

**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: **624221**  
Receipt Number: **2662812**  
Geographical Code: **4303**  
Copies Mailed Date: **February 22, 2021**  
Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **HANLIN TEA ROOM INC**  
Name of Business: **HANLIN TEA ROOM**  
Location of Business: **10271 TORRE AVE  
CUPERTINO, CA 95014-2183**

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

Mailing Address:(If different  
from  
premises address)

Type of license(s): **41**Dropping Partner: Yes\_\_\_ No **X**Transferor's license/name: **598782 / QIN-TANG CHARM RESTAURANT GROUP INC**

<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 PER		Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	PERSON TO PERSON TRF	NA	0	02/22/21	\$335.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	02/22/21	\$455.00
Total					\$790.00

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: **February 22, 2021**

Applicant Name(s)

HANLIN TEA ROOM INCSee Attached ABC 211 Sig

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

2. FILE NUMBER (If any)

3. LICENSE TYPE

4. TRANSACTION TYPE

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

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

Hanlin Ten Room INC

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

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

10271 Torre Ave. 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

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☐ 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