

**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: **607864**  
Receipt Number: **2584438**  
Geographical Code: **4303**  
Copies Mailed Date: **July 10, 2019**  
Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **CH CUPERTINO LLC**  
Name of Business: **CURRY HOUSE**  
Location of Business: **10350 S DE ANZA BLVD**  
**CUPERTINO, CA 95014-3020**

County: **SANTA CLARA**Is Premises inside city limits? **Yes** Census Tract: **5080.01**Mailing Address:(If different  
from  
premises address) **120 CHULA VISTA**  
**HOLLYWOOD PARK, TX 78232-2234**Type of license(s): **41**Dropping Partner: Yes ☐ No ☒Transferor's license/name: **457665 / HOUSE FOODS AMERICA CORPORATION**

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
41 - On-Sale Beer And Wine - Eating P PER		Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	PERSON TO PERSON TRF	NA	0	07/10/19	\$335.00
Application Fee	ISSUE TEMPORARY PERMIT	NA	1	07/10/19	\$100.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	07/10/19	\$406.00
Total					\$841.00

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**STATE OF CALIFORNIA County of **SANTA CLARA**Date: **July 10, 2019**

Applicant Name(s)

CH CUPERTINO LLC*(ATTACHED ABC-211 SIG FOR SIGNATURE)*

**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

41

## 4. TRANSACTION TYPE

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

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

CH Cupertino, LLC

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

120 Chula Vista, Hollywood Park, Texas 78232

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

10350 S DE ANZA BLVD, 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)

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)

Kemp, Jason, Richard

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

SIGNATURE

X

DATE SIGNED

CH Acquisitions, LLC

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

SIGNATURE

X

DATE SIGNED

7/1/19