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cc-7(8)

CITY COUNCIL MEETING

MARCH ¹⁰/~~8~~, 1982

ABC LICENSE

An application for Alcoholic Beverage License which had been received from Edward DeBenedetti and Joyce A. DeBenedetti, Willow Oaks Golf Course, 1123 N. Cluff Avenue, Lodi - On Sale Beer was presented to the Council.

COPY

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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)

DeBENEDETTI, Edward Joseph/Joyce Ann

1. TYPE(S) OF LICENSE(S)

WINE SALES BEER

Applied under Sec. 24044
 Effective Date: Issuance

FILE NO.

FEE NO.

GEOGRAPHICAL
 CODE 300

Date Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC. TYPE

New License

\$ 200.00

40

Annual Fee

12.00

4. Name of Business

Willow Oaks Golf Course

5. Location of Business—Number and Street

1123 N. Cluff Road

City and Zip Code
 Lodi 92400

County
San Joaquin

RECEIPT NO.

TOTAL

\$

342.00

40

6. If Premises Licensed, Show Type of License

7. Are Premises Inside City Limits?

(Temp) (Perm)
None

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

Same

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-sole 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

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,

OTHER:

COPIES MAILED

Renewal: Fee of

Paid at

Office on

Receipt No.