

**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: **612711**  
Receipt Number: **2611700**  
Geographical Code: **4303**  
Copies Mailed Date: **November 12, 2019**  
Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**

First Owner: **P&S CUPERTINO INC**  
Name of Business: **VONS CHICKEN CUPERTINO**  
Location of Business: **10520 S DE ANZA BLVD**  
**CUPERTINO, CA 95014-3035**

County: **SANTA CLARA**Is Premises inside city limits? **Yes**Census Tract: **3080-01**

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	11/12/19	\$905.00
41 - On-Sale Beer And Wine - Eat	ANNUAL FEE	NA	0	11/12/19	\$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: **November 12, 2019**

Applicant Name(s)

P&S CUPERTINO 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) P&S Cupertino, 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) 10520 S. De Anza Blvd., Cupertino, CA 95014			
7. PREMISES ADDRESS (Street address, city, state, zip code) 10520 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 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) Na, Kyung Gyun	SIGNATURE X 	DATE SIGNED 11/07/2019
TITLE <input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Chairman of the Board		
PRINTED NAME (Last, first, middle) Na, Kyung Gyun	SIGNATURE X 	DATE SIGNED 11/07/2019
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

# CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

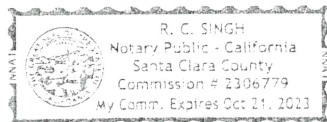
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

On 11/07/2019 before me, R.C. Singh, Notary Public,  
Date Name and Title of Officer


personally appeared KYUNG GYUN NA



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

  
Signature of Notary Public

My Commission Expires: Oct 21, 2023

## OPTIONAL INFORMATION

Title or Type of Document: \_\_\_\_\_  
Document Date: \_\_\_\_\_  
Number of Pages: \_\_\_\_\_  
Capacity of Signer: \_\_\_\_\_