance of another li	onvenience or cense is justified in
			approve your application if you can show that public convenience or describe below the reasons why issuance of another license is justified in tion, if desired. Do not proceed to Part 3.    23. DATE SIGNED	
	a) TO BE COMPLETED BY LOCAL OFFICIALS (If box #20c is checked)  plicant named on the reverse is applying for a license to self alcoholic beverages at a premises where undue concentration exists (i.e., concentration of licenses and/or a higher than average crime rate as defined in Section 23958.4 of the Business and Professions Concentration of the Section Capacity of the Business and Professions of the Business			
			· ·	•
22. APPLICANT SIGNATURE			23. DATE SIGNED	
The applicant named on the revers	se is applying for a lic	ense to sell alcoholic be	verages at a premises where undue cond	entration exists (i.e.,
governing body of the area in whic days of notification of a completed Please complete items #24 to #30 letter on official letterhead stating v	In the Information on the reverse. the Department may appread was application if you can show that public convenience or useful do send to the leasures of the Biosene. Pleasa disable below the reasons with year success of another license is justified in our may attach a separate sheet or additional documention, if desired. Do not proceed to Part 1.  BE COMPLETED BY LOCAL OFFICIALS (if box #200 is checked)  Inamed on the reverse is applying for a license to self alcoholic beverages at a premises where undue concentration axists (i.e., animation of licenses and/or a higher than avorage crime rate as defined in Section 235514 of the Biusiness and Protesione of the Complete of Section 235514 of the Biusiness and Protesione of the Complete of Section 235514 of the Biusiness and Protesione of the Complete of Section 235514 of the Biusiness and Protesione of the Complete of Section 235514 of the Biusiness and Protesione of the Complete of Section 235514 of the Biusiness and Protesione of Section 235514 of the Biusiness and Protesion 235514 of the Biusiness and Protesion 235514 of the Biusiness and Protesione of Section 235514 of the Biusiness and Protesion 235514 of the Biusiness			
24. WILL PUBLIC CONVENIENCE OR NECESSIT	Y BE SERVED BY ISSUANCE	OF THIS ALCOHOLIC BEVERAGE		
Yes				
25. ADDITIONAL COMMENTS, IF DESIRED (may	include reasons for approval o	ir denial of public convenience or ne	ccessity):	
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26. CITY/COUNTY OFFICIAL NAME	27. CITY/COUNTY OF	FICIAL TITLE	28. CITY/COUNTY OFFICIAL PHONE NU	MBER
		***************************************		
29. CITY/COUNTY OFFICIAL SIGNATURE			30. DATE SIGNED	

## **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

					1. LICENSE NUMBER		
Instructions: Complete items as	appropriate. Items # 1, 4,	5, 7, 9 should be the lice	ensee's				
current information before the c	change. When this form is	completed, it must be su	bmitted	2. RECEIPT NUMBER			
to the District office.				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			
MAILING ADDRESS (Street number and name, city, s	tato zin codo)			10. LICENSEE'S PHON	E NI IMBED		
9. WALLING ADDICESS (Street number and name, dry, s	tate, zip code)			10. LICENSEE 3 FITON	LINOWIDER		
11. TYPE OF PENDING APPLICATION	12. DATE APPLICATION FILED	13. ABIS UPDATED	UPDATED BY (INITIALS)	14. DOCUMENT EXPLA	AINING		
		Yes No		Yes	No		
<ul> <li>DBA Change (Attach letter, if any</li> <li>Premises Address Change by C</li> <li>Mailing Address Change (Attach</li> <li>Replacement of License Certific</li> <li>Other</li> </ul>	ity or County (Attach letter from of letter from city or county) rate (This is a non-refundable fee						
17. RECOMMENDATION (Required for Items 15a-c only	) LICENSING REPRESENTATIVE SIGNA	ATURE		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)

Recommend approval of Type 21 ABC license as continuation for existing Liquor Store use, which is an existing non-conforming use and therefore permitted per PC Sections 740, 781.8, and 249.60.

Claire Feensy

September 22, 2020