Department of Alcoholic Beverage Control

State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
100 PASEO DE SAN ANTONIO
ROOM 119
SAN JOSE, CA 95113
(408) 277-1200

File Number: **572213**
Receipt Number: **2377153**
Geographical Code: **4303**
Copies Mailed Date: **August 10, 2016**
Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **LYFE KITCHEN NORCAL LLC**

Name of Business: **LYFE KITCHE**

Location of Business: **19399 STEVENS CREEK BLVD CUPERTINO, CA 95014-7105**

County: **SANTA CLARA**

Is Premise inside city limits? **Yes** Census Tract **5081.02**

Mailing Address: (If different from premises address) **263 WAGNER PL MEMPHIS, TN 38103-3808**

Type of license(s): **47**

Transferor's license/name: **555251 / LYFE KITCHEN OF CALIFORNIA LLC**

Dropping Partner: Yes___ No✓

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
47 - On-Sale General Eating	PERSON-TO-PERSON TRANSFER	P40	Y	0	08/10/16	$1,250.00
47 - On-Sale General Eating	ANNUAL FEE	P40	Y	0	08/10/16	$876.00
NA	ISSUE TEMPORARY PERMIT	NA	N	1	08/10/16	$100.00
NA	FEDERAL FINGERPRINTS	NA	N	2	08/10/16	$48.00
NA	STATE FINGERPRINTS	NA	N	2	08/10/16	$78.00
					Total	$2,352.00

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**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of SANTA CLARA Date: August 10, 2016

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) 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 (90) 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 or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee¿s name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s) Applicant Signature(s)

See 211 Signature Page

LYFE KITCHEN NORCAL LLC

State of California

Department of Alcoholic Beverage Control

APPLICATION SIGNATURE SHEET *("SIGN ON")*

- This form is to be used as the signature page for applications not signed in the District Office.
- ***Read instructions on reverse before completing.***
- ***All signatures must be notarized in accordance with laws of the State where signed.***

1. OWNERSHIP TYPE (Check one)

__ Sole Owner
__ Partnership
__ Married Couple
__ Domestic Partner
__ Partnership-Ltd
__ Corporation
[X] Limited Liability Company
__ Other

2. FILE NUMBER (If any)

3. LICENSE TYPE

Type 47

4. TRANSACTION TYPE

__ Original
__ Exchange
[X] Person to Person Transfer
__ Premise to Premise Transfer
__ Other

5. APPLICANT(S) NAME (Last, first, middle)

Lyfe Kitchen NorCal, LLC

6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code)

263 Wagner Place, Memphis, TN 38103

7. PREMISES ADDRESS (Street address, city, zip code)

19399 Stevens Creek Blvd, Cupertino, CA 95014

APPLICANT'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department, (b) to gain or establish a preference to or for any creditor or transferor, or (c) to defraud or injure any creditor or transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

I understand that if I fail to qualify for the license or withdraw this application there will be a service charge of one-fourth of the license fee paid, up to $100.

SOLE OWNER

8. PRINTED NAME (Last, first, middle) | SIGNATURE X | DATE SIGNED

PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

9. 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

10. PRINTED NAME (Last, first, middle) | SIGNATURE X | DATE SIGNED

TITLE
__ President __ Vice President __ Chairman of the Board

PRINTED NAME (Last, first, middle) | SIGNATURE X | DATE SIGNED

TITLE
__ Secretary __ Asst. Secretary __ Chief Financial Officer __ Asst. Treasurer

LIMITED LIABILITY COMPANY

11. The limited liability company is member-run __ Yes [X] No (If no, complete Item #12 below)

12. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)

Chancellor Gene Carlisle and Louis Jehl

13. MEMBER'S PRINTED NAME (Last, first, middle) | SIGNATURE X | DATE SIGNED

Carlisle, Chancellor Gene | August 2, 2016

MEMBER'S PRINTED NAME (Last, first, middle) | SIGNATURE X | DATE SIGNED

WESLEY MENKEL DEMBINS STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF SHELBY MY COMM. EXP. APRIL 08, 2018

Wesley Menkel Dembins