

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: **524498**
 Receipt Number: **2606146**
 Geographical Code: **4303**
 Copies Mailed Date: **October 15, 2019**
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **WELCOME MARKET INC**
 Name of Business: **99 RANCH MARKET**
 Location of Business: **10425 S DE ANZA BLVD
 CUPERTINO, CA 95014-3081**

County: **SANTA CLARA**

Is Premises inside city limits? **Yes** Census Tract: **5077.01**

Mailing Address:(If different from premises address) **2931 FABER ST
 UNION CITY, CA 94587-1215**

Type of license(s): **86**

Dropping Partner: Yes No

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
86 - Instructional Tasting License	ORI	Y			

<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	ADD PRIMARY LICENSE TYPE	NA	0	10/15/19	\$905.00
86 - Instructional Tasting License	ANNUAL FEE	NA	0	10/15/19	\$390.00
Total					\$1,295.00

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 SANTA CLARA

Date: October 15, 2019

Applicant Name(s)

WELCOME MARKET INC

(ATTACHED ABC 211S16)

APPLICATION SIGNATURE SHEET ("SIGN ON")

- Read instructions on reverse before completing.
- All signatures must be witnessed by an ABC employee or 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	4. TRANSACTION TYPE
21-524498	86	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Exchange <input type="checkbox"/> Person to Person Transfer <input type="checkbox"/> Premise to Premise Transfer <input type="checkbox"/> Other _____

5. APPLICANT(S) NAME (Last, first, middle)
 WELCOME MARKET, INC.

6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code)
 6281 REGIO AVE BUENA PARK CA

7. PREMISES ADDRESS (Street address, city, zip code)
 10425 S DE ANZA 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 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, the application fee shall be non-refundable as specified in Section 23320 B&P.

SOLE OWNER

8. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
N/A	X	N/A

PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

9. PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
N/A	X	N/A
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
N/A	X	N/A
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
N/A	X	N/A

CORPORATION

10. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
CHEN, CHANG HUA K	X	9/18/19
TITLE	<input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> _____, _____ian of the Board	
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
CHEN, JONSON INIEN	X	9/18/19
TITLE	<input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Asst. Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> 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)
 N/A

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