

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: **588266**
 Receipt Number: **2464969**
 Geographical Code: **4303**
 Copies Mailed Date: **October 31, 2017**
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**First Owner: **KVS TEAM**Name of Business: **KOJA KITCHEN**

Location of Business: **19700 VALLCO PKWY**
STE 130
CUPERTINO, CA 95014-7132

County: **SANTA CLARA**Is Premise inside city limits? **Yes**Census Tract **5081.02**

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	10-31-17	\$350.00
41 - On-Sale Beer And Wine	ORIGINAL FEES	NA	Y	0	10-31-17	\$300.00
NA	FEDERAL FINGERPRINTS	NA	N	4	10-31-17	\$96.00
NA	STATE FINGERPRINTS	NA	N	4	10-31-17	\$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: **October 31, 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)

KVS TEAM**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

Type 41

4. TRANSACTION TYPE

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

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

KVS Team

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

19700 Vallco Parkway Suite 130, Cupertino, CA 95014

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

19700 Vallco Parkway Suite 130, 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 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)

Ma, Viet, Trung

SIGNATURE

X

DATE SIGNED

10/27/17

TITLE

☐ President
 ☒ Vice President
 ☐ Chairman of the Board

PRINTED NAME (Last, first, middle)

Ma, Viet, Trung

SIGNATURE

X

DATE SIGNED

10/27/17

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