

CVPD

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
1350 FRONT ST
ROOM 5056
SAN DIEGO, CA 92101
(619) 525-4064

File Number: 615523
Receipt Number: 2629661
Geographical Code: 3702
Copies Mailed Date: March 2, 2020
Issued Date:

DISTRICT SERVING LOCATION: SAN DIEGO

First Owner: H STREET MARKET, INC.
Name of Business: H STREET MARKET
Location of Business: 645 H ST
STE B
CHULA VISTA, CA 91910

Handwritten signature/initials

County: SAN DIEGO

Is Premises inside city limits? Yes Census Tract: 0125.01

Mailing Address:(If different from premises address)

Type of license(s): 20 Dropping Partner: Yes ___ No x

Transferor's license/name:

Table with columns: License Type, Transaction Type, Master, Secondary LT And Count, License Type, Transaction Description, Fee Code, Dup, Date, Fee. Includes rows for Application Fee and Annual Fee.

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 DIEGO Date: March 2, 2020

Applicant Name(s)
H STREET MARKET, INC.

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

SAN DIEGO DISTRICT OFFICE
1350 FRONT ST, ROOM 5056
SAN DIEGO, CA 92101
(619) 525-4064



MARCH 6, 2020

Chula Vista Police Department
315 4th Avenue
Chula Vista Ca 91910-3801

ATTN: Det. Ginger Van Houten

An application has been made for a license to sell alcoholic beverages in your jurisdiction.

H STREET MARKET, INC
H STREET MARKET
645 H ST STE B CHULA VISTA CA 91910
Pending License #20-615523

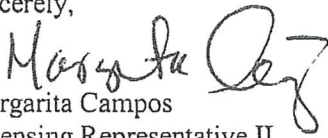
Type of license applied for: TYPE 20-OFF-SALE BEER & WINE

Our records indicate that the proposed premises is located in Census Tract 0125.01 and in an area of:

- High Crime- **YES (281/171.2%)**
- Over Concentration of Licenses- **YES (ALLOWED 2/ ACTIVE 2)**
- Within 100' of Residence (s) **NO**
- Within 600' of Schools, Parks, etc.... **NO**

The deadline for your Department to respond to this letter is March 31, 2020. If you have any questions or require additional information concerning the issuance of the license, please contact me at (619) 525-4595 or at Margarita.Campos@abc.ca.gov

Sincerely,

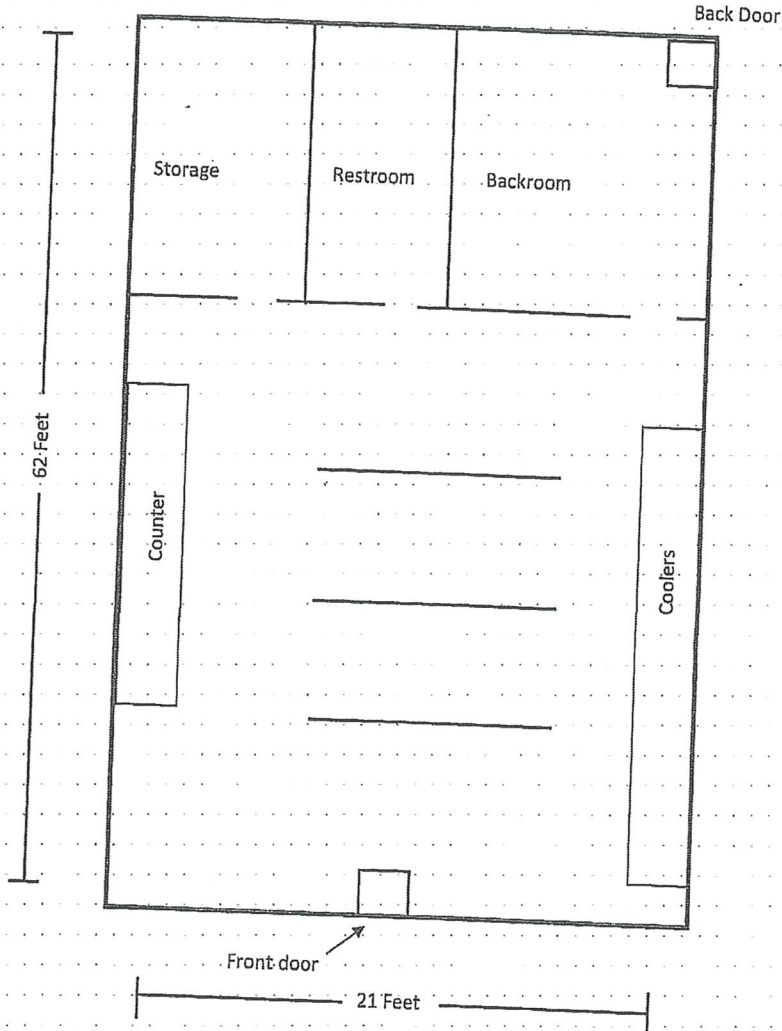

Margarita Campos
Licensing Representative II

LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (If Individual: Last, first, middle) H STREET MARKET, INC.	2. LICENSE TYPE 20
3. PREMISES ADDRESS (Street number and name, city, zip code) 645 H ST STE B, CHULA VISTA CA 91910	4. NEAREST CROSS STREET BROADWAY

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 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 1/22/2020
FOR ABC USE ONLY	
CERTIFIED CORRECT (Signature)	PRINTED NAME
	INSPECTION DATE

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) (If Individual: Last, First, Middle Initial)
H STREET MARKET, INC.

2. LICENSE TYPE(S)
20

3. PREMISES ADDRESS (Street number and name, city, zip code)
645 H ST STE B, CHULA VISTA CA 91910

4. NEAREST CROSS STREET
BROADWAY

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	

<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 checked="" 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	7. SURROUNDING AREA	8. PREMISES IS LOCATED IN
	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Industrial	<input type="checkbox"/> Free Standing Building <input checked="" type="checkbox"/> Shopping Center (Name): _____
	<input type="checkbox"/> Residential <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units

9. FOOD SERVICE	10. PARKING LOT?	11. PATIO?	12. WILL YOU HIRE A MANAGER? (Rule 57.5)	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7)
<input checked="" type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

14. MEAL TYPE	15. TYPE OF FOOD	16. HOURS OF FOOD SERVICE
<input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood	<input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French	BREAKFAST HOURS From: _____ To: _____
<input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: _____	<input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai	LUNCH HOURS From: _____ To: _____
<input type="checkbox"/> Pizza/Pasta	<input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____	DINNER HOURS From: _____ To: _____

17. OPERATING HOURS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
Closing Time	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterick (*) 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: _____

19. PREMISES IS LOCATED ON	20. TYPE OF STRUCTURE
<input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories: _____

21. PASS-THROUGH WINDOW?	22. FIXED BARS?	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - how many: _____ <input checked="" type="checkbox"/> No	15%

FOR ABC USE ONLY

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)	25. DATE ENTERED INTO CABIN

RECEIVED

FEB 18 2020

ept. of Alcoholic Beverage Control
San Diego