

**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: **559155**  
 Receipt Number: **2304804**  
 Geographical Code: **4303**  
 Copies Mailed Date: **July 7, 2015**  
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **BLAST 825 PIZZA, INC**  
 Name of Business: **BLAST 825 PIZZA**  
 Location of Business: **10033 SAICH WAY**  
**CUPERTINO, CA 95014-2124**

County: **SANTA CLARA**Is Premise inside city limits? **Yes** Census Tract **5078.06**

Mailing Address: **6729 N PALM AVE**  
 (If different from  
 premises address) **STE 200**  
**FRESNO, CA 93704-1077**

Type of license(s): **41**

Transferor's license/name:

Dropping Partner: Yes ☐ No ☒

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
41 - On-Sale Beer And Wine	ANNUAL FEE	NA	Y	0	07/03/15	\$350.00
41 - On-Sale Beer And Wine	ORIGINAL FEES	NA	Y	0	07/03/15	\$300.00
Total						\$650.00

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: **July 3, 2015**

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

**BLAST 825 PIZZA, INC**

**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-Ltd  
☐ Partnership
 ☒ Corporation  
☐ Married Couple
 ☐ Limited Liability Company  
☐ Domestic Partner
 ☐ Other

**2. FILE NUMBER (If any)****3. LICENSE TYPE**

41-On Sale Beer, &amp; Wine Eating Place

**4. TRANSACTION TYPE**

- ☒ Original
 ☐ Person to Person Transfer  
☐ Exchange
 ☐ Premise to Premise Transfer  
☐ Other

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

Blast 825 Pizza, Inc.

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

6729 N Palm Avenue, Suite 200, Fresno, CA 93704

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

10033 Saich Way, 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)**

Ferdinandi, John A.

**SIGNATURE**

X

**DATE SIGNED**

6/24/15

**TITLE**

- ☒ President
 ☐ Vice President
 ☐ Chairman of the Board

**PRINTED NAME (Last, first, middle)**

Gray, Marta C.

**SIGNATURE**

X

**DATE SIGNED**

6/24/15

**TITLE**

- ☐ Secretary
 ☐ Asst. Secretary
 ☒ Chief Financial Officer
 ☐ Asst. Treasurer

**LIMITED LIABILITY COMPANY****11. The limited liability company is member-run**☐ Yes☐ No

(If no, complete Item #12 below)

**12. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)****13. MEMBER'S PRINTED NAME (Last, first, middle)****SIGNATURE**

X

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

X

**DATE SIGNED**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT****CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of Fresno )

On \_\_\_\_\_ before me, \_\_\_\_\_

Date

Here Insert Name and Title of the Officer

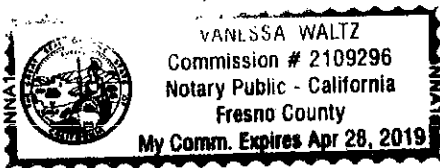
personally appeared

Marta C. Gray and John A. Fardinandi  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_