



# CITY OF LODI

# COUNCIL COMMUNICATION

AGENDA TITLE: Communications (November 23, 1992 through December 8, 1992)

MEETING DATE: December 16, 1992

PREPARED BY: City Clerk

RECOMMENDED ACTION:

AGENDA ITEM

RECOMMENDATION

No action required - information only.

BACKGROUND INFORMATION:

A copy of application for Alcoholic Beverage License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Stanley Kiino, Kiino Flowers, 527 West Lodi Avenue, On Sale Beer and Wine, Original License

527 West Lodi Avenue, Lodi is in a C-1, Neighborhood Commercial, zone. This is an appropriate zoning for this type of Alcoholic Beverage Control license.

FUNDING: None required.

Alice M. Reimche  
City Clerk

AMR/jmp

COUNCOM8/TXTA.02J/COUNCOM

APPROVED: \_\_\_\_\_

THOMAS A. PETERSON  
City Manager



**COPY**

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

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

SAN JOAQUIN  
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

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

KIINO, Stanley

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

RECEIVED  
621 South Blvd. S. Wm.  
MAY 11 1992

Applied under Sec. 24044   
Effective Date: Issuance

**FILE NO.**

RECEIPT NO.

GEOGRAPHICAL CODE 3992

Date Issued

Temp. Permit

Effective Date:

**3. TYPE(S) OF TRANSACTION(S)**

**FEE**

**LIC. TYPE**

Original License

\$ 100.00

20

Annual Fee

34.00

**4. Name of Business**  
Kiino Flowers

**5. Location of Business—Number and Street**

527 W. Lodi Ave.

City and Zip Code  
Lodi, 95240

County  
San Joaquin

**TOTAL** \$ 134.00

**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-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 11-9-92

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**

*Stanley Kiino*

**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,  
 \_\_\_\_\_

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