



City of Emeryville

Cabaret Application

(TF-56, Rev.7/14)

For City Use Only: <input type="checkbox"/> Fee Collected	Annual Cabaret Permit <input type="checkbox"/> One Day Cabaret Permit
By: _____	<input type="checkbox"/> Date of Application: _____

APPLICANTS NAME

First: Jordan	Middle:	Last: Stefan
Home Address (No P.O. Boxes) Street: 6001 Shellmound St., Suite 145		
City: Emeryville	STATE: CA	ZIP CODE: 94608
Date of Birth: [REDACTED]	Height:	Weight:
Telephone Home: [REDACTED]	Mobile:	
Name of Business: AG-CCRP Public Market, L.P.		
Address of Business: 6001 Shellmound St., Suite 145		
Business Phone: 510-652-5852		FAX#:
Business Owned by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
<p>I solemnly swear, under the penalty of perjury, that the answers I have made to each of the questions contained in this application are full and true to the best of my knowledge.</p> <p>I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret.</p> <p>I understand that the Chief of Police, or his designated employee, will investigate all information supplied by me on this application and any attached pages. The Chief of Police may report to the City Manager and the City Council any offense(s) for which I have been convicted. I hereby give him permission.</p> <p>I understand that this Cabaret Permit is subject to <u>withdrawal</u>, <u>suspension</u>, or <u>revocation</u> if I, or any of my employees, violate any provision(s) of local, State or Federal law applicable to such business.</p> <p>I understand that at all times while engaged in such business, the Chief of Police, or his representative, shall have access to the proposed site, and to the business records of this applicant for the purpose of investigating compliance with the applicable provisions of the Emeryville Municipal Code, and all other State and Federal Law. I hereby consent to any such search and consequent seizure.</p> <p>I have received and read a copy of the Emeryville Municipal Code Sections 5-4.01 through 5-4.12 as amended up to the date of this application.</p>		
For AG-CCRP Public Market, L.P. by City Center Real Estate Services, LLC, as authorized signer Jordan Stefan, Property Manager		
[REDACTED] _____		
Signature of Applicant	Title	Date
Witness:		Date:



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Name of Cabaret: Public Market Emeryville		(TF-57, REV 3/16)
FINANCIAL HISTORY STATEMENT		
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Other (Please list below)	
<input type="checkbox"/> Partnership	Limited Partnership	
<input type="checkbox"/> Corporation	(Please only check one)	
Will you (Applicant) be an active participant in the management and operations of the proposed business?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
INDIVIDUAL OWNERSHIP (Use this page for each Individual in a partnership) N/A		
Amount Invested in this Business. N/A	Percent of Ownership this represents. N/A	
Investment is financed in the following manner: N/A		
Identify all sources of funds used for your investment in the business: N/A		
Do you control, manage, or hold in trust any assets or liabilities for other persons or entity? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
(If Yes, give Description of Assets/Liabilities held:		
As the property management company, we represent the ownership of the property.		
Has your interest in this business establishment been assigned, or pledged to any person, firm, or corporation?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(If YES Explain in Detail): N/A		
Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If YES, briefly describe circumstances and Name of Court where it was Filed. N/A		
Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Law? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO.		
If YES, Furnish the Facts on a separate page and list the Federal District Court where it was filed. N/A		



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Name of Cabaret: **Public Market Emeryville**

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Have you attached the following documents?

Last Federal Income Tax Return
(Individual and Business)

☐ YES ☒ NO

List of Creditors

(Include amount of Liability)

☐ YES ☒ NO

Balance Sheet

☐ YES ☒ NO

STATEMENT OF ASSETS & DEBTS

Total Cash on Hand: \$ **proprietary and unable to provide**

Bank Information:

☐ Checking ☐ Savings ☐ Business ☐ Personal ☐ Notes Receivable

Bank Name:

Address:

CRIMINAL HISTORY

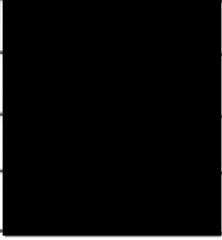
Have you ever been arrested or convicted of a crime? ☐ YES ☒ NO (If "YES" please explain below)



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Emergency Contacts information

Name	Job Title	Best Phone# to Contact
Jordan Stefan	Property Manager	
Jenny Payumo	Assistant Property Manager	
Kassandra Kappelos	General Manager	
Romu Iancu	Building Engineer	

Parties named in the application who have been arrested for any crimes:

Name	Crime/Offense & Date	Court Jurisdiction

Please use the area below to explain any criminal history not listed above:



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(TF-60, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A CORPORATION:

Complete Title:	N/A	, INC.
State in which incorporated:		
NAME, HOME ADDRESS, BUSINESS, HOME & CELLULAR TELEPHONE NUMBERS FOR THE BOARD OF DIRECTORS OF THE CORPORATION, INDICATE TITLE OF CORPORATION OFFICERS.		
PRESIDENT/CEO:		
VICE PRESIDENT:		
SECRETARY:		
TREASURER/CFO:		
MEMBER:		
MEMBER:		
MEMBER:		
SHARE HOLDERS: PLEASE PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF ALL SHARE HOLDERS:		



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Name of Cabaret: **Public Market Emeryville**

[TF-61, REV 3/16]

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A PARTNERSHIP

Complete Title: **AG-CCRP Public Market, L.P.**

State in which Partnership formed: **Delaware**

NAME, HOME ADDRESS, BUSINESS, HOME & CELLULAR TELEPHONE NUMBERS FOR ALL PARTNERS;
170 Grant Ave, Fl 6 San Francisco, CA 94108

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

DESCRIBE BELOW THE PERCENTAGE OF OWNERSHIP FOR EACH PARTNER:




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ROSTER OF EMPLOYEES WHO WILL BE PRESENT DAY OF EVENT

NAME	JOB TITLE	HOME ADDRESS	PHONE NUMBER
Jordan Stefan	Property Manager	N/A	
Jenny Payumo	Assist. Property Manager	N/A	
Kassandra Kappel	General Manager	N/A	
Romu Iancu	Bldg Engineer	N/A	

USE ADDITIONAL PAGES OF THIS FORM, AS NECESSARY



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SECURITY: The following is descriptions of the measures I have/will take to enhance the safety and wellbeing of the persons visiting/patronizing the premises.

Security Company Name: Allied Universal Security Services	Number of Security Guard on-duty: [REDACTED]	Armed: <input type="checkbox"/>
Address: 5959 Shellmound St.		Unarmed: <input checked="" type="checkbox"/>
Phone Number: 510-542-6658		

FACILITIES: Insurance Company Name and Policy Number

Name: QBE Insurance Corp.	Policy Number: [REDACTED]
Address:	Liability Amount: [REDACTED]
Phone Number: 510-652-5852	Agent or Contact: Jordan Stefan

SERVICES: Will alcoholic beverages be served for the public to purchase? (If "YES" Please Provide the ABC # below.)

Tenant possess individual licenses.

HOURS OF OPERATION: (May not be open before 10:00AM or after 2:00AM)

HOURS of OPERATION: 9am - 12am
DAYS CLOSED: National holidays

AFFIRMATION: State of **CALIFORNIA**, in the County of **Alameda**

I **[REDACTED]** being duly sworn, depose and say that I have read the foregoing application, all relevant pages and attachments thereto and know the contents thereof. The statements contained therein are true and correct and contain a full true account of the information requested. This statement is executed with the knowledge that omissions or misrepresentations may be deemed sufficient cause for refusal to issue a license by the City of Emeryville. Further, I am aware that later discovery of an omission or misrepresentation is grounds for the revocation of the Cabaret Permit.

Applicants Signature: _____

Subscribed and sworn to before me this **[REDACTED]** day of **[REDACTED]**, 20**[REDACTED]**

NOTARY PUBLIC SEAL:



CITY OF EMERYVILLE

1333 Park Avenue Emeryville, CA 94608 (510) 596-4325 <http://www.ci.emeryville.ca.us/>

Finance Department Cash Receipt

Page 1

Receipt Number: 03000041844

Received By: AARRIAGA

Payor: AG-CCRP PUBLIC MARK

Today's Date: 12/16/19

Register Date: 12/02/19 Time: 00:00

Item	Customer ID	Amount
MISCELLANEOUS RECEIPTS	ANNUAL CABARET PUBLIC MAR	
TOTAL DUE:		

CHECK :

REF NUM:

TENDERED

CHANGE
\$.00

Cashier Hours (Excluding Holidays): Monday - Friday 9am-5pm.