



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (May 27, 1997 - June 6, 1997)
Alcoholic Beverage Control License Applications

MEETING DATE: June 18, 1997

PREPARED BY: City Clerk

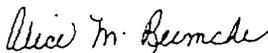
RECOMMENDED ACTION: No action - information only.

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) Kenneth J. Schmollinger, Capri Pizza, 114 W. Pine Street, Lodi, On-sale beer and wine, premise to premise transfer
- b) Stockton Savings Bank to Charles W. and Clara J. Hess, Cherokee Lounge, 920 S. Cherokee, Suite D, Lodi, On-sale general, person to person transfer, premise to premise transfer
- c) William Condon, 116 W. Turner Road, Suite D, Lodi, to Kirsten K. Younkin, On-sale general, person to person transfer

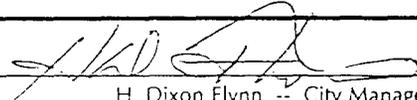
114 W. Pine Street is C-2 zone; 920 S. Cherokee, Suite D is a C-2 zone and 116 W. Turner Road, Suite D is a PD-17 zone. The zonings are appropriate for these types of Alcoholic Beverage Control Licenses.

FUNDING: None required.


Alice M. Reimche
Acting City Clerk

Attachment

APPROVED: _____


H. Dixon Flynn -- City Manager



DROPPING PARTNER

YES _____

NO

C-2 Spring

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.....331875
Receipt Number.....1139745
Geographical Code.....3902
Copies Mailed Date ~~3-29-97~~ *5-29-97*
Issued Date

MAY 30 1997

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: Capri Pizza
Location of Business:
Number and Street: 114 W PINE ST
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: SCHMOLLINGER KENNETH J 316591

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W	PREMISE TO PREMISE TRA	NA	YES	0	MAY 29, 1997	\$100.00 :
TOTAL						\$100.00

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 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 29, 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)

Applicant Signature(s)

SCHMOLLINGER KENNETH J



DROPPING PARTNER

YES ___ NO X

cancel
1-3 copies

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.....331828
Receipt Number.....1139567
Geographical Code.....3902
Copies Mailed Date 5/28/97
Issued Date

MAY 29 1997

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: CHEROKEE LOUNGE
Location of Business:
Number and Street 920 S CHEROKEE LN STE D
City, State Zip Code LODI CA 95240
County SAN JOAQUIN
Is premise inside city limits? YES
Mailing Address:
(If different from
premise address) P O BOX 702
GALT CA 95632-0702
If premise licensed:
Type of license
Transferor's names/license: STOCKTON SAVINGS BANK 301865

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 48 ON-SALE GENERAL PU	PERSON TO PERSON TRANS	P40	YES	0	MAY 28, 1997	\$1250.00 :
2. 48 ON-SALE GENERAL PU	ANNUAL FEE	P40	YES	0	MAY 28, 1997	\$695.00 :
3. 48 ON-SALE GENERAL PU	PREMISE TO PREMISE TRA	P40	YES	0	MAY 28, 1997	\$100.00 :
4. 48 ON-SALE GENERAL PU	EXCHANGE	P40	YES	0	MAY 28, 1997	\$100.00 :
TOTAL						\$2145.00

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 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 28, 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)

Applicant Signature(s)

HESS CHARLES W

Charles W. Hess

HESS CLARA J

Clara Jane Hess



DROPPING PARTNER

YES _____ NO _____

RECEIVED

97 JUN - 6 AM 10: 20

JUN - 6 1997

H. PERRIN
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.....332047
Receipt Number.....1140652
Geographical Code.....3902
Copies Mailed Date 6/4/97
Issued Date

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: _____ Kirsten k. Youkin
Location of Business:
Number and Street 116 W TURNER RD STE D
City, State Zip Code LODI CA 95240
County SAN JOAQUIN
Is premise inside city limits? YES
Mailing Address:
(If different from
premise address) 26283 BRUELLA RD
GALT CA 95632
If premise licensed:
Type of license
Transferor's names/license: CONDON WILLIAM 256053

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 48 ON-SALE GENERAL PU PERSON TO PERSON TRANS		P40	YES	0	JUN 04, 1997	\$1250.00 :
2. 48 ON-SALE GENERAL PU ANNUAL FEE		P40	YES	0	JUN 04, 1997	\$695.00 :
3. 48 ON-SALE GENERAL PU STATE FINGERPRINTS		NA	YES	1	JUN 04, 1997	\$39.00 :
TOTAL						\$1984.00

Have you ever been convicted of a felony? NO *ky* Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? NO *ky*
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 JUN 04, 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) YOUNKIN KIRSTEN K Applicant Signature(s) *Kirsten Youkin*