

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: 582933
Receipt Number: 2438226
Geographical Code: 0109
Copies Mailed Date: June 29, 2017
Issued Date:

DISTRICT SERVING LOCATION: OAKLAND

First Owner: DRAWBRIDGE CELLARS LLC
Name of Business: DRAWBRIDGE CELLARS
Location of Business: 2811A CHAPMAN ST
OAKLAND, CA 94601-2111

County: ALAMEDA

Is Premise inside city limits? Yes Census Tract 4061.00

Mailing Address:
(If different from
premises address)

Type of license(s): 02

Transferor's license/name: Dropping Partner: Yes ___ No ___

Table with 7 columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Rows include Winegrower fees, State Fingerprints, and Federal Fingerprints, with a Total fee of \$421.00.

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: June 29, 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)

DRAWBRIDGE CELLARS LLC

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: **582609**
 Receipt Number: **2436187**
 Geographical Code: **0109**
 Copies Mailed Date: **June 20, 2017**
 Issued Date:

DISTRICT SERVING LOCATION: **OAKLAND**

First Owner: **WHOLE FOODS MARKET CALIFORNIA INC**
 Name of Business: **WHOLE FOODS MARKET**
 Location of Business: **230 BAY PL**
OAKLAND, CA 94612-3805

County: **ALAMEDA**

Is Premise inside city limits? **Yes** Census Tract **4035.02**

Mailing Address: **PO BOX 684786**
 (If different from **ATTN LICENSING TEAM**
 premises address) **AUSTIN, TX 78768-4786**

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

Transferor's license/name: _____ Dropping Partner: Yes ___ No ___

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
41 - On-Sale Beer And Wine	ANNUAL FEE	NA	Y	0	06/20/17	\$350.00
41 - On-Sale Beer And Wine	ORIGINAL FEES	NA	Y	0	06/20/17	\$300.00
Total						\$650.00

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? **Yes**

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: **June 20, 2017**

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Applicant Name(s)

Applicant Signature(s)

WHOLE FOODS MARKET CALIFORNIA 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: **582990**
 Receipt Number: **2438667**
 Geographical Code: **0109**
 Copies Mailed Date: **July 3, 2017**
 Issued Date:

DISTRICT SERVING LOCATION: **OAKLAND**

First Owner: **JV RESTAURANT AND BAR LLC**
 Name of Business: **BEER BARON**
 Location of Business: **5900-5902 COLLEGE AVE
 OAKLAND, CA 94618-1326**

County: **ALAMEDA**

Is Premise inside city limits? **Yes** Census Tract **4002.00**

Mailing Address: **336 ST MARYS ST**
 (If different from premises address) **PLEASANTON, CA 94566**

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

Transferor's license/name: **518584 / MAISON NOUVEAU, INC.** 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	ANNUAL FEE	P40	Y	0	07/03/17	\$876.00
47 - On-Sale General Eating	PREMISE TO PREMISE TRANSFER	P40	Y	0	07/03/17	\$100.00
47 - On-Sale General Eating	PERSON-TO-PERSON TRANSFER	P40	Y	0	07/03/17	\$1,250.00
Total						\$2,226.00

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.

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STATE OF CALIFORNIA County of ALAMEDA

Date: July 3, 2017

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Applicant Name(s)

Applicant Signature(s)

JV RESTAURANT AND BAR LLC