Department of Alcoholic Beverage Control

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: 559225

Receipt Number: 2305373 Geographical Code: 4303

Copies Mailed Date: July 9, 2015

Issued Date:

DISTRICT SERVING LOCATION:

SAN JOSE

First Owner:

COFFEE HOUSE HOLDINGS INC

Name of Business:

STARBUCKS #631

Location of Business:

20676 HOMESTEAD RD

CUPERTINO, CA 95014-0451

County:

SANTA CLARA

Is Premise inside city limits?

Yes

Census Tract 5078.05

Mailing Address:

PO BOX 34442

(If different from premises address) **MAILSTOP S-TAX2 LICENSE SERVICES**

SEATTLE, WA 98124-1442

Type of license(s): 41

Transferor's license/name:

Dropping Partner: Yes

License Type	Transaction Type	Fee Type	Master	<u>Dup</u>	<u>Date</u>	<u>Fee</u>	
41 - On-Sale Beer And Wine	ANNUAL FEE	NA	Y	0	07/09/15	\$350.00	
41 - On-Sale Beer And Wine	ORIGINAL FEES	NA `	Y	0	07/09/15	\$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 7, 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

COFFEE HOUSE HOLDINGS INC

State of California 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 Married Couple Domestic Partner		Corpo	nership-Ltd poration ted Liability Company pr	
2. FILE NUMBER (If any)	3. LICENSE TYPE 41	XOrig	TION TYPE inal nange		n to Person Transfer se to Premise Transfer	
5. APPLICANT(S) NAME (Last, first, middle) Coffee House Holdings Inc.				<u></u>		
6. APPLICANTS MAILING ADDRESS (Street address/P.O Mailstop S-TAX2 License Se		442, Sea	attle WA 98124	olds Mattalline (ferregal) becomes programme		
7. PREMISES ADDRESS (Street address, city, zip code)	<u>. </u>	· '				
20676 Homestead Rd. Cupe	rtino CA 95014				•	
		NT'S CER	RTIFICATION			
Under penalty of perjury, each person below, certifies and says: (1) He/She is a the applicants, or an executive officer of corporation, named in the foregoing appl to make this application on its behalf; (2) foregoing and knows the contents thereo above statements therein made are true; than the applicant or applicants has any of in the applicant or applicant's business to license(s) for which this application is m	an applicant, or one of the applicant lication, duly authorized that he/she has read the f and that each of the (3) that no person other lirect or indirect interest be conducted under the		ninety (90) days prec application is filed w preference to or for a injure any creditor or may be withdrawn by resulting liability to t I understand that i	eding the day ith the Depart ny creditor or transferor; (5 ether the ap he Departmen f I fail to qual will be a serv	greement entered into more than on which the transfer ment, (b) to gain or establish a transferor, or (c) to defraud or) that the transfer application plicant or the licensee with no at. lify for the license or withdraw rice charge of one-fourth of the	
SOLE OWNER						
8. PRINTED NAME (Last, first, middle)		SIGNATURE X			DATE SIGNED	
PARTNERSHIP/LIMITED PARTNERSH	IIP (Signatures of ge	neral par	tners only)			
9. PARTNER'S PRINTED NAME (Last, first, middle)		SIGNATURE	<u> </u>		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)		SIGNATORE			DATE SIGNED	
TUPHER, CLAPICE		X len I Turan			6-5-15	
TITLE X President Vice President PRINTED NAME (Last, first, middle)	Chairman of the Board	SIGNATURE			DATE SIGNED	
		Х				
TITLE Asst. Secretary Asst. Secretary	Chief Financial Officer	Asst	Treasurer			
LIMITED LIABILITY COMPANY						
11. The limited liability company is member-		=R (Last, first,	Yes	No	(If no, complete Item #12 below)	
the transport of properties and the second s		: /====i m sii	···· ·,			
13. MEMBER'S PRINTED NAME (Last, first, middle)		SIGNATURE X			DATE SIGNED	
MEMBER'S PRINTED NAME (Last, first, middle)		SIGNATURE X			DATE SIGNED	

Notary Acknowledgement

"A notary public or other officer completing this certificate document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document."
State of WarauNfitoN, County of	KNIG
State of WACHUNETON , County of, County of, On, Defore me, MARY.	E. McANUSTY, Notary Public,
personally appeared <u>CARUE TURLIER</u> satisfactory evidence to be the person(s) whos acknowledged to me that he/she/they executed	, who proved to me on the basis of e name(s) is/are subscribed to the within instrument and d the same in his/her/their authorized capacity(ies), and ent the person(s), or the entity upon behalf of which
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	e laws of the State of California that the foregoing
WITNESS my hand and official seal.	NOTARY IMPRESSION FIELD
MANYEMC/MULTA NOTARY SIGNATURE	OF WASHING
Notary A	cknowledgement
"A notary public or other officer completing this certificate document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the ne truthfulness, accuracy, or validity of that document."
State of, County of	·
On before me,	, Notary Public
acknowledged to me that he/she/they executed	, who proved to me on the basis of satisfactory /are subscribed to the within instrument and d the same in his/her/their authorized capacity(ies), and ent the person(s), or the entity upon behalf of which
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	e laws of the State of California that the foregoing
WITNESS my hand and official seal.	NOTARY IMPRESSION HERE
NOTARY SIGNATURE	·

APPLICATION SIGNATURE SHEET ("SIGN ON")

		1. OWNERSHIP TYPE (Check one)			
• This form is to be used as the signature		! —	· Dorton	arabia I tri	
applications not signed in the District	Sole Owner		Partnership-Ltd Corporation		
Read instructions on reverse before	Partnership				
All signatures must be notarized in accordance with laws of the State where signed.		Married Couple	Limite	d Liability Company	
with laws of the State where signed	u.	Domestic Partner	Other		
2. FILE NUMBER (If any)	3. LICENSE TYPE	4. TRANSACTION TYPE	· 		
		X Original	Person	n to Person Transfer	
	41	Exchange	Premis	se to Premise Transfer	
			Other		
5. APPLICANT(S) NAME (Last, first, middle)					
Coffee House Holdings Inc.				·	
6. APPLICANT'S MAILING ADDRESS (Street address/P.C	hox city state zin code)	and the second proof for the period to the period and the second a		и руштинулган на пределения	
Mailstop S-TAX2 License Se		442, Seattle WA 98124			
7. PREMISES ADDRESS (Street address, city, zip code)		•			
20676 Homestead Rd. Cupe					
	APPLICA	NT'S CERTIFICATION			
Under penalty of perjury, each person	n whose signature appear	s payment of a loan or to	fulfill an ag	reement entered into more than	
below, certifies and says: (1) He/She is	an applicant, or one of	ninety (90) days preced	ing the day	on which the transfer	
the applicants, or an executive officer of				ment, (b) to gain or establish a	
corporation, named in the foregoing app				transferor, or (c) to defraud or	
to make this application on its behalf, (2) that the transfer application	
foregoing and knows the contents thereo				olicant or the licensee with no	
above statements therein made are true;		resulting liability to the	-		
than the applicant or applicants has any of in the applicant or applicant's business to				ify for the license or withdraw ice charge of one-fourth of the	
license(s) for which this application is m		license fee paid, up to \$		ice charge of the routh of the	
SOLE OWNER	auto, (1) mai uro stanoror	neonas tes para, ap to v			
8. PRINTED NAME (Last, first, middle)		SIGNATURE		DATE SIGNED	
		X			
PARTNERSHIP/LIMITED PARTNERSH	IP (Signatures of ge				
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		1		
PRINTED NAME (Last, first, middle)		SIGNATURE	1.	DATE SIGNED	
HUME, SORME HAGER		Ino he Hooland	The	10/9/2015	
TITLE	Chief Financial Officer	Asst. Treasurer			
LIMITED LIABILITY COMPANY					
11. The limited liability company is member-		Yes	No	(If no, complete Item #12 below)	
11. THE ITHE CHARGE INDICATE THE HIGH-		L		(iii.ie) complete from iii12 polow)	
(See 13) MET OF SECURITY ESTIMATION PROPERTY METERS (SEE 15)	ON PROIONNIED OF FIOL	min framed med manages.			
13. MEMBER'S PRINTED NAME (Last, first, middle)		SIGNATURE	· · · · · · · · · - · -	DATE SIGNED	
TO MEMOER OF CHIEFED PANIC (LOSI, IIIS)		X			
AACADEDIC DOINTED MANE O and first outside.				DATE SIGNED	
MEMBER'S PRINTED NAME (Last, first, middle)		SIGNATURE X		DATE SIGNED	
		^			

Notary Acknowledgement

document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document."
State of WISHINGTON , County of KING
On 6.9.15 before me, Link Lawson , Notary Public,
personally appeared
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. NOTARY INTRESSION REPRESSION REPRESSION REPRESSION REPRESSION REPRESSION REPRESSION REPRESED REPRESSION REPRESSION REPRESED REPRES
NOTARY SIGNATURE MY APPOINTMENT EXPIRES: 5-9-16
Notary Acknowledgement
"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, County of
On, Notary Public
personally appeared, 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 signatures on the instrument the person(s), or the entity upon behalf of which their 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. NOTARY IMPRESSION HERE