

**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: **569957**  
 Receipt Number: **2363350**  
 Geographical Code: **4303**  
 Copies Mailed Date: **May 26, 2016**  
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **SIZZLING GOURMET INC**  
 Name of Business: **SIZZLING GOURMET**  
 Location of Business: **19541 RICHWOOD DR**  
**CUPERTINO, CA 95014**

County: **SANTA CLARA**Is Premise inside city limits? **Yes**Census Tract **5080.01**

Mailing Address:  
 (If different from  
 premises address)

Type of license(s): **41**Transferor's license/name: **551366 / OURS TRADING INC**Dropping Partner: Yes ☐ No ☒

| License Type               | Transaction Type          | Fee Type | Master | Dup | Date     | Fee      |
|----------------------------|---------------------------|----------|--------|-----|----------|----------|
| 41 - On-Sale Beer And Wine | PERSON-TO-PERSON TRANSFER | NA       | Y      | 0   | 05/26/16 | \$150.00 |
| 41 - On-Sale Beer And Wine | ANNUAL FEE                | NA       | Y      | 0   | 05/26/16 | \$350.00 |
| NA                         | ISSUE TEMPORARY PERMIT    | NA       | N      | 1   | 05/26/16 | \$100.00 |
| NA                         | FEDERAL FINGERPRINTS      | NA       | N      | 4   | 05/26/16 | \$96.00  |
| NA                         | STATE FINGERPRINTS        | NA       | N      | 4   | 05/26/16 | \$156.00 |
| Total                      |                           |          |        |     |          | \$852.00 |

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: **May 26, 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****SIZZLING GOURMET 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)

551366

## 3. LICENSE TYPE

41

## 4. TRANSACTION TYPE

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

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

Sizzling Gourmet Inc.

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

19541 Richwood Dr, Cupertino, CA 95014

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

19541 Richwood Dr, 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 application or proposed

transfer is not made to (a) 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, (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)

Tsang, Yun Kei J

## SIGNATURE

X

## DATE SIGNED

4-28-2016

## TITLE

☒ President
 ☐ Vice President
 ☐ Chairman of the Board
 

## PRINTED NAME (Last, first, middle)

Tsang, Yun Kei J

## SIGNATURE

X

## DATE SIGNED

5-25-2016

## TITLE

☒ Secretary
 ☐ Asst. Secretary
 ☐ Chief Financial Officer
 ☐ Asst. Treasurer
 SEE ATTACHED  
CALIFORNIA  
NOTARIZATION

## 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



# JURAT

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 SANTA CLARA

Subscribed and sworn to (or affirmed) before me on this 25 day of MAY

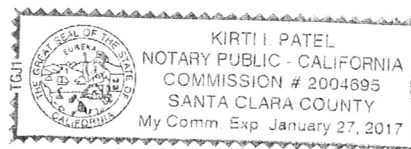
2016 by YUN KEI J TSANG

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature



(Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

APPLICATION SIGNATURE SHEET  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 5/25/2016

SIGNING AS: PRESIDENT & SECRETARY  
Additional information

## INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.