

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: **610535**
 Receipt Number: **2627571**
 Geographical Code: **4303**
 Copies Mailed Date: **February 20, 2020**
 Issued Date:

DISTRICT SERVING LOCATION: **SAN JOSE**First Owner: **HANS INC**Name of Business: **SPICE KLUB**

Location of Business: **10310 S DE ANZA BLVD**
CUPERTINO, CA 95014-3247

County: **SANTA CLARA**Is Premises inside city limits? **Yes**Census Tract: **5081.01**

Mailing Address:(If different
 from
 premises address) **2055 GATEWAY PLACE**
STE 400
SAN JOSE, CA 95110

Type of license(s): **47**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>		
47 - On-Sale General Eating Place	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	09/19/19	\$15,835.00
Application Fee	FEDERAL FINGERPRINTS	NA	7	02/20/20	\$168.00
Application Fee	STATE FINGERPRINTS	NA	7	02/20/20	\$273.00
47 - On-Sale General Eating Place	ANNUAL FEE	P40	0	02/20/20	\$1,235.00
Total					\$17,511.00

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: **September 19, 2019**

Applicant Name(s)

HANS 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.

1. OWNERSHIP TYPE (Check one)

- ☐ Sole Owner ☐ Partnership-Ltd
☐ Partnership ☒ Corporation
☐ Married Couple ☐ Limited Liability Company
☐ Domestic Partner ☐ Other

2. FILE NUMBER (If any)

610535

3. LICENSE TYPE

47

4. TRANSACTION TYPE

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

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

Hans Inc. which will do business in California as Spice Klub

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

2055 Gateway Pl, Suite 400, San Jose, CA 95110

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

10310 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

State of: California**PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)**County of: Alameda

9. PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

The foregoing document was acknowledged
before me 13 day of FEB, 2020

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

SIGNATURE

X

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

SIGNATURE

X

Jemma Jorel Lester, Notary Public
My Commission Expires March 15, 2022

CORPORATION

10. PRINTED NAME (Last, first, middle)

Ruta Jariwala

SIGNATURE

X

DATE SIGNED

2/13/2020

TITLE

- ☒ President ☐ Vice President ☐ Chairman of the Board

PRINTED NAME (Last, first, middle)

Nayan Amin

SIGNATURE

X

DATE SIGNED

2/13/2020

TITLE

- ☐ Secretary ☐ Asst. Secretary ☐ Chief Financial Officer ☒ 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

X

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

SIGNATURE

X

