



AGENDA

CITY OF SEASIDE
C-JOBS
COMMISSION ON JOBS,
OPPORTUNITIES
AND BUSINESSES IN SEASIDE

SPECIAL MEETING
VIRTUAL ONLY
Wednesday, November 18, 2020
3:00 PM

Pursuant to Governor Newsom's Executive Orders [N-29-20](#) and [N-33-20](#), and to do all we can to help slow the spread of COVID-19 (coronavirus) City of Seaside meetings will be adapted in the following ways:

- Meetings of the Seaside City Council and its Boards and Commissions will be conducted with virtual (electronic) participation only. Members of the public may watch the live stream of the City Council and Boards and Commission meetings at <https://bit.ly/SeasideYouTube>
- Members of the public may participate before and during each meeting by submitting comment(s) to cityclerk@ci.seaside.ca.us. The clerk will read each received public comment aloud into the record at the designated time, subject to time limits that may be imposed pursuant to the Brown Act. In the subject line of a public comment email, please specify the meeting body and date and indicate the relevant item number or "general" to help staff easily receive and organize public comments.

1. CALL TO ORDER

2. REVIEW OF AGENDA

If there are any items that arose after the 72-hour posting deadline, this is the point in the meeting where a vote may be taken to add the item to the agenda. (A 2/3-majority vote is required).

3. PUBLIC COMMENT

Members of the public wishing to address the Board on matters within the jurisdiction of the City of Seaside, but not on this agenda, may do so during the Public Comment period for up to two (2) minutes. Public Comments on specific agenda items are heard under that item. For the public record, please state your name.

4. BUSINESS ITEMS

A. CONSIDER MICRO-LOAN APPLICATION EML-20-8 FOR KMP LLC, DBA ERIK'S DELI, FOR THE AMOUNT OF \$5,000.

RECOMMENDATION: Staff recommends approval of micro-loan application EML-20-8 for KMP LLC, dba Erik's Deli, for the amount of \$5,000.

B. CONSIDER MICRO-LOAN APPLICATION EML-20-18 FOR ARTELLAN CONSTRUCTION FOR THE AMOUNT OF \$5,000.

RECOMMENDATION: Staff recommends approval of micro-loan application EML-20-18 for Artellan Construction for the amount of \$5,000.

C. CONSIDER MICRO-LOAN APPLICATION EML-20-14 FOR MICHELLE'S SOUL FOOD FOR THE AMOUNT OF \$2,500.

RECOMMENDATION: Staff recommends approval of micro-loan application EML-20-14 for Michelle's Soul Food Kitchen for the amount of \$2,500.

D. CONSIDER MICRO-LOAN APPLICATION EML-20-17 FOR OTHER BROTHER BEER CO. FOR THE AMOUNT OF \$5,000.

RECOMMENDATION: Staff recommends approval of micro-loan application EML-20-17 for Other Brother Beer Co. for the amount of \$5,000.

5. REPORTS FROM COMMISSIONERS

6. REPORTS BY STAFF

7. ADJOURNMENT

Next Regularly Scheduled Meeting:
To Be Determined at End of Meeting

The City of Seaside is committed to providing accessible facilities and accommodating people with disabilities in all of its services programs and activities. If special considerations are needed by any person to fully participate in this meeting, contact the City Clerk at 899-6707 no fewer than two business days prior to the meeting to allow reasonable arrangements. Agendas are posted at:

<http://www.ci.seaside.ca.us/129/City-Council-Committee-Agendas>

Agenda-related writings or documents provided during public meetings are available for public inspection during the meeting or from the office of the City Clerk. This agenda is posted in compliance with California Governor Newsom's Executive Orders N-29-20 and N-33-20.



**CITY OF SEASIDE
STAFF REPORT**

Item No.: 4.A.

TO: C-JOBS

BY: Gloria Stearns, Community Development Manager

DATE: November 18, 2020

SUBJECT: CONSIDER MICRO-LOAN APPLICATION EML-20-8 FOR KMP LLC, DBA ERIK'S DELI, FOR THE AMOUNT OF \$5,000.

PURPOSE & RECOMMENDATION

Staff recommends approval of micro-loan application EML-20-8 for KMP LLC, dba Erik's Deli, for the amount of \$5,000.

BACKGROUND

Refer to Attachment 1 - KMP LLC, dba Erik's Deli.

ATTACHMENTS

1. Attachment 1 - Erik's Deli
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City of Seaside
Community & Economic Development
440 Harcourt Avenue
Seaside, CA 93955
Gloria Stearns
gstearns@ci.seaside.ca.us
831-899-6830

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COVID-19 Emergency Micro Loan Program

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III. APPLICATION INFORMATION

Loan Value Requested	☐ \$2,500 ☒ \$5,000		
a. Name of Business/DBA	KPM LLC dba: Erik		
b. Business Address (physical location of business)	840 Broadway Suite B1		
Business City, State, Zip	Seaside		
c. Business Phone	8313931818		
d. Business Email	seaside@eriksdelicafe.com		
e. Sellers Permit Number	263481472-00001		
f. Business Information/Summary (please indicate the purpose of your business, including goods sold or services provided) Delicatessen - fresh salads, sandwiches and soups. with online ordering, counter ordering, delivery services, curbside pickup.			
g. Date Business Opened in Seaside	5/16/2008		
h. How many employees work for your business?	4	Full Time	Part Time
i. What is the purpose of the loan (check all that apply): ☒ Payroll ☒ Rent ☒ Utilities ☐ Other:			
j. Do you have any other businesses within the City limits? ☐ Yes ☒ No			
k. Provide the most recent full business year: Gross Revenue/Sales (GRS): \$468,895 Gross Revenue/Sales (GRS): \$338,798 If this information is not available, please explain: \$468,895 (Gross sales 2019) Previous owner \$338,778 (Gross sales 11/8/19 thru 9/3/20) under new ownership			

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IV. OWNER INFORMATION

Select the type of your business:

☒ Owned by an Individual ☐ Partnership ☐ Corporation

If the Business is owned by an Individual:

a. Business Owner's Name

	Eriks DeliCafe
b. Business Owner's Mailing Address	840 Broadway Ave, Ste B1
City, State, Zip	Seaside
c. Business License Number	9992018959
d. CDTFA ID Number	263481472
e. Date of Birth	
f. Owner Phone	619-892-1403
g. Owner Email	seaside@eriksdelicafe.com

V. CERTIFICATIONS AND AUTHORIZATIONS

Please initial each item below:

☐ KPM I am a fully authorized representative of this business eligible of entering into binding agreements and acknowledge that this is a loan from the City of Seaside that must be repaid.

☐ KPM The terms of the loan include no interest or payments will be required until 90 days after the State and County COVID-19 emergency proclamations are lifted; that all loans will have a 3% annual interest rate starting the first full month after the emergency proclamation has ended;

☐ KPM All loans will be amortized over a 3 year repayment period with no penalty for early repayment and that there will only be one payment required annually.

☐ KPM I further acknowledge that loans will be available on a first come – first served basis, until the total funding allocation of \$200,000 has been exhausted and that by my signature below I, authorize the City of Seaside to obtain a background check and /or consumer credit report on me, and understand that my application can be rejected based on credit history.

☐ KPM I further agree that if awarded this loan, I will access technical assistance from the CSUMB technical assistance program, and if eligible, apply for grants from the Chamber of Commerce Grant Program and the Monterey Community Foundation Grant Program.

☐ KPM I further understand and agree to complete the credit check request form from Experian Credit Bureau, which will be emailed to the applicant, and agree to pay the fee for such report in order to complete this application.

Applicant Name	Ken Murray
Authority to sign on behalf of the business:	Kenneth P Murray
Applicant Email Address	seaside@eriksdelicafe.com
Applicant Phone Number	619-892-1403
Date:	09/04/2020

Staff Notes:

Staff Review:

☒ Received By: [MAV](#) on [09/14/2020](#)

☐ Eligibility:

☐ Eligible

☐ Not Eligible

Submitted By:

Click above to return report to Draft status
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information, and enter a reason in the box
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xyz

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**CITY OF SEASIDE
STAFF REPORT**

Item No.: 4.B.

TO: C-JOBS

BY: Gloria Stearns, Community Development Manager

DATE: November 18, 2020

**SUBJECT: CONSIDER MICRO-LOAN APPLICATION EML-20-18 FOR
ARTELLAN CONSTRUCTION FOR THE AMOUNT OF \$5,000.**

PURPOSE & RECOMMENDATION

Staff recommends approval of micro-loan application EML-20-18 for Artellan Construction for the amount of \$5,000.

BACKGROUND

Refer to Attachment 2 - Artellan Construction.

ATTACHMENTS

1. Attachment 2 - Artellan Construction
-



City of Seaside
Community & Economic Development
440 Harcourt Avenue
Seaside, CA 93955
Gloria Stearns
gstearns@ci.seaside.ca.us
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III. APPLICATION INFORMATION

Loan Value Requested	☐ \$2,500 ☒ \$5,000		
a. Name of Business/DBA	Artellan construction		
b. Business Address (physical location of business)	1389 Ord grove ave		
Business City, State, Zip	Seaside, CA 93955		
c. Business Phone	8315781304		
d. Business Email	Tomartellan@gmail.com		
e. Sellers Permit Number			
f. Business Information/Summary (please indicate the purpose of your business, including goods sold or services provided) General contractor			
g. Date Business Opened in Seaside	1997		
h. How many employees work for your business?	2	Full Time	Part Time
i. What is the purpose of the loan (check all that apply): ☒ Payroll ☒ Rent ☒ Utilities ☒ Other:			
j. Do you have any other businesses within the City limits? ☐ Yes ☒ No			
k. Provide the most recent full business year: Gross Revenue/Sales (GRS): Gross Revenue/Sales (GRS): If this information is not available, please explain: General contractor			

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IV. OWNER INFORMATION

Select the type of your business:

☒ Owned by an Individual ☐ Partnership ☐ Corporation

If the Business is owned by an Individual:

a. Business Owner's Name

	Tom artellan
b. Business Owner's Mailing Address	1389 Ord GRove ave
City, State, Zip	Seaside, Ca 93955
c. Business License Number	2324
d. CDTFA ID Number	12518213
e. Date of Birth	
f. Owner Phone	8319056231
g. Owner Email	Tomartellan@gmail.com

V. CERTIFICATIONS AND AUTHORIZATIONS

Please initial each item below:

☐ Ta I am a fully authorized representative of this business eligible of entering into binding agreements and acknowledge that this is a loan from the City of Seaside that must be repaid.

☐ Ta The terms of the loan include no interest or payments will be required until 90 days after the State and County COVID-19 emergency proclamations are lifted; that all loans will have a 3% annual interest rate starting the first full month after the emergency proclamation has ended;

☐ Ta All loans will be amortized over a 3 year repayment period with no penalty for early repayment and that there will only be one payment required annually.

☐ Ta I further acknowledge that loans will be available on a first come – first served basis, until the total funding allocation of \$200,000 has been exhausted and that by my signature below I, authorize the City of Seaside to obtain a background check and /or consumer credit report on me, and understand that my application can be rejected based on credit history.

☐ Ta I further agree that if awarded this loan, I will access technical assistance from the CSUMB technical assistance program, and if eligible, apply for grants from the Chamber of Commerce Grant Program and the Monterey Community Foundation Grant Program.

☐ Ta I further understand and agree to complete the credit check request form from Experian Credit Bureau, which will be emailed to the applicant, and agree to pay the fee for such report in order to complete this application.

Applicant Name	Tom artellan
Authority to sign on behalf of the business:	Thomas artellan
Applicant Email Address	Tomartellan@gmail.com
Applicant Phone Number	8315781304
Date:	09/15/2020

Staff Notes:

Staff Review:

- ☐ Received
- ☐ Eligibility:
- ☐ Eligible
 - ☐ Not Eligible

Submitted By:

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**CITY OF SEASIDE
STAFF REPORT**

Item No.: 4.C.

TO: C-JOBS

BY: Gloria Stearns, Community Development Manager

DATE: November 18, 2020

**SUBJECT: CONSIDER MICRO-LOAN APPLICATION EML-20-14 FOR
MICHELLE'S SOUL FOOD FOR THE AMOUNT OF \$2,500.**

PURPOSE & RECOMMENDATION

Staff recommends approval of micro-loan application EML-20-14 for Michelle's Soul Food Kitchen for the amount of \$2,500.

BACKGROUND

Refer to Attachment 3 - Michelle's Soul Food Kitchen.

ATTACHMENTS

1. Attachment 3 - Michelle's Soul Food
-



City of Seaside
Community & Economic Development
440 Harcourt Avenue
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gstearns@ci.seaside.ca.us
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III. APPLICATION INFORMATION

Loan Value Requested	☒ \$2,500 ☐ \$5,000
a. Name of Business/DBA	michelle
b. Business Address (physical location of business)	1425 SOTO ST
Business City, State, Zip	SEASIDE, CA 93955
c. Business Phone	8317602386
d. Business Email	m.simpson17@yahoo.com
e. Sellers Permit Number	102-957446
f. Business Information/Summary (please indicate the purpose of your business, including goods sold or services provided) food serve restuarant outside dining and call in orders	
g. Date Business Opened in Seaside	2015
h. How many employees work for your business?	2 Full Time Part Time
i. What is the purpose of the loan (check all that apply): ☒ Payroll ☒ Rent ☒ Utilities ☒ Other: to be able to buy supplies	
j. Do you have any other businesses within the City limits? ☐ Yes ☒ No	
k. Provide the most recent full business year: Gross Revenue/Sales (GRS): \$46,784 Gross Revenue/Sales (GRS): \$57,893 If this information is not available, please explain: the first amount is this year to date 2020 \$46,784 the 2019 year \$57,893.00	

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IV. OWNER INFORMATION

Select the type of your business:	
☒ Owned by an Individual	☐ Partnership ☐ Corporation
If the Business is owned by an Individual:	
a. Business Owner's Name	

	michelle
b. Business Owner's Mailing Address	1425 SOTO ST
City, State, Zip	SEASIDE
c. Business License Number	unknown
d. CDTFA ID Number	0005089169
e. Date of Birth	
f. Owner Phone	8317602386
g. Owner Email	m.simpson17@yahoo.com

V. CERTIFICATIONS AND AUTHORIZATIONS

Please initial each item below:

☐ mb I am a fully authorized representative of this business eligible of entering into binding agreements and acknowledge that this is a loan from the City of Seaside that must be repaid.

☐ mb The terms of the loan include no interest or payments will be required until 90 days after the State and County COVID-19 emergency proclamations are lifted; that all loans will have a 3% annual interest rate starting the first full month after the emergency proclamation has ended;

☐ mb All loans will be amortized over a 3 year repayment period with no penalty for early repayment and that there will only be one payment required annually.

☐ mb I further acknowledge that loans will be available on a first come – first served basis, until the total funding allocation of \$200,000 has been exhausted and that by my signature below I, authorize the City of Seaside to obtain a background check and /or consumer credit report on me, and understand that my application can be rejected based on credit history.

☐ mb I further agree that if awarded this loan, I will access technical assistance from the CSUMB technical assistance program, and if eligible, apply for grants from the Chamber of Commerce Grant Program and the Monterey Community Foundation Grant Program.

☐ mb I further understand and agree to complete the credit check request form from Experian Credit Bureau, which will be emailed to the applicant, and agree to pay the fee for such report in order to complete this application.

Applicant Name	michelle brooks
Authority to sign on behalf of the business:	michelle brooks
Applicant Email Address	m.simpson17@yahoo.com
Applicant Phone Number	8317602386
Date:	09/12/2020

Staff Notes:

Staff Review:

- ☐ Received
- ☐ Eligibility:
- ☐ Eligible
 - ☐ Not Eligible

Submitted By:

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**CITY OF SEASIDE
STAFF REPORT**

Item No.: 4.D.

TO: City Council

BY:

DATE: November 18, 2020

**SUBJECT: CONSIDER MICRO-LOAN APPLICATION EML-20-17 FOR
OTHER BROTHER BEER CO. FOR THE AMOUNT OF \$5,000.**

PURPOSE & RECOMMENDATION

Staff recommends approval of micro-loan application EML-20-17 for Other Brother Beer Co. for the amount of \$5,000.

BACKGROUND

Refer to Attachment 4 – Other Brother.

ATTACHMENTS

1. Attachment 4 - Other Brother
-

Reviewed for Submission to the
City Council by:

A blue ink signature, likely of Craig Malin, is written over a horizontal line.

Craig Malin, City Manager



City of Seaside
Community & Economic Development
440 Harcourt Avenue
Seaside, CA 93955
Gloria Stearns
gstearns@ci.seaside.ca.us
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III. APPLICATION INFORMATION

Loan Value Requested	☐ \$2,500 ☒ \$5,000		
a. Name of Business/DBA	Other Brother Beer Co		
b. Business Address (physical location of business)	877 Broadway Ave		
Business City, State, Zip	SEASIDE, CA 93955		
c. Business Phone	8312252901		
d. Business Email	michael@otherbrotherbeer.co		
e. Sellers Permit Number	103-202394 00001 GHC		
f. Business Information/Summary (please indicate the purpose of your business, including goods sold or services provided) Manufacture and sale of beer for both on-premise retail consumption and wholesale to authorized retailers.			
g. Date Business Opened in Seaside	October 2019		
h. How many employees work for your business?	6	Full Time	2 Part Time
i. What is the purpose of the loan (check all that apply): ☒ Payroll ☐ Rent ☐ Utilities ☐ Other:			
j. Do you have any other businesses within the City limits? ☐ Yes ☒ No			
k. Provide the most recent full business year: Gross Revenue/Sales (GRS): \$49,999 Gross Revenue/Sales (GRS): If this information is not available, please explain: Have not been open for one full year.			

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IV. OWNER INFORMATION

Select the type of your business:	
☐ Owned by an Individual ☐ Partnership ☒ Corporation	
If the Business is owned by a Corporation:	
a. Federal ID #	82-2503098
b. List Corporate President and Officers. Number of lines needed: 4	
Officer Name	Officer Address

c. Corporation Name	Other Brother Beer Co	
d. Date of Incorporation	7/20/2017	
e. Incorporated in State of	California	
f. Name of Office authorized to accept service of legal process:	Meepos & Co	

V. CERTIFICATIONS AND AUTHORIZATIONS

Please initial each item below:

☐ MN I am a fully authorized representative of this business eligible of entering into binding agreements and acknowledge that this is a loan from the City of Seaside that must be repaid.

☐ MN The terms of the loan include no interest or payments will be required until 90 days after the State and County COVID-19 emergency proclamations are lifted; that all loans will have a 3% annual interest rate starting the first full month after the emergency proclamation has ended;

☐ MN All loans will be amortized over a 3 year repayment period with no penalty for early repayment and that there will only be one payment required annually.

☐ MN I further acknowledge that loans will be available on a first come – first served basis, until the total funding allocation of \$200,000 has been exhausted and that by my signature below I, authorize the City of Seaside to obtain a background check and /or consumer credit report on me, and understand that my application can be rejected based on credit history.

☐ MN I further agree that if awarded this loan, I will access technical assistance from the CSUMB technical assistance program, and if eligible, apply for grants from the Chamber of Commerce Grant Program and the Monterey Community Foundation Grant Program.

☐ MN I further understand and agree to complete the credit check request form from Experian Credit Bureau, which will be emailed to the applicant, and agree to pay the fee for such report in order to complete this application.

Applicant Name	Michael Nevares	
Authority to sign on behalf of the business:	Managing Member, Other Brother Beer Co, LLC	
Applicant Email Address	michael@otherbrotherbeer.co	
Applicant Phone Number	8312252901	
Date:	09/14/2020	

Staff Notes:

Business License ok. MAV 9/15/2020

Staff Review:

☒ Received By: MAV on 09/14/2020

☐ Eligibility:

☐ Eligible

☐ Not Eligible

Submitted By:

Submit

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