

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: **614467**
Receipt Number: **2622825**
Geographical Code: **4303**
Copies Mailed Date: **January 24, 2020**
Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **PIZZA MY HEART INC**
Name of Business: **PIZZA MY HEART**
Location of Business: **19409 STEVENS CREEK BLVD
STE 140
CUPERTINO, CA 95014-7106**

County: **SANTA CLARA**

Is Premises inside city limits?

YesCensus Tract: **5081.02**

Mailing Address:(If different
from
premises address)

**16222 SHANNON RD
LOS GATOS, CA 95032**

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	01/24/20	\$905.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	01/24/20	\$455.00
Total					\$1,360.00

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: January 24, 2020

Applicant Name(s)

PIZZA MY HEART INC

(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.

2. FILE NUMBER (if any)		3. LICENSE TYPE 41	1. OWNERSHIP TYPE (Check one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Married Couple <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Partnership-Ltd <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other
5. APPLICANT(S) NAME (Last, first, middle) Pizza My Heart, Inc		4. TRANSACTION TYPE <input checked="" type="checkbox"/> Original <input type="checkbox"/> Exchange <input type="checkbox"/> Person to Person Transfer <input type="checkbox"/> Premise to Premise Transfer <input type="checkbox"/> Other	
6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code) 16222 Shannon Rd, Los Gatos CA 95032			
7. PREMISES ADDRESS (Street address, city, zip code) 19409 Steven's Creek Blvd #140, 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.

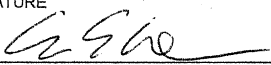

SOLE OWNER

8. PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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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) Hammers, Charles, Curtis	SIGNATURE X 	DATE SIGNED 1/24/20
TITLE <input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Chairman of the Board		
PRINTED NAME (Last, first, middle) Hammers, Charles, Curtis	SIGNATURE X 	DATE SIGNED 1/24/20
TITLE <input checked="" 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 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 X	DATE SIGNED
MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED