Department of Alcoholic Beverage Control — State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
4800 STOCKDALE HWY
STE 213
BAKERSFIELD, CA 93309
(661) 395-2731

File Number: **684042**
Receipt Number: **3171211**
Geographical Code: **1500**
Copies Mailed Date: **November 3, 2026**
Issued Date: MH

FILED IN THE OFFICE OF THE BD. OF SUPERVISORS
BY _____ DEPUTY
26 NOV -6 AM 11:40

DISTRICT SERVING LOCATION: **BAKERSFIELD**

First Owner: **CISNEROS MUNOZ, YULIANA**

Name of Business: **XID0021**

Location of Business: **9905 S UNION AVE**
BAKERSFIELD, CA 93307-6237

County: **KERN**

Is Premises inside city limits: **No** Census Tract: **0032.15**

Mailing Address:(If different from premises address)

Type of license(s): **48** Dropping Partner: Yes___ No X

Transferor's license/name: **653696 / BURRA BAR LLC**

License Type	Transaction Type	Master	Secondary LT And Count
48 - On-Sale General Public Premises	PER	Y	

License Type	Transaction Description	Fee Code	Dup	Date	Fee
Application Fee	PERSON TO PERSON TRF	NA	0	11/03/26	$1,565.00
Application Fee	FEDERAL FINGERPRINTS	NA	2	11/03/26	$48.00
Application Fee	STATE FINGERPRINTS	NA	2	11/03/26	$78.00
48 - On-Sale General Public Pre	ANNUAL FEE	P0	0	11/03/26	$985.00
				Total	$2,676.00

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 KERN Date: November 3, 2026

Applicant Name(s)

CISNEROS MUNOZ, YULIANA

RANGEL, JUAN MANUEL

BY ORDER OF THE BD/SUPV
Referred To _____

Copies Furnished Planning, EHS

Date 11.6.26
Clerk of the Board of Supervisors
By Michelle Grazian, Deputy