

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: **574458**
 Receipt Number: **2404436**
 Geographical Code: **4303**
 Copies Mailed Date: **January 5, 2017**
 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: **1055 W 7TH ST**
 (If different from premises address) **33RD FLR #326**
LOS ANGELES, CA 90017-2577

Type of license(s): **47**

Transferor's license/name:

Dropping Partner: Yes ☐ No ☒

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
47 - On-Sale General Eating	ORIGINAL FEES	NA	Y	0	09.23.16	\$13,800.00
47 - On-Sale General Eating	ANNUAL FEE	P40	Y	0	01.05.17	\$876.00
Total						\$14,676.00 \$876.00

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 23, 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)

PEFF LLC

See 211 Signature Page

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)

3. LICENSE TYPE

4. TRANSACTION TYPE

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

47

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

PEFF LLC

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

1055 W. 7TH ST., 33RD FLOOR #326 LOS ANGELES, CA 90017

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

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)

TERSINI, PAUL ALLEN

SIGNATURE

DATE SIGNED

X

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

PACE, ENZO

SIGNATURE

DATE SIGNED

X

11-22-14

12-15-16

APPLICATION SIGNATURE SHEET (continued)**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.

ADDITIONAL SIGNATURES

14 PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
VITAGLIANO, FABRIZIO	X <i>Vitagliano Fabrizio</i>	12-13-16
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
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.

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 Santa Clara

On November 22nd, 2016 before me, C. Matt Hawks, Notary Public
(insert name and title of the officer)

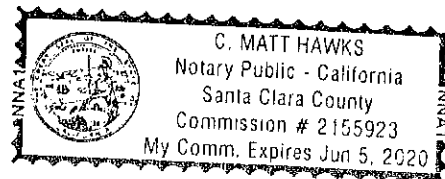
personally appeared Paul A. Torsini
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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 C. Matt Hawks

(Seal)



**CERTIFICATE OF ACKNOWLEDGMENT
OF EXECUTION OF AN INSTRUMENT**

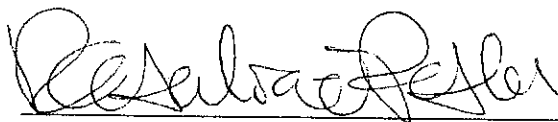
REPUBLIC OF ITALY }
PROVINCE OF MILAN }
CITY OF MILAN } ss:
CONSULATE GENERAL OF THE }
UNITED STATES OF AMERICA }

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 15th day of December, 2016, before me personally appeared:

Enzo PACE
(Italian passport #YA2242174)

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 14th day of December, 2016.



Rosalia E. Peaslee
Consular Associate
United States of America

Commission: indefinite

(SEAL)

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 Alameda

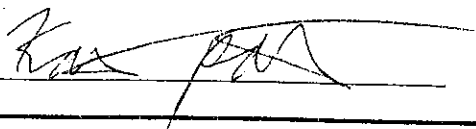
On December 19, 2016 before me, Kavin Patel, Notary
(Insert name and title of the officer)

personally appeared Fabrizio Vitagliano
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.

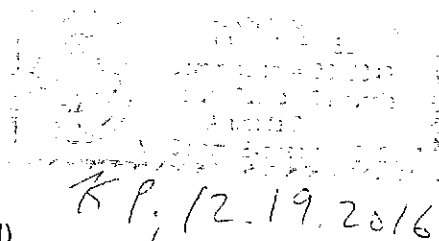
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



K P, 12.19.2016