

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: **608197**
 Receipt Number: **2586605**
 Geographical Code: **4303**
 Copies Mailed Date: **July 23, 2019**
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **ZEST FOOD INC**
 Name of Business: **ZEST FOOD**
 Location of Business: **10881 S BLANEY AVE**
CUPERTINO, CA 95014

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

Mailing Address: (If different
 from
 premises address)

Type of license(s): **41**Dropping Partner: Yes ☐ No ☒

Transferor's license/name:

<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 ORI		Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	ADD PRIMARY LICENSE TYPE	NA	0	07/23/19	\$905.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	07/23/19	\$406.00
Total					\$1,311.00

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 23, 2019**

Applicant Name(s)

ZEST FOOD INC**(SEE ATTACHED ABC-211 SIG)**

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

5. APPLICANT(S) NAME (Last, first, middle)**6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code)****7. PREMISES ADDRESS (Street address, city, zip code)**

Ma Jianjun East Food INC
 10881 S. Blaney Ave 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****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**

Ma Jianjun

X

7-23-19

TITLE
☐ President ☐ Vice President ☒ Chairman of the Board
PRINTED NAME (Last, first, middle)**SIGNATURE****DATE SIGNED**

Ma Humian

X

7-23-19

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****DATE SIGNED**

X

MEMBER'S PRINTED NAME (Last, first, middle)**SIGNATURE****DATE SIGNED**

X