



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (January 13, 1994 through January 26, 1994)

MEETING DATE: February 2, 1994

PREPARED BY: City Clerk

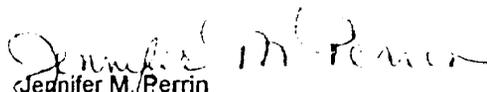
RECOMMENDED ACTION: No action - information only.

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) Hector J. and Patricia M. Galvan, Galvan's Market, 116-C West Turner Road, Lodi, Off Sale Beer and Wine License, Person to Person Drop Partner and Premises to Premises Transfer;
- b) Tirath Kaur and Paramjit Singh, Lakewood U-Save Liquors, 215 Lakewood Mall, Lodi, Off Sale General License, Person to Person Transfer; and
- c) Robert M. and Gertrud A. Schultze, Gerties Place, 105 West Pine Street, Lodi, On Sale Beer and Wine General Public Premises, Person to Person Transfer, Exchange and Premises to Premises Transfer.

116-C West Turner Road is in a PD(17), Planned District 17 (Commercial Shopping), zone; 215 Lakewood Mall is in a C-S, Commercial Shopping, zone; and 105 West Pine Street is in a C-2, General Commercial, zone. These are appropriate zonings for these types of Alcoholic Beverage Control Licenses.

FUNDING: None required.


Jennifer M. Perrin
City Clerk

JMP

Attachments

APPROVED _____

THOMAS A. PETERSON
City Manager



recycled paper

COPY

Do not detach—Returns all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)

RECEIVED
OFF SALE BEER & WINE
MAY 21 PM 2:07

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

GALVAN, Hector J.

Applied under Sec. 24044
Effective Date: Issuance

GALVAN, Patricia M.

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC. TYPE

Per to Per Drop Partner

\$ 50.00

20

Presn to Presn

100.00

20

Renewal Fee

34.00

4. Name of Business
Galvan's Market

5. Location of Business—Number and Street

116-C W. TUTTLE ROAD

City and Zip Code
Lodi, 95240

County
San Joaquin

TOTAL \$ 184.00

6. If Premises Licensed, Show Type of License 20

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
Same

(Temp) (Perm)
Perm

9. Have you ever been convicted of a felony?
No

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act? No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises 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.

13. STATE OF CALIFORNIA

County of SAN JOAQUIN

Date 1/3/94

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the 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 application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' 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 an creditor of 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.

14. APPLICANT SIGN HERE

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of SAN JOAQUIN

Date 1/3/94

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) 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 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 of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

Celia Galvan

Mario Galvan Sr.

Jesse Galvan

PATRICIA Galvan

HECTOR J. Galvan

19. Location

Number and Street

City and Zip Code

County

116-A W. TUTTLE ROAD, Lodi, CA 95240

SAN JOAQUIN

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,
 Fiduciary papers,

COPIES MAILED 1/3/94

Renewal Fee of _____ Paid at _____ Office on _____ Receipt No. _____

COPY

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

2. NAME(S) OF APPLICANT(S)

KAUR, Tirath

SINGH, Paramjit

1. TYPE(S) OF LICENSE(S)

RECEIVED
Off Sale General

Applied under Sec. 24044
Effective Date: Issuance

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC. TYPE

Per to Per

\$ 1,274.00

21

Renewal Fee

446.00

TOTAL \$ 1,720.00

4. Name of Business

Lakewood U-Save Liquors

5. Location of Business—Number and Street

215 Lakewood Mall

City and Zip Code
Losi, CA 95242

County
San Joaquin

6. If Premises Licensed, Show Type of License 21

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
Same

(Temp/Perm) Perm

9. Have you ever been convicted of a felony?
NO

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?
NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises 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.

13. STATE OF CALIFORNIA County of San Joaquin Date 12/31/93

Under penalty of perjury, each person whose signature appears below, certifies and says: 1. He is the 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 application and knows the contents thereof and that each and all of the statements therein made are true; 3. that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license 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 a creditor of 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.

14. APPLICANT SIGN HERE

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 12/31/93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) 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 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 of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
<u>BEVERLY D. O'CONNELL</u>		<u>21-626006</u>
<u>ROBERT N. O'CONNELL</u>		" "

19. Location Number and Street City and Zip Code County
San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice, Fiduciary papers, _____ COPIES MAILED 12/31/93

Renewal Fee of _____ Paid at _____ Office on _____ Receipt No. _____

COPY

Do not detach - Return all copies

Do Not Write Above This Line - For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 Grass Valley
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)
RECEIVED
APPLICANT'S SIGNATURE
Applied under Sec. 24044
Effective Date: Issuance

FILE NO.
RECEIPT NO.
GEOGRAPHICAL CODE 1992
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S)

SCHULZ, GERTING, A./ROBERT, M.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Temp. Per	\$ 1250.00	4A
Extension 47 to 48	100.00	
Temp. Per	100.00	
Business	695.00	
TOTAL		\$ 2145.00

4. Name of Business

THE GRASS VALLEY BREWERY

5. Location of Business—Number and Street

100 W. FIVE MILE ROAD

City and Zip Code Grass Valley, CA 95945 County Yuba

6. If Premises Licensed, Show Type of License

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street

9. Have you ever been convicted of a felony?

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises 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.

13. STATE OF CALIFORNIA County of Yuba Date 1/11/82

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the 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 application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' 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 an creditor of 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.

14. APPLICANT SIGN HERE

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of Yuba Date 1/11/82

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) 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 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 of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
SCHULZ, GERTING, A./ROBERT, M.		

19. Location Number and Street 100 W. FIVE MILE ROAD City and Zip Code Grass Valley, CA 95945 County Yuba

Do Not Write Below This Line; For Department Use Only
Attached: Recorded notice, Fiduciary papers, COPIES MAILED
 Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____

COPY

Do not detach or remove all copies

Do Not Write Above This Line - For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)
On Sale Beer & Wine
Public Premises

FILE NO.
RECEIPT NO.
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit T-81901
Effective Date: eff. 1/16/94

2. NAME(S) OF APPLICANT(S)
SCHULZE, ROBERT M.
Applied under Sec. 24044
Effective Date:

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to per	\$ 150.00	42
Renewal	205.00	42
TOTAL		\$ 355.00

4. Name of Business
KULINS PLACE

5. Location of Business—Number and Street
2211 30th Street

City and Zip Code Sacramento 95820 **County** Yuba

6. If Premises Licensed, Show Type of License 42 **7. Are Premises Inside City Limits?** Yes

8. Mailing Address (if different from 5)—Number and Street
(Temp) (Perm)

9. Have you ever been convicted of a felony? No **10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?** No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises 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.

13. STATE OF CALIFORNIA County of Yuba Date 1/16/94

Under penalty of perjury, each person whose signature appears below, certifies and says: 1. He is the 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 application and knows the contents thereof and that each and all of the statements therein made are true; 3. that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license; 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 of 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.

14. APPLICANT SIGN HERE

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of Yuba Date 1/16/94

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on this application form, if such transfer is approved by the Director; (3) 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 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 of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)

19. Location Number and Street City and Zip Code County

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,
 Fiduciary papers,
 _____ COPIES MAILED _____
(OTHER)

Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____