

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)

Type of license(s): **40**

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

Dropping Partner: Yes No

<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

	1. DISTRICT OFFICE LA/METRO	2. LICENSE NUMBER 40-584518
<ul style="list-style-type: none"> This form is to be signed by transferors only. Read instructions before completing. All signatures must be witnessed by an ABC employee or notarized in accordance with laws of the State where signed. 	3. TRANSACTION TYPE	
	<input checked="" type="checkbox"/> Person to Person Transfer <input type="checkbox"/> Exchange	<input checked="" type="checkbox"/> Premises to Premises Transfer <input type="checkbox"/> Other
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 KIPPLE PL. Los Angeles, CA, 90039		8. LICENSEE'S PHONE NUMBER 323-430-3584

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 checked="" type="checkbox"/> Yes <input 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