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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:

NAME(S) OF APPLICANT(S): HADDAD, Nader/Newmeiser

1. TYPE(S) OF LICENSE(S): OFF SALE GENERAL

Applied under Sec. 24044 ☐
Effective Date: Temporary

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	$ 1274.00	21
TOTAL	$ 1274.00	

4. Name of Business: Tokay Liquors

5. Location of Business—Number and Street: 8 E. Lockeford St.

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

6. If Premises Licensed, Show Type of License: 21-139359

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 2-6-90

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(s) named 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 2-6-90

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 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)
Patrick L. PEARSON		21-139359
Barbara P. RAY		

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

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Attached: ☒ Recorded notice.
☐ Fiduciary papers.
☐ _____ COPIES MAILED _____
(other)

Renewal: Fee of _____ bid at _____ Office on _____ Receipt No _____