

**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: **613027**  
 Receipt Number: **2613834**  
 Geographical Code: **4303**  
 Copies Mailed Date: **November 22, 2019**  
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **KARAO TEA FOOD LLC**  
 Name of Business: **CRAB LOVER**  
 Location of Business: **10275 S DE ANZA BLVD**  
**CUPERTINO, CA 95014-3026**

County: **SANTA CLARA**Is Premises inside city limits? **Yes**Census Tract: **5077.01**

Mailing Address:(If different  
 from  
 premises address)

Type of license(s): **41**Dropping Partner: Yes ☐ No ☒Transferor's license/name: **566893 / CRAB LOVER 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	STATE FINGERPRINTS	NA	3	11/22/19	\$117.00
Application Fee	ISSUE TEMPORARY PERMIT	NA	1	11/22/19	\$100.00
Application Fee	PERSON TO PERSON TRF	NA	0	11/22/19	\$335.00
Application Fee	FEDERAL FINGERPRINTS	NA	3	11/22/19	\$72.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	11/22/19	\$455.00
Total					\$1,079.00

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: **November 22, 2019**

Applicant Name(s)

**KARAO TEA FOOD LLC***(ATTACHED ABC 211 SIG)*

## APPLICATION SIGNATURE SHEET ("SIGN ON")

- Read instructions on reverse before completing.
- All signatures must be witnessed by an ABC employee or notarized in accordance with laws of the State where signed.

1 OWNERSHIP TYPE (Check one)	
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership-Ltd
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Married Couple	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Other
2 FILE NUMBER (if any)	3 LICENSE TYPE
	41
4 TRANSACTION TYPE	
<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Person to Person Transfer
<input type="checkbox"/> Exchange	<input type="checkbox"/> Premise to Premise Transfer
<input type="checkbox"/> Other	
5 APPLICANT'S NAME (Last, first, middle)	
KaraoTea Food LLC	
6 APPLICANT'S MAILING ADDRESS (Street address, P.O. box, city, state, zip code)	
10275 S. De Anza Blvd, Cupertino, CA 95014	
7 PREMISES ADDRESS (Street address, city, zip code)	
10275 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, the application fee shall be non-refundable as specified in Section 23320 B&P.

## 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		
<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Chairman of the Board		
PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	
TITLE		
<input type="checkbox"/> Secretary <input type="checkbox"/> Asst. Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Asst. Treasurer		

## LIMITED LIABILITY COMPANY

11. The limited liability company is member-run	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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
Sun, Jin Hui	X	11/21/19
MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	

please see attached CA All-Purpose Acknowledgment \*