



# CITY OF LODI

## COUNCIL COMMUNICATION

**AGENDA TITLE:** Communications (February 22, 1995 through March 7, 1995)

**MEETING DATE:** March 15, 1995

**PREPARED BY:** City Clerk

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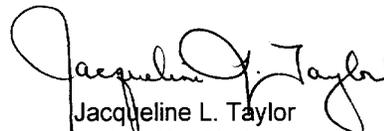
**RECOMMENDED ACTION:** No action - information only.

**BACKGROUND INFORMATION:** Copies of applications for Alcoholic Beverage Control Licenses have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Richard L. Jow, Miguels Mexican Food, 322 North California Street, Lodi, On Sale General, Original License
- b) DVG, Inc., The Omega, 1800 South Cherokee Lane, Lodi, On Sale General, Premise to Premise Transfer

322 North California Street and 1800 South Cherokee Lane are both zoned C-2, General Commercial. This is an appropriate zoning for these types of Alcoholic Beverage Control licenses.

**FUNDING:** None required.

  
Jacqueline L. Taylor  
Acting City Clerk

JLT  
Attachments

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

THOMAS A. PETERSON  
City Manager



recycled paper

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55 FEB 29 PM 3:34

FRANCIS H. YERRIN

1000 BEECH



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

TO:

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

File Number.....306100
Receipt Number.....1022952
Geographical Code.....3902
Copies Mailed Date .....2-27-95
Issued Date.....

DISTRICT SERVING LOCATION:

Stockton District Office

Name of Business: MIGUELS MEXICAN FOOD

Location of Business:
Number and Street 322 N. CALIFORNIA ST.
City, State Zip Code LODI, CA 95240
County SAN JOAQUIN

Is premise inside city limits? YES

Mailing Address:
(If different from
premise address)

If premise licensed:
Type of license 41

Transferor's names/license: NUNEZ, MIGUEL 279838

Table with 7 columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Rows include ORIGINAL, ANNUAL FEE, STATE FINGERPRINTS, 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 FEBRUARY 27, 1995

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)

JOW, RICHARD L.

Handwritten signature of Richard L. Jow



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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

File Number.....306267
Receipt Number.....1023824
Geographical Code.....3902
Copies Mailed Date 3-2-95
Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

The Omega

Location of Business:

Number and Street
City, State Zip Code
County

1800 S CHEROKEE LN
LODI CA 95240
SAN JOAQUIN
YES

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

14800 LOCUST TREE RD
LODI CA 95240

If premise licensed:

Type of license

C2

Transferor's names/license:

SRBG INC 258512

Table with columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Rows include license transfers and state fingerprints with associated fees.

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 MAR 02,1995

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)
DVG INC [Handwritten signatures]



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25 MAR 20 AM 9:46

**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.....**306723**  
Receipt Number.....**1026193**  
Geographical Code.....**3902**  
Copies Mailed Date **3-17-95**  
Issued Date

DISTRICT SERVING LOCATION: **STOCKTON**

Name of Business:  
Location of Business:  
Number and Street **1800 S CHEROKEE LN**  
City, State Zip Code **LODI CA 95240**  
County **SAN JOAQUIN**  
Is premise inside city limits? **YES**

Mailing Address:  
(If different from  
premise address) **14800 LOCUST TREE RD**  
**LODI CA 95240**

If premise licensed:  
Type of license  
Transferor's names/license: **MANOS CHRIS 267724**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 47 ON-SALE GENERAL EA PERSON TO PERSON TRANS	P40	YES	0	MAR 17,1995	\$1250.00 :	
2. 47 ON-SALE GENERAL EA ANNUAL FEE	P40	YES	0	MAR 17,1995	\$695.00 :	
TOTAL					\$1945.00	

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 **MAR 17,1995**

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)

**DGV INC** *Yolios* *MANOS CHRIS* *PRES*