

CITY COUNCIL MEETING

FEBRUARY 3, 1982

cc 16)

ABC LICENSES

City Clerk Reimche presented the following applications for Alcoholic Beverage Licenses:

- a) Donald E. Swim, Freeway Shell, 880 E. Victor Road, Lodi, off-sale beer and wine eating place.
- b) Joseph and Susan Nitzky, Lodi Inn, 10 West Oak Street, Lodi, on-sale beer and wine eating place.
- c) Ladon J. and Marlene L. Strapp, Am Pm Mini Market, 20-A West Turner Road, Lodi, Off-sale beer and wine.

Pg 12

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1215 O Street
Sacramento, Calif. 95814 Steakton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)

OFF SALE BEER & WINE

Applied under Sec. 24044

Effective Date: Issuance

FILE NO.

FEE NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

Smith, Donald E.

3. TYPE(S) OF TRANSACTION(S)

NEW LICENSE

Annual Fee

FEE

\$ 50.00

26.40

LIC. TYPE

20

4. Name of Business

Freedom Hall

5. Location of Business—Number and Street

880 E. Victor Road

City and Zip Code

Locks 95249

County

San Joaquin

RECEIPT NO. 1117

TOTAL

\$ 76.40

20

6. If Premises Licensed, Show Type of License

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?

None

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

1-20-82

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)

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

1-20-82

Renewal: Fee of

Paid at

Office on

Receipt No.

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
 1215 O Street
 Sacramento, Calif. 95814 **Stockton**
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)
**ON SALE BEER & WINE
 EATING PLACE**

Applied under Sec. 24044
 Effective Date: **When Trfd.**

FILE NO.
 FEE NO.
 GEOGRAPHICAL CODE **3902**
 Date Issued
 Temp. Permit
 Effective Date:

2. NAME(S) OF APPLICANT(S)
Joseph/Susan

3. TYPE(S) OF TRANSACTION(S)
Per to Per

FEE	LIC. TYPE
\$ 150.00	41

4. Name of Business
Lodi Inn

5. Location of Business—Number and Street
10 W. Oak Street
 City and Zip Code **Lodi 95240** County **San Joaquin**

RECEIPT NO. **517913** TOTAL \$ **150.00** **41**

6. If Premises Licensed, Show Type of License
41-107615

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

8. Mailing Address (if different from 5)—Number and Street
145 Malberry Circle, Lodi, Ca. 95240

(Temp) (Perm) **Perm**

9. Have you ever been convicted of a felony?
N.

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 **1-21-82**

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.

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15. STATE OF CALIFORNIA County of **San Joaquin** Date **1-21-82**

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16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
BLACKFORD, William P.	<i>William P. Blackford</i>	41-107615
COHEN, Michael D.	<i>Michael D. Cohen</i>	"

19. Location Number and Street City and Zip Code County
10 W. Oak Street Lodi, Ca. 95240 San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,
 Fiduciary papers,
 (OTHER)

COPIES MAILED **1-21-82**

Renewal: Fee of Paid at Office on Receipt No.

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
 1215 O Street
 Sacramento, Calif. 95814 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

2. NAME(S) OF APPLICANT(S)

STRAPP, Lador J./Marlene L.

1. TYPE(S) OF LICENSE(S)

OFF-SALE BEER & WINE

Applied under Sec. 24044

Effective Date: insurance

FILE NO.

FEE NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC. TYPE

\$

5.00

20

Annual Fee

26.40

4. Name of Business

AN FM Mini Market

5. Location of Business—Number and Street

20 A Turner Road
 City and Zip Code

County

RECEIPT NO.

TOTAL

\$

96.40

20

6. If Premises Licensed, Show Type of License

21-81321

7. Are Premises Inside City Limits?

YES

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street

9. Have you ever been convicted of a felony?

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County of

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Lador J. Strapp

APPLICATION BY TRANSFEROR

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County of

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17. Signature(s) of Licensee(s)

18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

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Renewal: Fee of

Paid at

(OTHER)

Office on

Receipt No.

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