

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: **627703**
Receipt Number: **2673282**
Geographical Code: **4303**
Copies Mailed Date: **June 24, 2021**
Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **DOUGH ZONE NCA02 LLC**
Name of Business: **DOUGH ZONE DUMPLING HOUSE**
Location of Business: **19600 VALLCO PRKWAY
STE 130
CUPERTINO, CA 95014**

County: **SANTA CLARA**

Is Premises inside city limits? **Yes**

Census Tract:

Mailing Address:(If different
from
premises address)

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

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>		
41 - On-Sale Beer And Wine - Eating P 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	06/24/21	\$905.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	06/24/21	\$455.00
Total					\$1,360.00

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: June 24, 2021

Applicant Name(s)

DOUGH ZONE NCA02 LLC

SEE ABC 211 SLG

RECEIVED

State of California

APPLICATION SIGNATURE SHEET ("SIGN ON")

JUN 04 2021

Department of Alcoholic Beverage Control

- 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

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

41

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

DOUGLAS ZONE NCA02 LLC

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

4529 Niland Street, Union City, CA 94587

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

19600 Valco Parkway, Suite 130, 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

X

PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

9. PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

DATE SIGNED

X

PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

DATE SIGNED

X

PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

DATE SIGNED

X

CORPORATION

10. PRINTED NAME (Last, first, middle)

SIGNATURE

DATE SIGNED

X

TITLE

☐ President ☐ Vice President ☐ Chairman of the Board

PRINTED NAME (Last, first, middle)

SIGNATURE

DATE SIGNED

X

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)

Wang, Chenyun

SIGNATURE

X

DATE SIGNED

6/2/2021

MEMBER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

RECEIVED

JUN 04 2021

Alcoholic Beverage Control
San Jose

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 SAN MATEO)

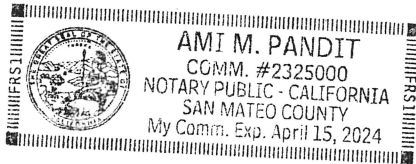
On 2nd June 2021 before me, AMI M. PANDIT, NOTARY PUBLIC,
Date Here Insert Name and Title of the Officer

personally appeared Chenyun Wang
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 Am Pandit
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: Dept of Alcoholic beverage control / Application Document Date: _____
Number of Pages: one Signer(s) Other Than Named Above: _____
Signature Sheet

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: _____