



# CITY OF LODI

## COUNCIL COMMUNICATION

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

**MEETING DATE:** May 20, 1998

**PREPARED BY:** City Clerk

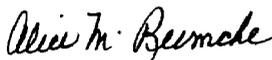
**RECOMMENDED ACTION:** No action - information only.

**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) Anupam K. Sidhu, El Tokay Market, 548 South Sacramento Street, Lodi, Off-Sale General, Premise to Premise Transfer. **This is zoned M-2, Heavy Industrial.**
- b) Richard D. Kelley to Walter S. Booth, 211 Club, 211 South Cherokee Lane, Lodi, On-Sale General, Person to Person Transfer. **This is zoned C-2, General Commercial.**
- c) Farouk Y. Diab to Cheryl C. Nelson, Little Joes of Lodi, 1230 West Kettleman Lane, Lodi, On-Sale General Eating Place, Person to Person Transfer. **This is zoned PD-15, Planned Development.**

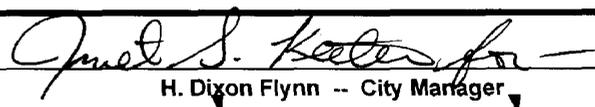
The zonings for these licenses are appropriate for these types of businesses.

**FUNDING:** None required.

  
Alice M. Reimche  
City Clerk

Attachment

APPROVED: \_\_\_\_\_

  
H. Dixon Flynn -- City Manager



DROPPING PARTNER

YES \_\_\_\_\_

NO

RECEIVED  
 20 APR 31 PM 12:09  
 CITY CLERK  
 CITY OF LODI

**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.....**342252**  
 Receipt Number.....**1183387**  
 Geographical Code.....**3902**  
 Copies Mailed Date **4/29/98**  
 Issued Date

DISTRICT SERVING LOCATION: **STOCKTON**  
 Name of Business: **EL TOKAY MARKET**  
 Location of Business:  
 Number and Street **548 S SACRAMENTO ST**  
 City, State Zip Code **LODI CA 95240**  
 County **SAN JOAQUIN**  
 Is premise inside city limits? **YES**  
 Mailing Address:  
 (If different from  
 premise address) **19031 CINDY WY.**  
**WOODBIDGE, CA 95258**  
 If premise licensed:  
 Type of license  
 Transferor's names/license: **SIDHU ANUPAM K 302987**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 21 OFF-SALE GENERAL	PREMISE TO PREMISE TRA	NA	YES	0	APR 29,1998	\$100.00 :
TOTAL						\$100.00

Have you ever been convicted of a felony? **NO** A.S. Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **NO** A.S.

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 **APR 29,1998**

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)

Applicant Signature(s)

**SIDHU ANUPAM K**

*Sidhu*



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.....342403
Receipt Number.....1184284
Geographical Code.....3902
Copies Mailed Date 5/5/98
Issued Date

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: 211 CLUB
Location of Business:
Number and Street 211 S CHEROKEE LN
City, State Zip Code LODI CA 95240
County SAN JOAQUIN

Is premise inside city limits?

Mailing Address:
(If different from premise address)
C/O HERMAN AND HELENS MARINA
VENICE ISLAND FERRY
STOCKTON CA 95219

If premise licensed:
Type of license
Transferor's names/license: KELLEY RICHARD D 295330

Table with 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 MAY 05,1998

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) BOOTH WALTER S Applicant Signature(s) [Signature]



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.....342494
Receipt Number.....1184684
Geographical Code.....3902
Copies Mailed Date 5/7/98
Issued Date

RECEIVED
CITY OF LODI
MAY 10 1998

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: LITTLE JOES OF LODI
Location of Business:
Number and Street 1230 W KETTLEMAN LN
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: DIAB FAROUK Y 338065

Table with 7 columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Contains 4 rows of license transactions 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 MAY 07,1998

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) Applicant Signature(s)
NELSON CHERYL C x [Signature]