

CITY COUNCIL MEETING

February 4, 1981

CC-708
340

ABC LICENSE

City Clerk Reimche presented an application for Alcoholic Beverage License for the Eagles Lodge #848, 21 West Oak Street, Lodi, Premise to Premise Club.

COPY

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

1. TYPE(S) OF LICENSE(S)

FILE NO.

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

CLUB

FEE NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

The undersigned hereby applies for licenses described as follows:

2. NAME(S) OF APPLICANT(S)

Applied under Sec. 24044
Effective Date: When Trfd

Effective Date:

DELES LODGE 7 OF ALCIE CLC

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC. TYPE

TRNS TO TRNS (21032)

\$

51

4. Name of Business

Deles Lodge (Ald)

5. Location of Business—Number and Street

21 East Oak

City and Zip Code
Lodi 95210

County
San Joaquin

RECEIPT NO.

TOTAL

\$

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
P.O. Box 321, Lodi, Ca. 95210

Perm
(Temp) (Perm)

9. Have you ever been convicted of a felony?

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 1-26-81

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 San Joaquin

Date 1-26-81

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)

Deles Lodge Lodi ALCIE CLC

51-39530

19. Location

Number and Street

City and Zip Code

County

201 N. Sacramento St., Lodi, Ca. 95240

San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,
 Fiduciary papers,

COPIES MAILED

1-26-81

Renewal: Fee of \$322.80 Paid at Sacramento

Office on 1-26-80

Receipt No. [Number]