

**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: **573145**  
 Receipt Number: **2383320**  
 Geographical Code: **4303**  
 Copies Mailed Date: **September 13, 2016**  
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**First Owner: **PEFF LLC**Name of Business: **ENZOS RESTAURANT**

Location of Business: **21275 STEVENS CREEK BLVD**  
**STE 510**  
**CUPERTINO, CA 95014-5719**

County: **SANTA CLARA**Is Premise inside city limits? **Yes** Census Tract **5078.05**

Mailing Address:  
 (If different from  
 premises address)

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

Transferor's license/name:

Dropping Partner: Yes ☐ No ☒

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
41 - On-Sale Beer And Wine	ANNUAL FEE	NA	Y	0	09/13/16	\$350.00
41 - On-Sale Beer And Wine	ORIGINAL FEES	NA	Y	0	09/13/16	\$300.00
NA	FEDERAL FINGERPRINTS	NA	N	4	09/13/16	\$96.00
NA	STATE FINGERPRINTS	NA	N	4	09/13/16	\$156.00
Total						\$902.00

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: **September 13, 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

PEFF LLC

**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)

N/A

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)

PEFF LLC

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

21275 Stevens Creek Blvd Unit #510 Cupertino, CA 95014

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

21275 Stevens Creek Blvd Unit #510 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

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)

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)

Tersini, Paul A.

SIGNATURE

X

DATE SIGNED

8-22-16

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

Pace, Enzo

SIGNATURE

X

DATE SIGNED

8-22-16

## ACKNOWLEDGMENT

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 Los Angeles )

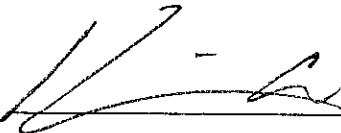
On 9/7/16 before me, Kevin Hufford - notary public  
(insert name and title of the officer)

personally appeared Enzo Pace - AB211SIG Application Signature Sheet  
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~~  
~~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



(Seal)



# 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.

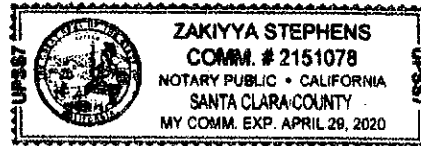
State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 22 day of August,  
2016 by Paul A. Tersini

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

Zakiyya Stephens  
Signature (Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

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 with 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.

1A  
**APPLICATION SIGNATURE SHEET (continued)**

Department of Alcoholic Beverage Control

**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.

**ADDITIONAL SIGNATURES**

14. PRINTED NAME (Last, first, middle) Vitagliano Fabrizio	SIGNATURE X <i>Vitagliano Fabrizio</i>	DATE SIGNED 09/01/2016
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

**INSTRUCTIONS AND GENERAL INFORMATION**

- Type or print clearly in black or blue ink (do not use red).
- If you need more space for signatures, use Item #14.

**Ownership Type** (Item #1) - Check the box for the type of ownership for the business.

**File Number** (Item #2) - If this is an application for a transfer or exchange, enter the number assigned to the specific license being transferred or exchanged.

**License Type** (Item #3) - Enter the numeric designation for the license (e.g., Type 21) or description (e.g., Off-Sale General).

**Transaction Type** (Item #4) - Check the box for the type of transaction.

**Applicant(s) Name** (Item #5) - Enter the name of the applicant. For a general partnership, the names of the individual partners. For a limited partnership, limited liability company, or a corporation, the name of the entity.

**Applicant's Mailing Address** (Item #6) - Enter the address where you wish to receive mail. May be different from the premises address. Business and mailing addresses are public information and are available to the public. Please consider this, especially when listing a mailing address.

**Premises Address** (Item #7) - Enter the location of the premises for which the license is applied.

**Partnerships** (Item #9) - The application must be signed by each of the partners (e.g., general partnerships, husband and wife, etc.) **Limited Partnerships** - The application must be signed by each of the general partners. Limited partners do not need to sign.

**Corporations** (Item #10) - The application must be signed by two officers of the corporation, one from each of the following categories: (a) The chairperson of the board, the president, or a vice president; and (b) the secretary, assistant secretary, chief financial officer, or assistant treasurer.

**Limited Liability Companies** (Item #13) - For a limited liability company that is managed by its members, the application must be signed by each member or by an officer authorized by the articles of organization or the operating agreement to bind the company. For a limited liability company that is managed by a manager or managers, the application must be signed by the manager or managers or by an officer authorized by the articles of organization or the operating agreement to bind the company.

**RECEIVED**

## CERTIFICATE OF ACKNOWLEDGMENT OF EXECUTION OF AN INSTRUMENT

REPUBLIC OF ITALY                                 }  
PROVINCE OF MILAN                               }  
CITY OF MILAN                                    }  
CONSULATE GENERAL OF THE                   }  
UNITED STATES OF AMERICA                   }

ss:

*I, Rosalia E. Peaslee, Consular Associate of the United States of America in Milan, Italy, duly commissioned and qualified, do hereby certify that on this 1<sup>st</sup> day of September, 2016, before me personally appeared:*

**Fabrizio Vitagliano**  
(Italian passport #AA0692167)

*known to me to be the individual described in, whose name is subscribed to, and who executed the annexed instrument, and he acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein mentioned.*

*In witness whereof I have set my hand and official seal this this 1<sup>st</sup> day of September, 2016.*



Rosalia E. Peaslee  
Consular Associate  
United States of America

(SEAL)

Commission: indefinite

**RECEIVED**

SEP 9 2016

Alcoholic Beverage Control