



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (May 31, 1996 - June 12, 1996)

MEETING DATE: June 19, 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) Gilt Edge, Inc. to Ronald E. Anderson, Legends, 27 West Elm Street, Lodi, On-Sale General Public Premises, Person to Person Transfer; and
- b) Mohinder Singh to Cheryl and John Rau, Lakewood Liquors, 215 Lakewood Mall, Lodi, Off-Sale General, Person to Person Transfer.

27 West Elm Street is zoned C-2, General Commercial, and 215 Lakewood Mall is zoned C-S, Commercial Shopping. 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



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
 31 E. Channel Street, Room 168
 Stockton, CA 95202

File Number.....320494
 Receipt Number.....1090031
 Geographical Code..... 3902
 Copies Mailed Date5/31/96
 Issued Date.....

DISTRICT SERVING LOCATION:

Stockton District Office

Name of Business: Legends
 Location of Business:
 Number and Street 27 W. Elm St.
 City, State Zip Code Lodi, CA 95240
 County

Is premise inside city limits? Yes

Mailing Address:
 (If different from
 premise address)

If premise licensed:
 Type of license

Transferor's names/license: Gilt Edge, Inc. 47-211769

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
On-sale general	Person to Person					
public premises					TOTAL	\$ 2323.00

Have you ever been convicted of a felony? Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the department pertaining to the Act?

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 31, 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 or 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)

ANDERSON, RONALD E.



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.....**320495**
 Receipt Number.....**1090049**
 Geographical Code.....**3902**
 Copies Mailed Date **5-31-96**
 Issued Date

DISTRICT SERVING LOCATION: STOCKTON
Name of Business: LAKEWOOD LIQUORS
Location of Business: 215 LAKEWOOD MALL
 Number and Street
 City, State Zip Code **LODI CA 95242**
 County **SAN JOAQUIN**
Is premise inside city limits? YES
If premise licensed:
 Type of license
 Transferor's names/license: **SINGH MOHINDER 301809**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 21 OFF-SALE GENERAL	PERSON TO PERSON TRANS	NA	YES	0	MAY 31,1996	\$1274.00 :
2. 21 OFF-SALE GENERAL	ANNUAL FEE	NA	YES	0	MAY 31,1996	\$446.00 :
3. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	MAY 31,1996	\$78.00 :
TOTAL						\$1798.00

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

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 31,1996**
 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 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)
RAU CHERYL A *Cheryl A. Rau*
RAU JOHN R *John R. Rau*