



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (March 28, 1996 - April 10, 1996)

MEETING DATE: April 17, 1996

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) Rodolfo Calderon, Richelle Garcia and Angelo Mercado, Don Luis Restaurant, 28 North School Street, Lodi, On-Sale Beer and Wine, Original License; and
- b) Christian Knox to French Camp LLC (Norman and Diane Crum), Norm's BP, 633 East Victor Road, Lodi, Off-Sale Beer and Wine, Person to Person Transfer.

28 North School Street is zoned C-2, General Commercial, and 633 East Victor Road is zoned M-1, Light Industrial. These zonings are appropriate for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.


 Jennifer M. Perrin
 City Clerk

Attachments

APPROVED: _____
 H. Dixon Flynn -- City Manager



APR 11 1996
 10:21 AM
 RECEIVED
 DISTRICT 1

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.....**318634**
 Receipt Number.....**1081044**
 Geographical Code.....**3902**
 Copies Mailed Date **4-3-96**
 Issued Date

DISTRICT SERVING LOCATION: STOCKTON
 Name of Business:
 Location of Business: **Don Luis Restaurant**
 Number and Street **28 N SCHOOL ST**
 City, State Zip Code **LODI CA 95240**
 County **SAN JOAQUIN**
 Is premise inside city limits?
 Mailing Address:
 (If different from
 premise address) **P O BOX 446**
LATHROP CA 95330
 If premise licensed:
 Type of license
 Transferor's names/license:

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W ORIGINAL		NA	YES	0	APR 03, 1996	\$300.00 :
2. 41 ON-SALE BEER AND W ANNUAL FEE		NA	YES	0	APR 03, 1996	\$205.00 :
3. NA NO LICENSE TYPE STATE FINGERPRINTS		NA	YES	0	APR 03, 1996	\$39.00 :
TOTAL						\$544.00

Have you ever been convicted of a felony? **NO AM RC. LG** Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the department pertaining to the Act? **NO AM RC. LG**

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 03, 1996**
 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)
CALDERON RODOLFO	<i>Rodolfo Calderon</i>
GARCIA RICHELLE R	<i>Richelle Garcia</i>
MERCADO ANGELO	<i>Angelo Mercado</i>



RECEIVED BY 2/21
 11:00 AM
 4-3-96

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.....**318649**
 Receipt Number.....**1081085**
 Geographical Code.....**3902**
 Copies Mailed Date **4-3-96**
 Issued Date

DISTRICT SERVING LOCATION: STOCKTON
 Name of Business:
 Location of Business: **Norm's B P**
 Number and Street **633 E VICTOR RD**
 City, State Zip Code **LODI CA 95240**
 County **SAN JOAQUIN**
 Is premise inside city limits? **YES**

Mailing Address:
 (If different from
 premise address) **166 FRANK WEST CIRCLE**
STOCKTON CA 95206

If premise licensed:
 Type of license
 Transferor's names/license: **KNOX CHRISTIAN J 251454**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 20	OFF-SALE BEER AND PERSON TO PERSON TRANS	NA	YES	0	APR 03,1996	\$50.00 :
2. 20	OFF-SALE BEER AND ANNUAL FEE	NA	YES	0	APR 03,1996	\$34.00 :
3. 30	TEMPORARY RETAIL P TEMPORARY PERMIT	NA	YES	0	APR 03,1996	\$100.00 :
TOTAL						\$184.00

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.

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Applicant Name(s) Applicant Signature(s)

FRENCH CAMP LLC	
CRUM DIANE E	<i>Diane E. Crum</i>
CRUM NORMAN	<i>Norman Crum</i>