CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: **Communications** (February 13, 1991 through February 25, 1991)

MEETING DATE: March 6, 1991

PREPARED BY: City Clerk

RECOMMENDED ACTION:

AGENDA ITEM	RECOMMENDATION
J 2a	No action required - information only.

BACKGROUND INFORMATION: A copy of an application for Alcoholic Beverage License has been received from the State of California Department of Alcoholic Beverage Control for Gloria Alicia Velarde, 107 Lakewood Mall, Lodi, CA, On Sale Beer and Wine Eating Place, Person to Person Transfer.

107 Lakewood Mall, Lodi, is located in a C-S Commercial-Shopping zone. This is an appropriate zone for an on-sale beer and wine eating place license.

FUNDING: None required.

Alice M. Reimche
City Clerk

AMR/jmp

APPROVED _____
THOMAS A. PETERSON
City Manager

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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): [illegible] SALE BEER AND WINE [illegible] PLACE

Applied under Sec. 24044 ☐
Effective Date: [illegible]

FILE NO.
RECEIPT NO.
GEOGRAPHICAL CODE [illegible]
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S)

[illegible] Alicia

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to [illegible]	$ 150.00	41
TOTAL	$ 150.00	

4. Name of Business

5. Location of Business—Number and Street
107 Lakewood Mall

City and Zip Code: Lodi 95242
County: San Joaquin

6. If Premises Licensed, Show Type of License: 41

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
1219 S. Grant Stockton, CA 95206

(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 2-15-81

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 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 San Joaquin Date 2-15-81

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)
David [illegible]	[signature]	[illegible]

19. Location: [illegible]
Number and Street | City and Zip Code | County

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Attached: ☐ Recorded notice.
☐ Fiduciary papers.
☐ _____ (OTHER) COPIES MAILED 2-[illegible]-81

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

85 93451

ABC 211 (1-82)

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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)

ON SALE BEER AND WINE
EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

VELARDE, Gloria Alicia

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$ 150.00	41
TOTAL	$ 150.00	

4. Name of Business

5. Location of Business—Number and Street

107 Lakewood Hall

City and Zip Code: Lodi 95242
County: San Joaquin

6. If Premises Licensed, Show Type of License 41

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street (Temp) (Perm)
1219 S. Grant Stockton, CA 95206 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 2-15-91

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 that 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 2-15-91

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 at 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)
David JUAREZ	David Juarez	41-240055

19. Location Number and Street: 1215 | City and Zip Code | County

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Attached: ☒ Recorded notice,
☐ Fiduciary papers,
☐ _____ (OTHER) COPIES MAILED 2-15-91

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