



APPLICATION FOR DETERMINATION OF PUBLIC CONVENIENCE OR NECESSITY (PCN)

PURSUANT TO CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTIONS 23958 AND 23858.4

There is no Filing Fee for this application

INSTRUCTIONS

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS:

1. COMPLETE THE FORM BELOW
2. ATTACH THE FOLLOWING:
 - A. COPY OF THE CUB APPLICATION PACKAGE SUBMITTED TO THE DEPARTMENT OF CITY PLANNING
 - B. LETTER OF DETERMINATION APPROVING A CONDITIONAL USE PERMIT FOR ALCOHOL SALES
 - C. MAILING LIST OF ABUTTING PROPERTY OWNERS
 - MUST INCLUDE IN LIST – APPLICANT, REPRESENTATIVE, AND PROPERTY OWNER, IF APPLICABLE
 - MUST USE EXCEL TEMPLATE PROVIDED

[Click here to download the Excel Template](#)

SUBMIT THE COMPLETED PCN APPLICATION VIE EMAIL TO:
OFFICE OF THE CITY CLERK, CITY OF LOS ANGELES
CLERK.PCN@LACITY.ORG

ALL FIELDS ARE REQUIRED – COMPLETE ALL ITEMS BELOW OR USE “N/A”

| | |
|------------------|--|
| PROJECT NAME | GRANDMA'S CABINET |
| PROJECT ADDRESS | 425 WEST 8TH STREET, LOS ANGELES, CA 90014 |
| COUNCIL DISTRICT | CD 14 - José Huizar |

APPLICANT

Check if the Property Owner is the same as the Applicant

| | |
|---------|--|
| NAME | STRUKAID LLC |
| ADDRESS | 425 WEST 8TH STREET, LOS ANGELES, CA 90014 |
| PHONE | (213) 265 7131 |
| EMAIL | Mei@strukaid.com |

PROPERTY OWNER

| | |
|---------|-------------------------------------|
| NAME | Everwin International LLC |
| ADDRESS | P.O. BOX 145, WEST COVINA, CA 91793 |
| PHONE | 213-215-0362 |

REPRESENTATIVE

Check if the Representative is the same as the Applicant

| | |
|---------|---|
| NAME | Liquor License Agents - Liliger Damaso |
| ADDRESS | 1055 W 7th Street, 33rd Floor STE# 326, LOS ANGELES, CA 90017 |
| PHONE | 310-614-8492 |
| EMAIL | Lili@liquorlicenseagents.com |

TYPE OF BUSINESS

BAR

CITY PLANNING CASE NO.

ZA-2018-5322-CUB

TYPE OF ALCOHOL SALES
(Select one option)

On-Site

AGENT, CA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

CONTACT INFORMATION REQUIRED. APPLICATION MAY BE REJECTED IF CONTACT INFORMATION IS NOT PROVIDED.

| | |
|-------|---------------------------|
| NAME | MARIA DE LA ROSA |
| EMAIL | maria.delarosa@abc.ca.gov |

Note: Attachment maximum size is 25 MB