



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (March 30, 1994 through April 12, 1994)

MEETING DATE: April 20, 1994

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage Control License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Terrie J. and Thomas I. Boyd, Lakewood U-Save Liquors, 215 Lakewood Mall, Lodi, Off Sale General, Person to Person Transfer; and
- b) Gertrud and Robert Schultze, Gertie's Place, 105 West Pine Street, Lodi, On Sale General Public Premises, Person to Person and Premises to Premises Transfer.

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

Attachment

APPROVED _____

THOMAS A. PETERSON
City Manager



recycled paper

CC-1

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

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

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)

RECEIVED
On Sale General
Public Premises
APR 2 1994
APPLIED UNDER SEC. 24044
Effective Date: Issuance

FILE NO.

RECEIPT NO. 1217

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

SCHULTZE, Gertrud/Robert

3. TYPE(S) OF TRANSACTION(S)

Per to Per See Receipt #681407

Prem to Prem See Receipt 681407

Renewal Fee See Receipt 681407

Service Charge See Receipt 681407

FEE

\$ N/A

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LIC. TYPE

48

48

48

48

4. Name of Business
Gerties Place

5. Location of Business—Number and Street

105 West Pine St.

City and Zip Code Lodi, 95240

County San Joaquin

TOTAL \$ --

6. If Premises Licensed, Show Type of License 42

7. Are Premises Inside City Limits? NO

8. Mailing Address (if different from 5)—Number and Street Same (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 San Joaquin Date 3-31-94

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 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 *[Signatures]*

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 3-31-94

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)**

Thomas Barnes Jr. *[Signature]* 48-177997

19. Location Number and Street City and Zip Code County
3201 W. Benjamin Holt St., 104, Stockton, CA 95214

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice, Fiduciary papers, *[Other]* COPIES MAILED *[Number]*
 Renewal Fee of _____ Paid at _____ Office on _____ Receipt No. _____

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

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

The undersigned hereby applies for licenses described as follows:

2. NAME(S) OF APPLICANT(S)
BOYD, Terrie J.
BOYD, Thomas I.

3. TYPE(S) OF TRANSACTION(S)
L.C. TYPE FEE
Applied under Sec. 24044 Issuance Effective Date: _____
Temp. Permit

4. Name of business
Lakewood U-Save Liquors
215 Lakewood Mall

5. Location of business—Number and Street
City and Zip Code 95242 San Joaquin County, CA
Lot, CA

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
Permit

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

10. Have you ever violated any of the provisions of the Department of 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 4/9/74

14. APPLICANT SIGN HERE

15. STATE OF CALIFORNIA
County of San Joaquin Date 4/9/74

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

19. Location
Name
Number and Street
City and Zip Code
County

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice, Fiduciary papers, OTHER

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

COPY

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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
94 APR 21 11 16 AM '94
DENNISON M. FERRIN
CITY CLERK
Applied under Sec. 24044 Issuance
Effective Date: _____

FILE NO. _____
RECEIPT NO. _____
GEOGRAPHICAL CODE 3902
Date Issued _____
Temp. Permit _____
Effective Date: _____

2. NAME(S) OF APPLICANT(S)
21 BOYD, Terrie J.
BOYD, Thomas I.

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
Per to Per	\$ 1,250.00	21
Renewal Fee	446.00	
TOTAL	\$ 1,696.00	

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 4/6/94

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 4/6/94

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16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
Beverly J. O'Connell		21-26006
Robert M. O'Connell		" "

19. Location **Number and Street** **City and Zip Code** **County**
Same

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Attached: Recorded notice,
 Fiduciary papers,

COPIES MAILED 406/40 1/5/94

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