

P15-00240  
**RECEIVED**  
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JUN 12 2015  
Napa County Planning, Building  
& Environmental Services

NAPA COUNTY  
CLERK OF THE BOARD OF SUPERVISORS  
1195 THIRD STREET, ROOM 310 \* NAPA, CALIFORNIA, 94559 \* (707) 253-4580

**CERTIFICATE OF PUBLIC CONVENIENCE OR NECESSITY TO  
RETAIL ALCOHOL BEVERAGE TYPE 21 LICENSE**

APPLICANT'S NAME Cairdean Café, LLC dba Redolent Mercantile

MAILING ADDRESS 3111 St. Helena Hwy N #5, St. Helena, CA 94574

TELEPHONE NUMBER (707) 968-5112

CONTACT PERSON/TELEPHONE NUMBER (if different) (707) 200-1243

NEW [ ] TRANSFER [ X ] If Transfer, Name of existing License Holder:  
Singh Resham

Location of existing business:  
1437 W Imola Ave, Napa, CA 94559

LOCATION OF PROPOSED BUSINESS: 3111 St. Helena Hwy N #5, St. Helena, CA 94574

ASSESSOR'S PARCEL NO(S): 022-070-025  
DESCRIPTION OF PROPOSED ACTIVITIES TO BE LICENSED: We are asking to add  
Sales of bottled alcohol for off-premise consumption to Redolent Mercantile's offerings

NAME(S) AND ADDRESS(ES) OF PROPERTY OWNER(S): St. Helena Purlieu, LLC  
owns the property. Edwin and Stacia Williams of 818 Chiles Ave, St. Helena, CA 94574 are the  
managing members of St. Helena Purlieu, LLC

SIGNATURE OF APPLICANT: [Signature]

APPLICANT'S LEGAL NATURE: Individual Partnership  
Association Corporation X LLC Other  
Attach list of names and addresses: general partners/current officers (LLC or Association); or copy of articles of incorporation (corporation)

I hereby authorize the right of access to the property involved, as deemed necessary by the  
County of Napa for preparation of reports related to this application.

[Signature] 6-11-15  
Signature of Property Owner Date

**FOR OFFICE USE ONLY**  
Zoning District: Existing Land Use File(s):  
Fee #: Receipt #: Received By: Date:

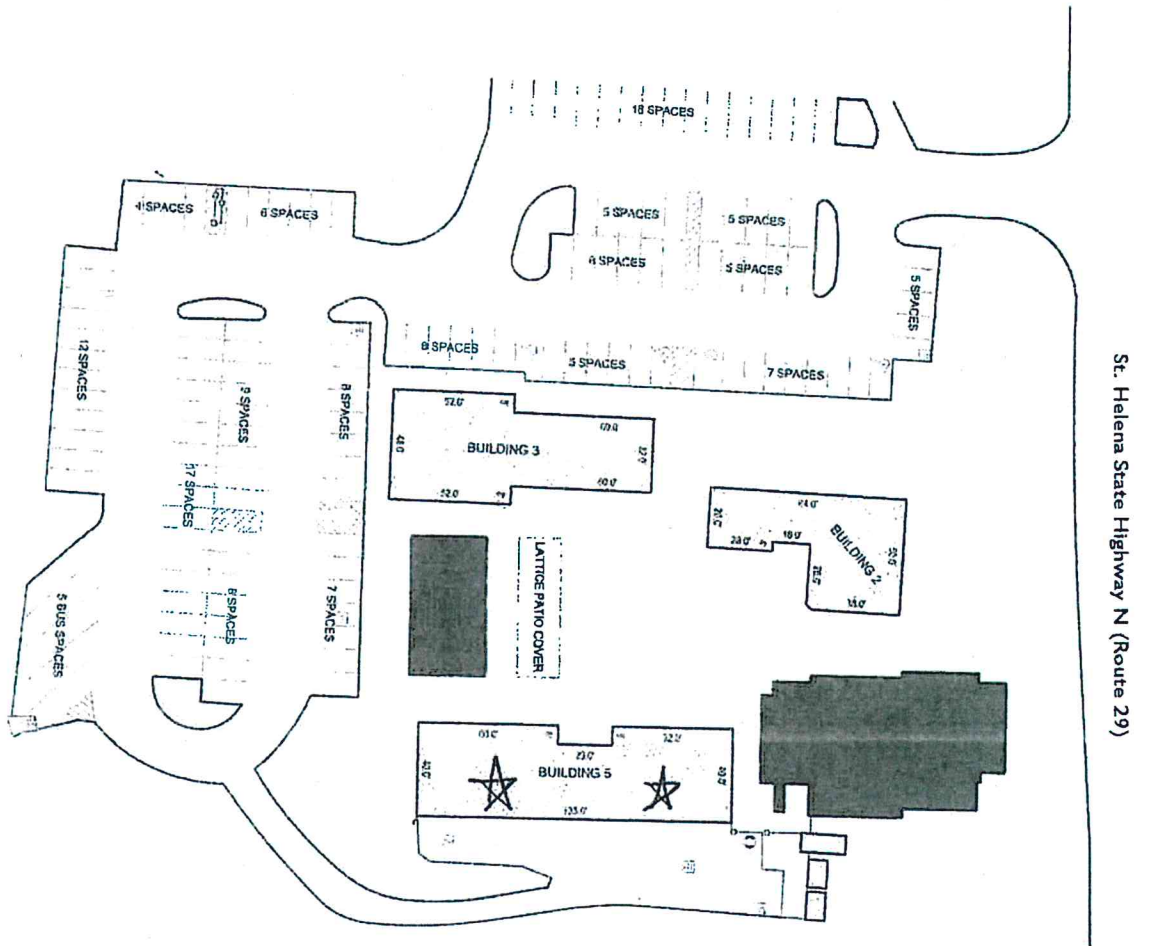
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**Instructions to Applicant:**

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>Cairdean Cafe LLC</b>	2. LICENSE TYPE <b>21</b>
3. PREMISES ADDRESS (Street number and name, city, zip code) <b>3111 N Saint Helena Highway, Unit 5, Saint Helena, CA 94574</b>	4. NEAREST CROSS STREET <b>Ehlers Lane</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>May 7, 2015</b>
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**FOR ABC USE ONLY**

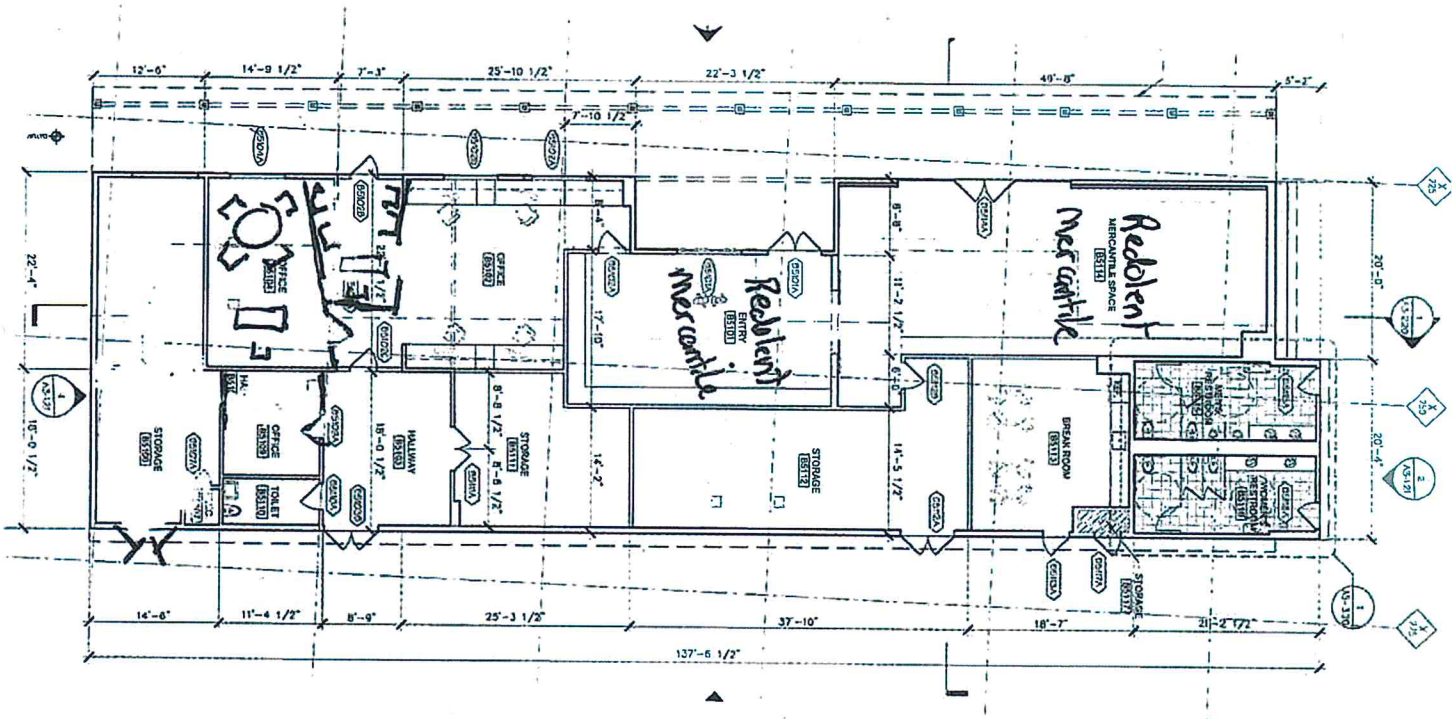
CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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Department of Alcoholic Beverage Control  
**LICENSED PREMISES DIAGRAM (RETAIL)**

State of California

1. APPLICANT NAME (Last, first, middle) <b>Cairdean Cafe LLC</b>	2. LICENSE TYPE <b>21</b>
3. PREMISES ADDRESS (Street number and name, city, zip code) <b>3111 N Saint Helena Highway, Unit 5, Saint Helena, CA 94574</b>	4. NEAREST CROSS STREET <b>Ehlers Lane</b>

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) 	DATE SIGNED <b>May 7, 2015</b>
<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) <b>Cairdean Cafe LLC</b>				2. LICENSE TYPE(S) <b>21</b>				
3. PREMISES ADDRESS (Street number and name, city, zip code) <b>3111 N Saint Helena Highway, Unit 5, Saint Helena, CA 94574</b>				4. NEAREST CROSS STREET <b>Ehlers Lane</b>				
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 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 checked="" type="checkbox"/> Other - describe: <b>Specialty Store</b>								
6. PATRON CAPACITY  N/A		7. SURROUNDING AREA <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other		8. PREMISES IS LOCATED IN <input type="checkbox"/> Free Standing Building <input checked="" type="checkbox"/> Shopping Center (Name): <b>Cairdean Estate</b> <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units				
9. FOOD SERVICE <input checked="" type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals			10. PARKING LOT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. PATIO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: <input type="checkbox"/> Pizza/Pasta			15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other:		
16. HOURS OF FOOD SERVICE								
BREAKFAST HOURS								
From: _____ To: _____								
LUNCH HOURS								
From: _____ To: _____								
DINNER HOURS								
From: _____ To: _____								
17. OPERATING HOURS								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Opening Time	10:00 am	10:00 am	10:00 am	10:00 am	10:00 am	10:00 am	10:00 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 checked="" 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 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 <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input checked="" type="checkbox"/> Other				20. TYPE OF STRUCTURE <input checked="" type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories: _____				
21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. FIXED BARS? <input type="checkbox"/> Yes - how many: _____ <input checked="" type="checkbox"/> No		23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? <b>5%</b>				
<b>FOR ABC USE ONLY</b>								
24. INFORMATION GIVEN (R-27, R-107, Sec. 25812.5, Sec. 23790.5, etc.)						25. DATE ENTERED INTO CABIN		

Cairdean Café, LLC dba Redolent Mercantile has the following members:

Edwin Williams, Managing Member, 818 Chiles Ave, St. Helena, CA 94574

Stacia Williams, Managing Member, 818 Chiles Ave, St. Helena, CA 94574

Linda Dowdell, Member, 7804 Sloane Gardens Ct., University Park, FL 34201