



# CITY OF LODI

## COUNCIL COMMUNICATION

**AGENDA TITLE:** Communications  
Alcoholic Beverage Control License Applications

**MEETING DATE:** January 7, 1998

**PREPARED BY:** City Clerk

**RECOMMENDED ACTION:** No action - information only.

**BACKGROUND INFORMATION:** A copy of an application for Alcoholic Beverage Control License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Mike N. Aburamadan and Farouk Y. Diab, Coco's Restaurant, 2347 West Kettleman Lane, Lodi, On-Sale Beer and Wine, Original License. **This is zoned RCP, Residential Commercial Professional.**
- b) Gallien Incorporation to Douglas A. and Janie R. Garceau, Mountain Mike's Pizza, 550 South Cherokee Lane, Suite E, Lodi, On-Sale Beer and Wine, Person to Person Transfer. **This is zoned C-2, General Commercial.**
- c) Barbara A. Fuentes, Prima, 1110 West Kettleman Lane, Suite 2, Lodi, On-Sale Beer and Wine, Original License. **This is zoned PD(15), Planned Development-15 (Commercial Shopping).**

The zonings for these licenses are appropriate for these types of businesses.

**FUNDING:** None required.

*Alice M. Reimche*  
Alice M. Reimche  
City Clerk

Attachment

**APPROVED:** \_\_\_\_\_  
H. Dixon Flynn -- City Manager

DROPPING PARTNER

YES \_\_\_ NO X

RECEIVED

97 DEC 15 AM 10:02



ALCOHOLIC BEVERAGE CONTROL APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO: Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....338060
Receipt Number.....1166613
Geographical Code.....3902
Copies Mailed Date 12.12.97
Issued Date

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: COCOS RESTAURANT
Location of Business:
Number and Street 2347 W KETTLEMAN LN
City, State Zip Code LODI CA 95242
County SAN JOAQUIN
Is premise inside city limits? YES
Mailing Address:
(If different from premise address) 10608 OAKWILDE AVE
STOCKTON CA 95212
If premise licensed:
Type of license
Transferor's names/license:

Table with 7 columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Contains 3 rows of license fees and a total row.

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

Applicant agrees (a) that any manager employed in on-sale licensed premise 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 SAN JOAQUIN Date DEC 12,1997

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 filled 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.

Applicant Name(s) ABURAMADAN MIKE N DIAB FAROUK Y
Applicant Signature(s) [Handwritten signatures]



DROPPING PARTNER

YES \_\_\_\_\_ NO X

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APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO: Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

ALICE H. NEUMACHE
CITY CLERK
File Number... 338266
Receipt Number... 1167365
Geographical Code... 3902
Copies Mailed Date 12/19/97
Issued Date

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: MOUNTAIN MIKES PIZZA
Location of Business:
Number and Street 550 S CHEROKEE LN STE E
City, State Zip Code LODI CA 95240
County SAN JOAQUIN
Is premise inside city limits? YES
If premise licensed:
Type of license
Transferor's names/license: GALLIEN INCORPORATION 329951

Table with 7 columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Contains 4 rows of license data and a total row.

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 on-sale licensed premise 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 SAN JOAQUIN Date DEC 19, 1997

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.

Applicant Name(s) Applicant Signature(s)
GARCEAU DOUGLAS A SR Douglas A. Garceau Sr.
GARCEAU JANIE R Janie Garceau

CORRECTED ABC 227 TO FOLLOW

RECEIVED

97 DEC 15 AM 10:02



DROPPING PARTNER

YES \_\_\_ NO X

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO: Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....337990
Receipt Number.....1166329
Geographical Code.....3902
Copies Mailed Date 12/11/97
Issued Date

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: PRIMA
Location of Business:
Number and Street 1110 W KETTLEMAN LN STE 2
City, State Zip Code LODI CA DD95240
County SAN JOAQUIN
Is premise inside city limits? YES
If premise licensed:
Type of license
Transferor's names/license:

Table with columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Rows include ON-SALE BEER AND W ORIGINAL, ANNUAL FEE, and STATE FINGERPRINTS. Total fee: \$544.00

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

Applicant agrees (a) that any manager employed in on-sale licensed premise 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 SAN JOAQUIN Date DEC 11, 1997

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 filled 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.

Applicant Name(s) FUENTES BARBARA A Applicant Signature(s) [Handwritten Signature]