

**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: **587913**  
 Receipt Number: **2462458**  
 Geographical Code: **4303**  
 Copies Mailed Date: **October 19, 2017**  
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**First Owner: **GALPAO GAUCHO THREE, LLC**

Name of Business:

Location of Business: **19780 STEVENS CREEK BLVD**  
**CUPERTINO, CA 95014-2456**

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

Mailing Address: **1990 TROWER AVE**  
 (If different from **NAPA, CA 94558-2209**  
 premises address)

Type of license(s): **47**Transferor's license/name: **506546 / SAVIR LLC**Dropping Partner: Yes ☐ No ☒

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
47 - On-Sale General Eating	ANNUAL FEE	P40	Y	0	10/19/17	\$876.00
47 - On-Sale General Eating	PREMISE TO PREMISE TRANSFER	P40	Y	0	10/19/17	\$100.00
47 - On-Sale General Eating	PERSON-TO-PERSON TRANSFER	P40	Y	0	10/19/17	\$1,250.00
Total						\$2,226.00

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: **October 19, 2017**

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****GALPAO GAUCHO THREE, LLC****11 11 11**

**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)

Galpao Gaucho Three, LLC

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

1990 Trower Ave., Napa, CA 94558

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

19780 Stevens Creek Blvd., Cupertino, CA 95014

**APPLICANT'S CERTIFICATION**

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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****NOTARIZE EACH SIGNATURE**

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

DATE SIGNED

Wachholz, Alberto, Marino

X

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

SIGNATURE

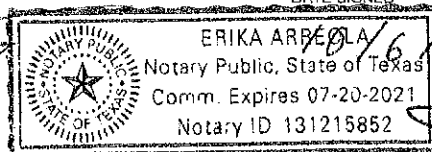
DATE SIGNED

Hernandez Reyes, Juan de Dios

X

ABC-211-SIG (2/09)

"SIGN ON"



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X

DATE SIGNED

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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**

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SIGNATURE

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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****NOTARIZE EACH SIGNATURE**

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)

Wachholz, Alberto, Marino

SIGNATURE

X

DATE SIGNED

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

Hernandez Reyes, Juan de Dios

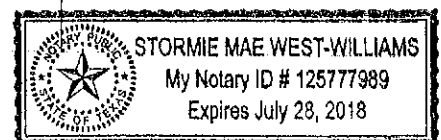
SIGNATURE

X

DATE SIGNED

ABC-211-SIG (2/09)

Subscribed and sworn to before me on  
 this 5th day of October, 2017.  
 X Alberto Wachholz - Will



**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

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**ADDITIONAL SIGNATURES**

14. PRINTED NAME (Last, first, middle)	SEE ATTACHED CALIFORNIA NOTARIZATION	SIGNATURE	DATE SIGNED
Gava, Jovani, Marcos		X	10-12-2017
PRINTED NAME (Last, first, middle)		SIGNATURE	DATE SIGNED
		X	
PRINTED NAME (Last, first, middle)		SIGNATURE	DATE SIGNED
		X	
PRINTED NAME (Last, first, middle)		SIGNATURE	DATE SIGNED
		X	
PRINTED NAME (Last, first, middle)		SIGNATURE	DATE SIGNED
	X		
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED	
	X		
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED	
	X		
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED	
	X		
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED	
	X		
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED	
	X		

**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.

## CALIFORNIA ALL-PURPOSE 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

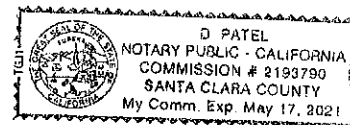
On 10/12/2017 before me, D. Patel, Notary Public, personally appeared  
JOVANI M. GAVA

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 of Notary Public



(Notary Seal)

### OPTIONAL INFORMATION

*The acknowledgment contained within this document is in accordance with California law. Any certificate of acknowledgment performed within the State of California shall use the preceding wording pursuant to Civil Code section 1189. An acknowledgment cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. In addition, the correct notarial wording can only be signed and sealed by a notary public. The seal and signature cannot be affixed to a document without the correct notarial wording.*

### DESCRIPTION OF ATTACHED DOCUMENT

Applicant's Certification  
Application Signature Sheet  
(Title of document)

Number of Pages 2 (Including acknowledgment)

Document Date \_\_\_\_\_

### CAPACITY CLAIMED BY SIGNER

\_\_\_\_ Individual  
\_\_\_\_ Corporate Officer  
\_\_\_\_ Partner  
\_\_\_\_ Attorney-In-Fact  
\_\_\_\_ Trustee  
\_\_\_\_ Other: \_\_\_\_\_