



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (June 6, 1991 through June 11, 1991)

MEETING DATE: June 20, 1991

PREPARED BY: City Clerk

RECOMMENDED ACTION:

AGENDA ITEM

RECOMMENDATION

No action required - information only.

BACKGROUND INFORMATION:

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

- a) Chow, Feng T., Brother House, 429 West Lockeford Street, Lodi, On Sale Beer and Wine Eating Place, Original License; and
- b) Singh, Jyoti S. and Satbir K., Aldee Market, 216 North Cherokee Lane, Lodi, Off Sale Beer and Wine, Person to Person Transfer.

429 West Lockeford and 216 North Cherokee Lane are both in a C-2, General Commercial zone. This is an appropriate zoning for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.

Alice M. Reimche
 Alice M. Reimche
 City Clerk

AMR/jmp

APPROVED. _____

THOMAS A PETERSON

recycled paper

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 1991 MAY 31 11:11 AM '91 Eating Place ALICE M. REIMONE CITY CLERK CITY OF LODI	FILE NO.
	RECEIPT NO.
	GEOGRAPHICAL CODE 3902
	Date Issued
Temp. Perm?	
Applied under Sec. 24044 <input type="checkbox"/>	
Effective Date: Issuance	Effective Date:

2. NAME(S) OF APPLICANT(S)
CHOW, FENG T.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Original License	\$ 300.00	41
Annual Fee	203.00	
TOTAL		\$ 503.00

4. Name of Business
Brother House

5. Location of Business—Number and Street
429 W. Lockeford St.

City and Zip Code Lodi, 95240 **County** San Joaquin

6. If Premises Licensed. Show Type of License No

7. Are Premises Inside City Limits? Yes

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-sole 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 5-29-91

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 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 [Signature]

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of _____ Date _____

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)

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 5-29-91
 Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____

