

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 1515 CLAY ST
 STE 2208
 OAKLAND, CA 94612
 (510) 622-4970

File Number: **584427**
 Receipt Number: **2447033**
 Geographical Code: **0109**
 Copies Mailed Date: **August 17, 2017**
 Issued Date:

DISTRICT SERVING LOCATION: **OAKLAND**

First Owner: **EK FOOD SERVICES INC**

Name of Business:

Location of Business: **4828 TELEGRAPH AVE
 OAKLAND, CA 94609-2010**

County: **ALAMEDA**

Is Premise inside city limits? **Yes** Census Tract **4011.00**

Mailing Address: **150 ASSOCIATED RD
 SOUTH SAN FRANCISCO, CA 94080**
 (If different from premises address)

Type of license(s): **41**

Transferor's license/name: **536894 / SHIN SUN GROUP** Dropping Partner: Yes No

<u>License Type</u>	<u>Transaction Type</u>	<u>Fee Type</u>	<u>Master</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
41 - On-Sale Beer And Wine	ANNUAL FEE	NA	Y	0	08/17/17	\$350.00
41 - On-Sale Beer And Wine	PERSON-TO-PERSON TRANSFER	NA	Y	0	08/17/17	\$150.00
NA	ISSUE TEMPORARY PERMIT	NA	N	1	08/17/17	\$100.00
Total						\$600.00

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**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of ALAMEDA Date: August 17, 2017

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He 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 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 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 or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s)

Applicant Signature(s)

EK FOOD SERVICES INC

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 1515 CLAY ST
 STE 2208
 OAKLAND, CA 94612
 (510) 622-4970

File Number: **584273**
 Receipt Number: **2446143**
 Geographical Code: **0109**
 Copies Mailed Date: **August 14, 2017**
 Issued Date:

DISTRICT SERVING LOCATION: **OAKLAND**

First Owner: **MADISON, JOSEPH STEVEN**

Name of Business: **ENOTECA MOLINARI**

Location of Business: **5474 COLLEGE AVE
 OAKLAND, CA 94618-1552**

County: **ALAMEDA**

Is Premise inside city limits? **Yes** Census Tract **4003.00**

Mailing Address: **5484 TAFT AVE
 OAKLAND, CA 94618-1517**
 (If different from premises address)

Type of license(s): **47**

Transferor's license/name: **537441 / MADISON, JOSEPH STEVEN** Dropping Partner: Yes___ No___

<u>License Type</u>	<u>Transaction Type</u>	<u>Fee Type</u>	<u>Master</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
47 - On-Sale General Eating	PREMISE TO PREMISE TRANSFER	P40	Y	0	08/14/17	\$100.00
NA	FEDERAL FINGERPRINTS	NA	N	1	08/14/17	\$24.00
NA	STATE FINGERPRINTS	NA	N	1	08/14/17	\$39.00
Total						\$163.00

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**

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STATE OF CALIFORNIA County of ALAMEDA

Date: August 14, 2017

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Applicant Name(s)

Applicant Signature(s)

MADISON, JOSEPH STEVEN

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 1515 CLAY ST
 STE 2208
 OAKLAND, CA 94612
 (510) 622-4970

File Number: **583555**
 Receipt Number: **2441701**
 Geographical Code: **0109**
 Copies Mailed Date: **August 15, 2017**
 Issued Date:

DISTRICT SERVING LOCATION: **OAKLAND**

First Owner: **COPA FINA WINE IMPORTS LLC**
 Name of Business: **COPA FINA WINE IMPORTS LLC**
 Location of Business: **3425 GRAND AVE
 STE B
 OAKLAND, CA 94610-2013**

County: **ALAMEDA**

Is Premise inside city limits? **Yes** Census Tract **4039.00**

Mailing Address:
 (If different from
 premises address)

Type of license(s): **09, 17, 20**

Transferor's license/name: **557558 / COPA FINA WINE IMPORTS LLC** Dropping Partner: Yes No

<u>License Type</u>	<u>Transaction Type</u>	<u>Fee Type</u>	<u>Master</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
09 - Beer And Wine Importe	PREMISE TO PREMISE TRANSFER	NA	N	1	07/20/17	\$100.00
09 - Beer And Wine Importe	DUPLICATE/SECONDARY	NA	N	0	07/20/17	\$74.00
17 - Beer And Wine Wholes	ANNUAL FEE	NA	Y	0	07/20/17	\$310.00
17 - Beer And Wine Wholes	PREMISE TO PREMISE TRANSFER	NA	Y	0	07/20/17	\$100.00
20 - Off-Sale Beer And Win	PREMISE TO PREMISE TRANSFER	NA	Y	0	07/20/17	\$100.00
20 - Off-Sale Beer And Win	ANNUAL FEE	NA	Y	0	07/20/17	\$254.00
Total						\$938.00

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**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of ALAMEDA

Date: July 20, 2017

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He 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 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 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 or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

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Applicant Name(s)

Applicant Signature(s)

COPA FINA WINE IMPORTS LLC