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Department of Ak	coholic Beverage (	Control	
LICENSED	PREMISES	DIAGRAM	(RETAIL)

State of California

APPLICANT NAME (Last, first, middle)	2. LICENSE TYPE
WEST INDIA COMPANY LLC	41-592790
PREMISES ADDRESS (Street number and name, city, zip code)	4 NEAREST CROSS STREET
151 E EL CAMINO REAL, SUNNYVALE, CA 940	186
he diagram below is a true and correct descri-	Section of 13
oundaries of the premises to be licensed, inc.	ption of the entrances, exits, interior walls and exterior luding dimensions and identification of each room (i.e., "storeroom
office", etc.). DIAGRAM	o storeroon
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reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature requi	ec) Killing	DATE SIGNED 06/06/2018
CERTIFIED CORRECT (Signature)	FOR ABC USE OF	NLY INSPECTION DATE
ABC-257 (5/05)		