



AGENDA ITEM NO.

C-5

# COUNTY OF HUMBOLDT

For the meeting of: August 9, 2016

Date: June 24, 2016

To: Board of Supervisors

From: Supervisor Ryan Sundberg

Subject: Request to Approve Type 20 Off Sale Beer and Wine License for Grocery Outlet, Inc.

RECOMMENDATION(S): That the Board of Supervisors approve the application for a Type 20 Off Sale Beer and Wine License for Grocery Outlet, Inc.

SOURCE OF FUNDING: N/A

DISCUSSION: Grocery Outlet, Inc. has applied for a type 20 off sale beer and wine license for a new Grocery Outlet store that will open at 1601 Central Avenue, McKinleyville in 2017. While Humboldt County is under a State imposed moratorium on liquor licenses, the Board of Supervisors may make an exception to the moratorium if the premises meet certain conditions and the Board determines that public convenience or necessity would be served by the issuance of the license. The Humboldt County Sheriff's Office, Environmental Health and the Planning Department have no issues with the approval of an off sale beer and wine license for the Grocery Outlet store to be located at 1601 Central Avenue, McKinleyville, CA.

FINANCIAL IMPACT: N/A

OTHER AGENCY INVOLVEMENT: N/A

ALTERNATIVES TO STAFF RECOMMENDATIONS: Board discretion.

ATTACHMENTS: Grocery Outlet, Inc. Application to ABC.

Prepared by Kathy Hayes

Signature

REVIEW:

Auditor \_\_\_\_\_ County Counsel \_\_\_\_\_ Personnel \_\_\_\_\_ Risk Manager \_\_\_\_\_ Other \_\_\_\_\_

TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other

PREVIOUS ACTION/REFERRAL:

Board Order No. \_\_\_\_\_

Meeting of: \_\_\_\_\_

**BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT**

Upon motion of Supervisor Fennell Seconded by Supervisor Sundberg

Ayes Sundberg, Fennell, Lovelace, Behm, Bass

Nays \_\_\_\_\_

Abstain \_\_\_\_\_

Absent \_\_\_\_\_

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Aug. 9, 2016

By: \_\_\_\_\_  
Kathy Hayes, Clerk of the Board

# Compass Commercial

development | entitlements | brokerage

May 27, 2016

Department of Alcoholic Beverage Control  
1105 Sixth Street, Suite C  
Eureka CA 95501

**Grocery Outlet Inc**  
**Application for Original 20**  
**1601 Central Ave**  
**McKinleyville CA**

Enclosed is the ABC application for original 20 for a new Grocery Outlet store.

Also enclosed are checks in the amount of \$354.00 for original application fee and annual renewal.

Please return poster, checklist and related materials to me in the enclosed SASE. If you have any questions, please contact me at 916.660.9623 or [katy@katyschardt.com](mailto:katy@katyschardt.com).

Sincerely,



Katy Schardt

**GROCERY  
OUTLET**  
bargain market

**GROCERY OUTLET INC.**

5650 HOLLIS STREET  
EMERYVILLE, CA 94608

Vendor Code: EX38978

Check Date: May 20, 2016 Check No: 01132211

Invoice Date	Invoice Number	Description	Gross Amount	Discount Amount	Net Amount
May 17, 2016	05/17/16MC	LIQUOR LICENSE APP MCKINLEYVILL	304.00	0.00	304.00
<b>Total:</b>					<b>\$304.00</b>

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER. SEE BACK FOR DETAILS.

**GROCERY  
OUTLET**  
bargain market

**GROCERY OUTLET INC.**

5650 HOLLIS STREET  
EMERYVILLE, CA 94608

Wells Fargo Bank, N.A.  
Chapel Hill, NC  
For inquiries call: 800-269-3547  
4759-610322

66156  
531

**Check Date**  
May 20, 2016

**Check No**  
01132211

Pay *Three Hundred Four DOLLARS and Zero CENTS*  
Exactly

**Check Amount**  
\$\*\*\*\*\*304.00

Pay to the Order Of  
DEPARTMENT OF ALCOHOLIC  
BEVERAGE CONTROL  
3927 LENNANE DR STE 100  
SACRAMENTO, CA 95834-2917

*Andrew Jones*

Authorized Signature

Authorized Signature

⑈01132211⑈

⑈05310156⑈ 4759610322⑈

Compass Commercial Group, Inc.  
3262 Penryn Road, Suite 200  
Loomis, CA 95650

Mechanics Bank  
90-203/1211

3487

5/27/2016

PAY TO THE ORDER OF Department of Alcoholic Beverage Control

\$ \*\*50.00

Fifty and 00/100 \*\*\*\*\* DOLLARS

Department of Alcoholic Beverage Control

*K. J. Shurt*  
AUTHORIZED SIGNATURE

MEMO

GO-McKinleyville

⑈003487⑈ ⑆121102036⑆ 041⑈750225⑈

Compass Commercial Group, Inc.

3487

Department of Alcoholic Beverage Control

5/27/2016

GO-McKinleyville

50.00

General Operating -- 2 GO-McKinleyville

50.00

Compass Commercial Group, Inc.

3487

Department of Alcoholic Beverage Control

5/27/2016

GO-McKinleyville

50.00

General Operating -- 2 GO-McKinleyville

50.00

**APPLICATION SIGNATURE SHEET ("SIGN ON")**

- This form is to be used as the signature page for applications not signed in the District Office.
- **Read instructions on reverse before completing.**
- **All signatures must be notarized in accordance with laws of the State where signed.**

1. OWNERSHIP TYPE (Check one)

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership-Ltd
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Other

4. TRANSACTION TYPE

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Person to Person Transfer
<input type="checkbox"/> Exchange	<input type="checkbox"/> Premise to Premise Transfer
	<input type="checkbox"/> Other

2. FILE NUMBER (If any)

3. LICENSE TYPE

20

5. APPLICANT(S) NAME (Last, first, middle)  
Grocery Outlet Inc.

6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code)  
5650 Hollis St, Emeryville CA 94608

7. PREMISES ADDRESS (Street address, city, zip code)  
1601 Central Avenue, McKinleyville CA 95519

**APPLICANT'S CERTIFICATION**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer

payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department, (b) to gain or establish a preference to or for any creditor or transferor, or (c) to defraud or injure any creditor or transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

I understand that if I fail to qualify for the license or withdraw this application there will be a service charge of one-fourth of the license fee paid, up to \$100.

**SOLE OWNER**

8. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

**PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)**

9. PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

**CORPORATION**

10. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
Lindberg, Eric J.	X 	5.17.16

TITLE

President    Vice President    Chairman of the Board

PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
Bracher, Charles C.	X 	5.17.16

TITLE

Secretary    Asst. Secretary    Chief Financial Officer    Asst. Treasurer

**LIMITED LIABILITY COMPANY**

11. The limited liability company is member-run  Yes    No   (If no, complete Item #12 below)

12. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)

13. MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	
MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.


State of California Alameda  
County of \_\_\_\_\_)

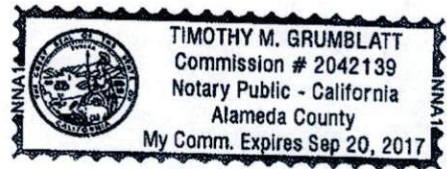
On May 18, 2010, before me, Timothy M. Grumblatt, Notary Public,  
(insert name and title of the officer)

personally appeared Eric J Lindberg and Charles C Bracher  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ they executed the same in ~~his~~ ~~her~~ their authorized capacity(ies), and that by ~~his~~ ~~her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



Department of Alcoholic Beverage Control  
**APPLICATION QUESTIONNAIRE**

State of California  
 Edmund G. Brown Jr., Governor

*Please read instructions, which includes Privacy Notice, before completing form.*

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.)

Grocery Outlet Inc	P-12 LICENSEE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete form ABC-811)
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2. LICENSE TYPE(S) (Check appropriate items) <input checked="" type="checkbox"/> 20 Off-Sale Beer & Wine <input type="checkbox"/> 21 Off-Sale General <input type="checkbox"/> 40 On-Sale Beer <input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place <input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises <input type="checkbox"/> 47 On-Sale General Eating Place <input type="checkbox"/> 48 On-Sale General Public Premises <input type="checkbox"/> Other	3. TRANSACTION TYPE (Check appropriate item) <input checked="" type="checkbox"/> Original (New) Person-to-Person Transfer (check appropriate section): <input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.) <input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership) <input type="checkbox"/> Section 24071.2 (Limited Liability Company) <input type="checkbox"/> Premises-to-Premises Transfer <input type="checkbox"/> Exchange <input type="checkbox"/> Other
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4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)  
 Yes     No

5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code)  
 1601 Central Avenue, McKinleyville, CA 95519

County: Humbolt

6. PREMISES TELEPHONE NUMBER: ( not ) assigned yet  
 7. PREMISES ARE INSIDE CITY LIMITS:  Yes     No  
 8. BUSINESS NAME (DBA) YOU WILL USE: Grocery Outlet

9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code)  
 5650 Hollis St, Emeryville CA 94608

10. MAILING ADDRESS:  Permanent     Temporary

11. ABC LICENSE COST (Item #33a on reverse): \$ 0-

12. SUBTOTAL (Item #33f on reverse): \$ 650,000-

13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY?  Yes     No

14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT?  Yes     No

15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN  
 P-12 Applicant; Violations on record with base file #274865

16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.)  
 N/A

17. ABC LICENSE NUMBER  
 N/A

18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code)  
 N/A

19. PREMISES UNDER CONSTRUCTION:  Yes     No  
 IF YES, LIST ESTIMATED COMPLETION DATE: April 2017

20. FRANCHISE:  Yes     No

21. NAME OF PERSON WE MAY CONTACT (For the applicant): Katy Schardt, Compass Commercial Group, Inc.

22. TITLE OF CONTACT PERSON: Licensing Consultant

23. CONTACT TELEPHONE NUMBER: ( 916 ) 660-9623

24. CONTACT E-MAIL ADDRESS: katy@katyschard.com

25. PREMISES IS CURRENTLY LICENSED:  Yes     No  
 IF YES, TYPE OF LICENSE: N/A

26. CURRENT LICENSE IS OPERATING:  Yes     No  
 IF NO, DATE CLOSED:

**FINANCIAL INFORMATION**

27. ESCROW COMPANY'S NAME: N/A  
 ESCROW COMPANY'S ADDRESS:  
 TELEPHONE NUMBER: ( )

28. BOOKKEEPER/ACCOUNTANT'S NAME: In-House  
 BOOKKEEPER/ACCOUNTANT'S ADDRESS:  
 TELEPHONE NUMBER: ( )

29. LANDLORD'S NAME: School Street Plaza, LLC  
 LANDLORD'S ADDRESS: c/o Best Properties, 2580 Sierra Boulevard, Suite E, Sacramento, CA 95825  
 TELEPHONE NUMBER: ( )

30. MONTHLY RENT: 31,666.67

31. LEASE EXPIRATION DATE: 11/30/2026

32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES:  All     Some     None

33. INVESTMENT INFORMATION		COST
a. ABC License		\$
b. Furniture/fixtures		\$ 400,000.00
c. Inventory		\$ 250,000.00
d. Goodwill/non-compete covenant		\$
e. Leasehold and/or Improvements		\$
f. <b>SUBTOTAL</b> (Usually should equal the recorded notice)		\$ 650,000.00
g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State, County or City license fees or permits; lease and utility deposits		\$
h. Working capital (approximate)		\$
i. Realty or interest therein		\$
j. <b>TOTAL INVESTMENT (Items f through i)</b> (will equal total of amounts listed in item #33)		\$ 650,000.00

34. Source of Funds for Total Investment (item #33) - identify amount(s), type(s) and explain source(s) and/or terms of Repayment

Amount	Type	Source and/or Terms of Repayment
<i>Examples</i> \$1,000	<i>Gift</i>	<i>John Doe, Brother</i>
\$15,000	<i>Promissory Note</i>	<i>to seller, payable @ \$1,000 per month for 15 months</i>
\$10,000	<i>Loan</i>	<i>from ABC Bank @ 8.5% over 5 yrs; monthly payment = \$2,052</i>
\$650,000.00	cash	retained earnings

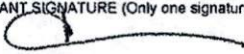
35. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a. On file with ABC		
b.		

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

On file with ABC

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

36. APPLICANT SIGNATURE (Only one signature needed)	PRINTED NAME	DATE SIGNED
	Charles C. Bracher	5-17-16

ATTEST (ABC Employee or Notary Public)



**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Alameda )

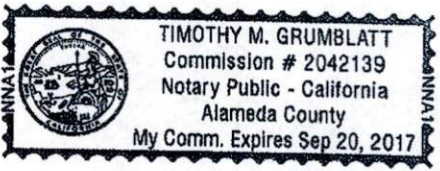
On May 18, 2016, before me, Timothy M. Grumblatt, Notary Public,  
(insert name and title of the officer)

Charles C Bracher

personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~  
subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in  
his/~~her~~/~~their~~ authorized capacity~~(ies)~~, and that by his/~~her~~/~~their~~ signature~~(s)~~ on the instrument the  
person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature *T. Grumblatt* (Seal)

**CORPORATE QUESTIONNAIRE**

**Instructions: Complete all items. One officer must sign for the corporation. Item 16 - List Certificates chronologically, including active, canceled, and pending issuance. If stock is pledged, include date, number of shares, and from whom to whom.**

1. NAME OF CORPORATION Grocery Outlet Inc.	2. ABC LICENSE NUMBER
3. PREMISES ADDRESS 1601 Central Avenue, McKinleyville, CA 95519	4. TELEPHONE NUMBER not assigned yet
5. ATTORNEY'S NAME P-12 Applicant	6. ATTORNEY'S TELEPHONE NUMBER
7. ATTORNEY'S ADDRESS	
8. NAME OF BANK (Corporate account) P-12 Applicant	9. ACCOUNT NUMBER
10. ADDRESS OF CORPORATE BANK ACCOUNT	

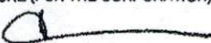
11. PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT (Print) P-12 Applicant	13. STATE OF INCORPORATION	14. SECRETARY OF STATE FILE NUMBER
12. INCORPORATION DATE P-12 Applicant		

15. OFFICERS AND DIRECTORS			
TITLE	NAME	ADDRESS	TELEPHONE NUMBER
P-12 Applicant			

16. LIST ALL STOCK CERTIFICATES						
TO WHOM ISSUED	CERTIFICATE NUMBER	NUMBER OF SHARES	PERCENTAGE OF OUTSTANDING SHARES OF STOCK	DATE ISSUED	DATE CANCELED	
P-12 Applicant						

Continued on reverse

I hereby certify the above are the present officers, directors and/or stockholders and that each such officer, director and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as an agent, employee or representative of any other person not reported to the Department. The provisions of sections 23405 and 23405.3 of the Business and Professions Code are hereby acknowledged and it is understood that changes within the corporation and/or entities holding interest in the corporation will be reported to the Department as required.

SIGNATURE (FOR THE CORPORATION) 	TITLE Chief Financial Officer	DATE SIGNED 5.17.16
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## P-12 Request/Acknowledgement Form

The following is to be completed by an applicant who currently holds one or more permanent license(s) issued by the Department and has been granted, or is requesting, P-12 status:

LICENSEE/APPLICANT: Grocery Outlet Inc.

CHECK ONE:

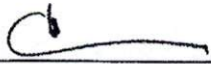
- Our designated base/master file is held in the Department's Oakland District Office under file number 274865.
- We are requesting P-12 status under file number \_\_\_\_\_ held in the Department's \_\_\_\_\_ District Office.

We hereby request waiver of submission of documents which would otherwise be required to establish our qualification as an applicant for an alcoholic beverage license.

We hereby attest, under penalty of perjury, that all information (including forms ABC-208 [Personal Affidavit], ABC-243 [Corporate Questionnaire], ABC-256 [Limited Partnership Questionnaire], ABC-256-LLC [Limited Liability Questionnaire] and all related supporting documents) in the above-identified licensing file are accurate and current.

We understand that we are required to report any changes to our licensed entity, pursuant to Business and Professions Code Sections 24071, 24071.1, and/or 24071.2, and California Code of Regulations Rule 68.5.

We recognize that a determination by the Department that this statement is materially false could lead to denial of this application and/or disciplinary action against license(s) held by the applicant.

  
Signature of applicant

5.17.16  
Date

Charles C. Bracher

Department of Alcoholic Beverage Control  
**STATEMENT RE: RESIDENCES**  
**(Rule 61.4)**

State of California  
 Edmund G. Brown Jr., Governor

Applicant: Please complete left side of form, then sign. List addresses of all residences within 100 feet of your proposed premises. If there are none, write "None." Measure all distances by direct line from the closest edge of the residential structure to the closest edge of your structure or parking lot, whichever is closer. Your "parking lot" includes any area that is maintained for the benefit of your patrons or operated in conjunction with your premises. Continue on reverse if needed.

1. APPLICANT NAME  
 Grocery Outlet Inc

2. PREMISES ADDRESS (Street number and name, city, zip code)  
 1601 Central Ave, McKinleyville CA 95519

3. RESIDENCES WITHIN 100'	DEPARTMENT USE ONLY				
	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1. 1497 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
2. 1499 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
3. 1523 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
4. 1525 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
5. 1527 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
6. 1535 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
7. 1537 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
8. 1567 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	

NON-INTERFERENCE (For Department Use Only)

*I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of application for the license, or if the license is issued in reliance upon information in this statement which is offered, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.*

4. APPLICANT SIGNATURE  DATE SIGNED 5.17.16

Department of Alcoholic Beverage Control  
**STATEMENT RE: RESIDENCES**  
**(Rule 61.4)**

Page 2

State of California  
 Edmund G. Brown Jr., Governor

Applicant: Please complete left side of form, then sign. List addresses of all residences within 100 feet of your proposed premises. If there are none, write "None." Measure all distances by direct line from the closest edge of the residential structure to the closest edge of your structure or parking lot, whichever is closer. Your "parking lot" includes any area that is maintained for the benefit of your patrons or operated in conjunction with your premises. Continue on reverse if needed.

1. APPLICANT NAME

Grocery Outlet Inc

2. PREMISES ADDRESS (Street number and name, city, zip code)

1601 Central Ave, McKinleyville CA 95519

3. RESIDENCES WITHIN 100'

DEPARTMENT USE ONLY

	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1. 1569 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
2. 1575 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
3. 1602 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
4. 1608 Central Ave McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
5. 100 Weirup Ln McKinleyville 95519	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
6. The following homes will be demolished:	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
1561 Central Ave					
1563 Central Ave					
7. 1565 Central Ave 1577 Central Ave 1581 Central Ave	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
8. 1589 Central Ave 1599 Central Ave	<input type="checkbox"/>	<input type="checkbox"/>		ft.	

NON-INTERFERENCE (For Department Use Only)

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of application for the license, or if the license is issued in reliance upon information in this statement which is offered, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE

DATE SIGNED

5.17.16

**STATEMENT RE: CONSIDERATION POINTS**

Applicant: Please complete left side of form, then sign. List the names and addresses of all schools, churches, hospitals, public playgrounds, parks, and youth facilities located within 600 feet of your proposed premises. Measure all distances by direct line from the closest edge of the facility structure to the closest edge of your structure. Continue on reverse if needed.

1. APPLICANT NAME

Grocery Outlet Inc

2. PREMISES ADDRESS (Street number and name, city, zip code)

1601 Central Ave, McKinleyville CA 95519

3. FACILITY NAME/ADDRESS

DEPARTMENT USE ONLY

	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1. None	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
2.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
3.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
4.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
5.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
6.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
7.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
8.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
9.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of the application for the license, or, if the license is issued in reliance upon information in this statement which is omitted, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE



DATE SIGNED

5-17-16

**ZONING AFFIDAVIT**

*Instructions to the Applicant: Complete Items 1 - 14. Sign and date the form and submit it to ABC.*

1. APPLICANT(S) NAME (Last, first, middle) <b>Grocery Outlet Inc.</b>		
2. PREMISES ADDRESS (Street number and name, city, zip code) <b>1601 Central Ave, McKinleyville, CA 95519</b>		3. PARCEL NUMBER OF PROPERTY (Obtain from County Assessor's Office) <b>509-181-056, 017</b>
4. TYPE OF LICENSE APPLIED FOR <b>20</b>	5. UPGRADE OF LICENSED PRIVILEGES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. CURRENT LICENSE TYPE AT THIS LOCATION, IF ANY <b>None</b>
7. TYPE OF BUSINESS (i.e., restaurant, mini-mart, gas station, etc.) <b>Grocery store</b>		8. ARE THE PREMISES INSIDE THE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

509-181-005;

*For answers to Questions 9 - 14, contact your local city OR county planning department (if inside the city limits, contact city planning; if outside, contact county planning.*

9. HOW ARE APPLICANT PREMISES ZONED? STATE TYPE (i.e., "C" commercial, "R" residential, etc.) <b>Commercial</b>		
10. DOES ZONING PERMIT INTENDED USE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. IS A CONDITIONAL USE PERMIT (C.U.P.) NEEDED? (If yes, please attach copy of receipt or C.U.P.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. IF YES, DATE YOU FILED APPLICATION FOR C.U.P. <b>N/A</b>
13. NAME OF PLANNER CONTACTED AT PLANNING DEPARTMENT		14. PLANNER'S PHONE NUMBER

Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge.

15. APPLICANT'S SIGNATURE (One signature will suffice) 	16. DATE SIGNED <b>5-17-16</b>
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**FOR DEPARTMENT USE ONLY**

<input type="checkbox"/> C.U.P. Approved	IF APPROVED, EFFECTIVE DATE	FILE NUMBER
<input type="checkbox"/> C.U.P. Denied	DATE DENIED	

**GENERAL INFORMATION**

•Section 23790 of the Business and Professions Code says that ABC may not issue a retail license contrary to a valid zoning ordinance. This form will help us determine whether your proposed business is properly zoned for alcoholic beverage sales.

•A conditional use permit (CUP) (Item 11) is a special zoning permit granted after an individual review of proposed land-use has been made. CUP's are used in situations where the proposed use may create hardships or hazards to neighbors and other community members who are likely to be affected by the proposed use. The ABC district office will not make a final recommendation on your license application until after the local CUP review process has been completed. If the local government denies the CUP, ABC must deny your license application.

**23790. Zoning ordinances.** No retail license shall be issued for any premises which are located in any territory where the exercise of the rights and privileges conferred by the license is contrary to a valid zoning ordinance of any county or city.

Premises which had been used in the exercise of those rights and privileges at a time prior to the effective date of the zoning ordinance may continue operation under the following conditions:

(a) The premises retain the same type of retail liquor license within a license classification.

(b) The licensed premises are operated continuously without substantial change in mode or character of operation. For purposes of this subdivision, a break in continuous operation does not include:

(1) A closure for not more than 30 days for purposes of repair, if that repair does not change the nature of the licensed premises and does not increase the square footage of the business used for the sale of alcoholic beverages.

(2) The closure for restoration of premises rendered totally or partially inaccessible by an act of God or a toxic accident, if the restoration does not increase the square footage of the business used for the sale of alcoholic beverages.

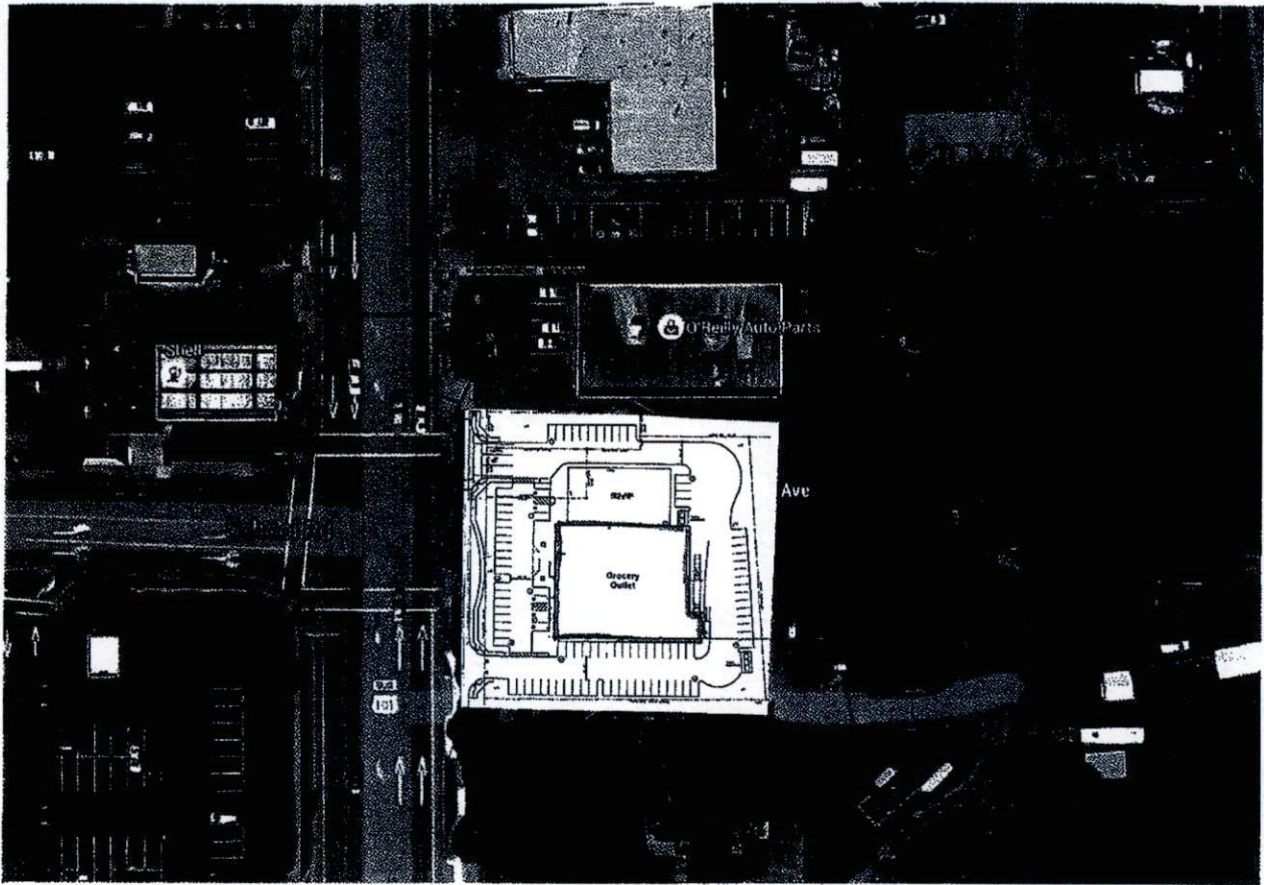
**SUPPLEMENTAL DIAGRAM**

**Instructions to Applicant:**

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle) <b>Grocery Outlet Inc</b>	2. LICENSE TYPE <b>20</b>
3. PREMISES ADDRESS (Street number and name, city, zip code) <b>1601 Central Avenue, McKinleyville, CA 95519</b>	4. NEAREST CROSS STREET <b>School Road</b>

**DIAGRAM**



I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE 	DATE SIGNED <b>5-17-16</b>
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**FOR ABC USE ONLY**

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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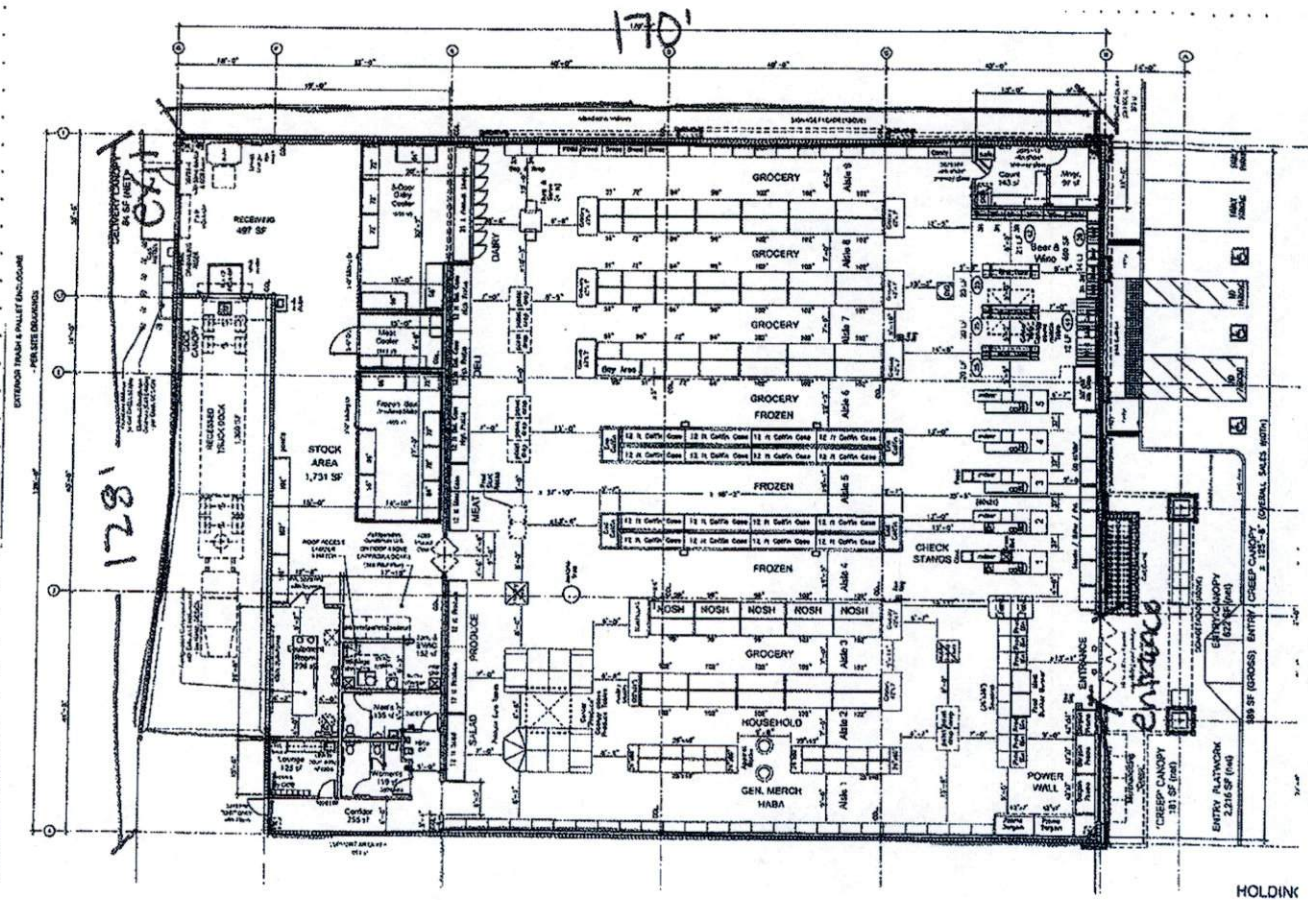


Department of Alcoholic Beverage Control  
**LICENSED PREMISES DIAGRAM (RETAIL)**

State of California

1. APPLICANT NAME (Last, first, middle) Grocery Outlet Inc	2. LICENSE TYPE 20
3. PREMISES ADDRESS (Street number and name, city, zip code) 1601 Central Avenue, McKinleyville, CA 95519	4. NEAREST CROSS STREET School Road

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 boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required) <i>[Signature]</i>	DATE SIGNED 5-17-16
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<b>FOR ABC USE ONLY</b>		
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) 2. LICENSE TYPE(S)  
 Grocery Outlet Inc 20

3. PREMISES ADDRESS (Street number and name, city, zip code) 4. NEAREST CROSS STREET  
 1601 Central Avenue, McKinleyville, CA 95519 School Road

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 checked="" 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 type="checkbox"/> Other - describe: _____			

6. PATRON CAPACITY 7. SURROUNDING AREA 8. PREMISES IS LOCATED IN

<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Free Standing Building
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Shopping Center (Name): _____
<input type="checkbox"/> Other		<input 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
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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: _____ LUNCH HOURS From: _____ To: _____ DINNER 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	
<input type="checkbox"/> Pizza/Pasta	<input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____	

17. OPERATING HOURS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 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 asterisk (\*) below)

<input 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 checked="" 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 checked="" type="checkbox"/> Single Story	<input type="checkbox"/> Two-Story
<input type="checkbox"/> Other		<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	6%
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**FOR ABC USE ONLY**

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

# CERTIFICATION RE CHAPTER 15 TIED-HOUSE RESTRICTIONS

### Instructions

- Type or print clearly in black or blue ink (do not use red).
- This form is to be completed by all applicants, retail and non-retail.
- This form is used to ensure compliance with tied-house laws, which generally prohibit or restrict vertical integration. These laws prohibit vertical integration of the three levels of the alcoholic beverage industry (manufacturer, wholesaler, and retailer). (Section 25500, et seq., Business & Professions Code.)

**License Applicant Name (Item 1)** -- Enter the name of the license applicant. For a limited partnership, limited liability company, or a corporation, the name of the entity.

**License Type (Item 2)** -- Enter the numeric designation for the applied-for license (e.g., Type 21) or a description (e.g., Off-Sale General).

**Premises Address (Item 3)** -- Enter the location of the proposed business.

**Applicant Entity (Item 4)** -- Check the box for the type of business ownership.

**Certification (Items 5 & 6)** -- Check the boxes that apply and explain ownerships, interests, gifts or loans.

**Signature (Item 7)** -- Any one signature for the certifying entity is sufficient (e.g., one general partner; one corporate officer; an LLC member, if member-run; the LLC manager, if manager-run; or LLC officer, if designated).

1. LICENSE APPLICANT NAME Grocery Outlet Inc.	2. LICENSE TYPE 20
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3. PREMISES ADDRESS (Street number and name, city, zip code)  
1601 Central Avenue, McKinleyville, CA 95519

4. APPLICANT ENTITY  
 SOLE PROPRIETOR     
 PARTNERSHIP     
 LIMITED LIABILITY COMPANY     
 CORPORATION

5. CERTIFICATION

**Retail License Applicant**

- The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- does  does not hold any ownership or interest, directly or indirectly, in the business, property, license, or management of any alcoholic beverage producer, rectifier, importer, or wholesaler, in California or elsewhere.

**Non-Retail License Applicant**

- The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- does  does not hold any ownership, directly or indirectly, in any retail license, or in the premises upon which such retail license is located, or in the furniture, fixtures or equipment in such business.
- is  is not an agent or employee of a retail licensee.
- has  has not furnished, given or loaned any money or other thing of value, directly or indirectly, to a retail licensee, or guaranteed the repayment of any loan or obligation owed by such retail licensee.
- does  does not have an interest in the manufacture, importation, or distribution of distilled spirits products in California or elsewhere.

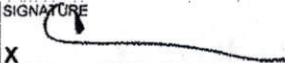
6. EXPLAIN DETAILS IF YOU CHECKED "IS", "DOES" OR "HAS" IN ITEM 5.

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I have read all of the above information and certifications and declare under penalty of perjury they are true, correct, and complete.

7. PRINTED NAME OF PERSON SIGNING FORM Charles C. Bracher	TITLE Chief Financial Officer	SIGNATURE X 	DATE SIGNED 5-17-16
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