**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

SAN BERNARDINO FOR STOCKTON
(DISTRICT SERVING LOCATION)

*The undersigned hereby applies for licenses described as follows:*

RECEIVED JAN 30 AM 9 23 ALICE M. REDICHE CITY CLERK CITY OF LODI

**1. TYPE(S) OF LICENSE(S)**

ON SALE GENERAL PUBLIC EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIPT NO. 485243

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

**2. NAME(S) OF APPLICANT(S)**

C & C ORGANIZATION, THE (P-12)

| 3. TYPE(S) OF TRANSACTION(S) | FEE | LIC. TYPE |
|---|---|---|
| Stock Tsf. (24071.1) | $100.00 | 47 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | $ 100.00 | |

**4. Name of Business**
Cask K Cleaver

**5. Location of Business—Number and Street**
1230 W. Kettleman Lane

City and Zip Code: Lodi, 95240 County: ~~Stockton~~ San Joaquin

**6. If Premises Licensed, Show Type of License** 47-~~133916~~

**7. Are Premises Inside City Limits?** Yes

**8. Mailing Address (if different from 5)—Number and Street**
8653 Madrone Ave., Rancho Cucamonga, CA 91730 (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 Bernardino Date 1-25-90

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** BY: [signature]
b) for THE C & C ORGANIZATION

## APPLICATION BY TRANSFEROR

**15. STATE OF CALIFORNIA** County of San Bernardino Date 1-25-90

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) |
|---|---|---|
| C & C ORGANIZATION, THE | BY: | 47-133916 |
| | | |
| | | |
| | | |

DEPT. OF ABC JAN 29 1990 STOCKTON

**19. Location** Number and Street: 1230 W. Kettleman Lane, Lodi, CA 95240 City and Zip Code: ~~Stockton~~ San Joaquin County

*Do Not Write Below This Line; For Department Use Only* Approved by Carol in Stockton D.O.

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____ (OTHER) COPIES MAILED Dist. Transactify

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

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. 487715

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

MOISIDIS, Alexandra/Andreas/Theofilos

| 3. TYPE(S) OF TRANSACTION(S) | FEE | LIC. TYPE |
|---|---|---|
| ORIGINAL | $300.00 | 41 |
| Annual Fee | 198.00 | |
| | | |
| | | |
| | | |
| TOTAL | $498.00 | |

4. Name of Business
The Red Flames

5. Location of Business—Number and Street
100 S. Cherokee Lane

City and Zip Code: Lodi 95240
County: San Joaquin

6. If Premises Licensed, Show Type of License: 41-183916

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 1-10-90

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 X _____ X _____

X _____ _____

## 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,
☐ _____ (OTHER) COPIES MAILED _____

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

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): Small Beer Manufacturers

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.
RECEIPT NO. 4[illegible]
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S): GONEZ, Gloria

| 3. TYPE(S) OF TRANSACTION(S) | FEE | LIC. TYPE |
|---|---|---|
| Original License | $ 100.00 | 23 |
| Annual Fee | 118.00 | |
| | | |
| | | |
| | | |
| TOTAL | $ 218.00 | |

4. Name of Business: Espargo Company

5. Location of Business—Number and Street: 212 - B S. School 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): 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 1-22-90

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 _____ 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) |
|---|---|---|
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| | | |

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

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

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

ABC 211 (1-82)

RS 93451

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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)**

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

SAN BERNARDINO FOR STOCKTON
(DISTRICT SERVING LOCATION)

*The undersigned hereby applies for licenses described as follows:*

RECEIVED 30 JAN 9 23 ALICE M. REGICHE CITY CLERK CITY OF LODI

1. TYPE(S) OF LICENSE(S)

ON SALE GENERAL PUBLIC EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIPT NO. 485243

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

C & C ORGANIZATION, THE (P-13)

| 3. TYPE(S) OF TRANSACTION(S) | FEE | LIC. TYPE |
|---|---|---|
| Stock Tsf. (24071.1) | $100.00 | 47 |
| | | |
| | | |
| | | |
| | | |
| TOTAL | $100.00 | |

4. Name of Business
Cask N Cleaver

5. Location of Business—Number and Street

1230 W. Kettleman &no

City and Zip Code: Lodi, 95240 County: ~~Stockton~~ San Joaquin

6. If Premises Licensed, Show Type of License 47-133916

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
8653 Madrone Ave., Rancho Cucamonga, CA 91730

(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 Bernardino Date 1-25-90

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 BY: [signature]
b) for THE C & C ORGANIZATION

## APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Bernardino Date 1-25-90

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) |
|---|---|---|
| C & C ORGANIZATION, THE | BY: [signature] | 47-13[illegible] |
| | | |
| | | |
| | | |

DEPARTMENT OF ALC JAN 29 1990 STOCKTON

19. Location Number and Street City and Zip Code County
1230 W. Kettleman Lane, Lodi, CA 95240 ~~Stockton~~ San Joaquin

*Do Not Write Below This Line; For Department Use Only* Approved by Carol in Stockton D.O.

Attached: ☒ Recorded notice, [illegible]
☐ Fiduciary papers,
☐ _____ (OTHER) COPIES MAILED ~~Dist. tonnotify~~ 1-29-90

Renewal: Fee of [illegible] Paid at [illegible] Office on [illegible] Receipt No. [illegible]

ABC [illegible]

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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. 4X 7715
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S): MOISIDIS, Alexandra/Andreas/Theofilos

| 3. TYPE(S) OF TRANSACTION(S) | FEE | LIC. TYPE |
|---|---|---|
| ORIGINAL | $300.00 | 41 |
| Annual Fee | 198.00 | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | $498.00 | |

4. Name of Business: The Red Flames

5. Location of Business—Number and Street: 100 S. Cherokee Lane

City and Zip Code: Lodi 95240 County: San Joaquin

6. If Premises Licensed, Show Type of License: 41-183916

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 1-10-90

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 X [signature] X [signature]
X [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 as 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,
☐ ..... (OTHER) COPIES MAILED 1-10-90

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

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): Small Beer Manufacturers

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.
RECEIPT NO. [illegible]
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S): GOMEZ, Gloria

| 3. TYPE(S) OF TRANSACTION(S) | FEE | LIC. TYPE |
|---|---|---|
| Original License | $ 100.00 | 23 |
| Annual Fee | 110.00 | |
| | | |
| TOTAL | $ 210.00 | |

4. Name of Business: Espargo Company

5. Location of Business—Number and Street: 212 - B S. School St.

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

6. If Premises Licensed, Show Type of License: None

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 1-22-90

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 _____ 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 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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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,
☐ _____ (OTHER) COPIES MAILED 1-22-90

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

ABC 211 (1-82)

STATE OF CALIFORNIA GEORGE DEUKMEJIAN, *Governor*

**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**
1901 BROADWAY, SACRAMENTO 95818

January 16, 1990

Hon. John R. Snider, Mayor
City of Lodi
City Hall
221 West Pine Street
Call Box 3006
Lodi, CA 95241-1910

Dear Mayor Snider:

CURTIS-LEUBNER-CARY-RODRIGUES, INC
Lena's Pizza & Beer
858 West Kettleman Lane
Lodi
File 241181

Your protest against the above application has been received, and a copy has been sent to the applicant.

If the Department approves issuance of the license, a hearing on your protest will be scheduled before an Administrative Law Judge of the Office of Administrative Hearings.

If the Department does not approve issuance of the license and if the applicant requests a hearing, the hearing on your protest will be held at the same time. On the other hand, if the applicant does not request a hearing, you will receive no further notice from the Department.

If there is to be a hearing, you will be notified of the date, time and place. You will be expected to attend the hearing and to testify.

Sincerely,

[illegible]

[illegible]
[illegible] Hearing and Legal

[illegible]

cc: Stockton District Office
Applicant, w/enc.

COPY