

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
888 S. FIGUEROA ST.
STE 320
LOS ANGELES, CA 90017
(213) 833-6043

File Number: 622212
Receipt Number: 2656611
Geographical Code: 1933
Copies Mailed Date: November 13, 2020
Issued Date:

DISTRICT SERVING LOCATION: LA/METRO

First Owner: JOHNSON, ANA MARITZA
Name of Business: EL RECREO ROOM
Location of Business: 506 W AVENUE 28
LOS ANGELES, CA 90065-1020

County: LOS ANGELES

Is Premises inside city limits? Yes

Census Tract: 1853.20

Mailing Address: (If different
from
premises address)

Dropping Partner: Yes ☐ No ☒

Type of license(s): 40

Transferor's license/name: 584518 / MARCELINOS, INC

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
40 - On-Sale Beer	PER/PRM	Y			

<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	STATE FINGERPRINTS	NA	1	11/13/20	\$39.00
Application Fee	DBL TRF: PREMISES AND PERSON	NA	0	11/13/20	\$905.00
Application Fee	FEDERAL FINGERPRINTS	NA	1	11/13/20	\$24.00
40 - On-Sale Beer	ANNUAL FEE	NA	0	11/13/20	\$400.00
Total					\$1,368.00

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 LOS ANGELES

Date: November 13, 2020

Applicant Name(s)

JOHNSON, ANA MARITZA

Certified 227 to follow

State of California
LICENSE TRANSFER REQUEST ("SIGN OFF")

Department of Alcoholic Beverage Control

<ul style="list-style-type: none"> <i>This form is to be signed by transferors only.</i> <i>Read instructions before completing.</i> <i>All signatures must be witnessed by an ABC employee or notarized in accordance with laws of the State where signed.</i> 		1. DISTRICT OFFICE LA/METRO	2. LICENSE NUMBER 40-584518
4. LICENSEE'S NAME (Transferor/Seller) MARCELINOS, INC		5. APPLICANT'S NAME (Transferee/Buyer) JOHNSON, Ana Maritza	
6. EXISTING PREMISES ADDRESS 2205 N BROADWAY, LOS ANGELES, CA 90031-2202			
7. LICENSEE'S MAILING ADDRESS (Transferor/Seller) 2951 KIRKE R. W. Angeles, CA, 90039		8. LICENSEE'S PHONE NUMBER 323-430-3586	
I hereby request surrender of my license under Section 24045.5(b) of the ABC Act so that a Temporary Permit may be issued to the transferee.			
9. SIGNATURE OF TRANSFEROR/SELLER FOR TEMPORARY PERMIT (Only one signature required) X NO TEMP.			DATE SIGNED
10. RENEWAL DUE DATE 10-31-2021	11. SURRENDER DATE 12-18-2018	12. TEMPORARY EFFECTIVE DATE	13. TEMPORARY EXPIRATION DATE

TRANSFEROR'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/she is the licensee named in the foregoing transfer application, duly authorized to make this transfer application; (2) that he/she hereby makes application to surrender all interest in the license(s) described above and to transfer same to the applicant and/or location indicated on the upper portion of this form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

SOLE OWNER

14. PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

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

CORPORATION

16. PRINTED NAME (Last, first, middle). GALLARZO, Ariana	SIGNATURE X	DATE SIGNED 11/13/2020
TITLE <input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Chairman of the Board		
PRINTED NAME (Last, first, middle) GALLARZO, Marcelino Jr.	SIGNATURE X	DATE SIGNED 11/13/2020
TITLE <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Asst. Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Asst. Treasurer		

LIMITED LIABILITY COMPANY

17. The limited liability company is member-run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If no, complete item #18 below)
18. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)		ABC INITIALS/DATE (ABC use only)
19. LLC MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
LLC MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED