CITY COUNCIL MEETING
FEBRUARY 6, 1985

COMMUNICATIONS

CITY CLERK

ABC LICENSES

Applications for the following Alcoholic Beverage License were received:

CC.7f
Page 36

a) Avenue Florist and Gift
400 W. Lodi Avenue
Lodi
Off sale beer and wine

b) The Rex
9 N. Sacramento Street
Lodi
On sale beer and wine

c) The Corner Pocket
725 S. Cherokee Lane
Lodi
On sale beer and wine public premises

d) Plaza Liquors
800 S. Cherokee Lane
Lodi
Off sale general

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 Stockton
(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.

RECEIPT NO. 217580 217581

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

~~METCALF, Joe P./Sharon M.~~

~~TRASSARE, Anthony & Sandra~~

TRASSARE, Anthony., Jr./Sandra R.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
New License	$ 100.00	20
Annual Fee	28.10	
TOTAL	$ 128.10	20

4. Name of Business
Avenue Florist & Gift

5. Location of Business—Number and Street
400 W. Lodi Ave

City and Zip Code Lodi 95240 County San Joaquin

6. If Premises Licensed, Show Type of License 20

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 1-29-85

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 Sharon M Metcalf, [illegible]
Joe P. Metcalf, [illegible] Trassare, Jr.

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 1-29-85

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

ABC 211 (1-82)

87331-204 6/83 20 M SEPT - OSP

RECEIVED
1985 JAN 30 AM 8:46
ALICE M. REINKOHE
CITY CLERK
CITY OF LODI

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 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S): On Sale Beer & Wine

FILE NO.

RECEIPT NO. 217588

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit 38899

Effective Date: 2-4-85

Applied under Sec. 24044 ☐

Effective Date: Issuance

2. NAME(S) OF APPLICANT(S)

JACKSON, Keely M.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$150.00	41
TOTAL	$150.00	

4. Name of Business
The Rex

5. Location of Business—Number and Street
9 N. Sacramento Street

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

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

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 KJ

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 1-30-85

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 Keely M. Jackson

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 1-30-85

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)
BENDER, Randall C.	Randall C. Bender	41-

19. Location	Number and Street	City and Zip Code	County
9 N. Sacramento St., Lodi		95240	San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ 280 (OTHER) COPIES MAILED 1-30-85

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

ABC 211 (1-82)

87331-104 6/83 20 M SEPT - CSP

RECEIVED
1985 JAN 31 AM 8:10
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

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 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)

ON SALE BEER AND WINE
PUBLIC PREMISES

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIPT NO. 211542

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

SMITH, Jo Lynne & Robert Warren

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$150.00	42
TOTAL	$150.00	

4. Name of Business
The Corner Pocket

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

City and Zip Code: Lodi 95240
County: San Joaquin

6. If Premises Licensed, Show Type of License 42-06060

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?
RWS
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 RWS

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 1-25-85

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 1-25-85

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)
Margaret M. Booyer	x Margaret M. Booyer	42-06060
Ruth E. Manning	x Ruth E. Manning	" "

19. Location	Number and Street	City and Zip Code	County
725 S. Cherokee Lane		Lodi, Ca. 95240	San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: [X] Recorded notice,
[ ] Fiduciary papers,
[ ] _____ (OTHER) COPIES MAILED 1-25-85

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

ABC 211 (1-82)

87331-204 6/83 20 M SEPT - OSP

RECEIVED
JAN 28 AM 8 32
ICE M. REINCHE
CITY CLERK
CITY OF LODI

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 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)

Off Sale General

Applied under Sec. 24044 ☐
Effective Date:

FILE NO.

RECEIPT NO. [illegible]

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

GRAVES, Hiram T./Ronda

WOOD, Diane/Jack L.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$ 1,274.00	21
TOTAL	$ 1,274.00	

4. Name of Business
Plaza Liquors

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

City and Zip Code ~~Stockx~~ Lodi, 95240 County San Joaquin

6. If Premises Licensed, Show Type of License 21

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 1-22-85

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 Hiram T. Graves

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 1-22-85

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)
Ronald E. Lancour		21-163215

19. Location Number and Street	City and Zip Code	County
300 S. Cherokee Lane, Lodi 95240		San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____ (OTHER) COPIES MAILED 1-23-85

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

ABC 211 (1-82)

RECEIVED
1985 JAN 25 AM 10 57
ALICE M. REINCHE
CITY CLERK
CITY OF LODI

Leonard J Russo
CLAIMS ADMINISTRATION SERVICE

RECEIVED
1985 JAN 18 AM 8:59
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

January 17, 1985

Calvary Temple of Lodi
P.O. Box 672
Lodi, CA 95241

Attn: David A. Brown, Pastor

Re: Insured: City of Lodi
Date of Loss: 12-29-84
Our File No.: 2651 LX 075

Dear Mr. Brown:

The claim you submitted to the City of Lodi has been referred to us as we are the claims administrators for the City.

In discussing this matter with the appropriate City personnel, I fail to find any negligence on the City's behalf upon which we could base a recommendation of payment of your claim. This City must have knowledge of a deficiency before they can be held liable for any damages caused by it. We are recommending to the City that your claim be rejected.

Very truly yours,

Chuck Gormley

CG/pw

bcc: Alice Reimche - I suggest you send a formal rejection. In view of the amount, we are just closing the file as I doubt that they will continue to pursue a claim this minor (famous last words!).

2424 ARDEN WAY
BUILDING C-81
SACRAMENTO, CA 95825
916-920-5381

CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP

CLAIM No.

RECEIVED
1985 JAN -2 AM 10:51
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 100 days after the occurance. (Gov. Code Sec. 911.2)
2. **Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)**
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with City Clerk (Gov. Code Sec. 915a)

TO: ALICE M. REIMCHE, CITY CLERK
221 W. Pine Street, Lodi, California 95240

Name of Claimant: Calvary Temple of Lodi

Age of Claimant (if natural person):

Home Address of Claimant: 441 Hilborn Street
City and State: Lodi, California 95240
Home Telephone Number: 333-1759

Business Address of Claimant: P.o.Box 672
City and State: Lodi, California 95241
Business Telephone Number: 334-3103

Give address to which you desire notices or communications to be sent regarding this claim.

P.O. Box 672 Lodi, California 95241

How did DAMAGE or INJURY occur? Give full particulars.

Toilet would not drain in Church. Ernie's Septic Tank Company was called. This was Saturday afternoon on December 29, 1984
The line was full of sludge as the main sewer line in the alley was found to be full and backing up into the Church lines. Phoned the City and they corrected it. So the lines were open for Sunday Services.

When did DAMAGE OR INJURY occur? Give full particulars, date, time of day:

Saturday December 29, 1984 2 pm

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and address and measurements from landmarks:

The main sewer line behind Calvary Temple Church located at 441 Hilborn St. in Lodi was full and backing up into the Church sewer lines causing the Toilet to be unusable.

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known.

The City of Lodi Sewer Department, by not having the main sewer line open.

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

It cost the Calvary Temple Church $45.00 to have the line checked to find that the fault was the City of Lodi's.

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation.

We ask that we be re-embursed for the $45.00 that it cost to have the sewer line checked.

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation.

Forty five dollars. Receipt from Ernie's Septic Tank Co. enclosed.

SEE PAGE 2 (OVER) 5-77-500

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

Ernie's Septic Tank Co., Inc
P. O. Box 767 Lodi, California 95240
Phone (209) 368-5105

State Contractors License No. 328226

JOB WORK ORDER

21527

DATE OF ORDER: 12-29-84

CUSTOMER'S ORDER NO.	PHONE	MECHANIC	HELPER	STARTING DATE
		Ron		/ /

BILL TO: Calvary Temple Church

ORDER TAKEN BY:

ADDRESS: 441 Hilborn

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

CITY: Lodi, CA 95240

JOB NAME AND LOCATION: Same

Same

JOB PHONE:

DESCRIPTION OF WORK:

Ran main line thru c/o to street.
Checked city manhole, found it full.

Pd $45.00
12-30-84
ck #4254
[illegible]

$45.00
Paid in cash

NOTICE: "Under the Mechanics' Lien Law (California Code of Civil Procedure, Section 1181 et seq.), any contractor, subcontractor, laborer, supplier or other person who helps to improve your property but is not paid for his work or supplies, has a right to enforce a claim against your property. This means that, after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your own contractor in full, if the subcontractor, laborer, or supplier remains unpaid."

TERMS: Net Cash. All accounts due and payable 10th of month following purchases. 1½% SERVICE CHARGE per month will be added 1st of month following purchase on overdue accounts.

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT	$ 45.00

DATE COMPLETED: / /

WORK ORDERED BY:

☐ No one home

Signature _____

I hereby acknowledge the satisfactory completion of the above described work.

☐ Total amount due for above work: or

☐ Total billing to be mailed after completion of work