

CC 78 page 383

ABC LICENSES

Applications for the following Alcoholic Beverage License
were received:

- a) Circle K Convenience Stores, Inc.
300 North Ham Lane
Lodi, CA
Off Sale Beer and Wine
- b) Happy Times Liquor
115 North Cherokee Lane
Lodi, CA
Off Sale General

COPY

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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:

2. NAME(S) OF APPLICANT(S)
 GILL, Jasbir

CKWAL, GURINDER

1. TYPE(S) OF LICENSE(S)
 OFF-DAYS GENERAL
 Applied under Sec. 24044
 Effective Date: 1/27/89

FILE NO.
 RECEIPT NO. 37069
 GEOGRAPHICAL CODE 3902
 Date Issued
 Temp. Permit
 Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE LIC. TYPE

Per to Per 3/11

\$ 1274.00 21

4. Name of Business
 Happy Times Liquors

5. Location of Business—Number and Street
 114 N. Cherokee Ave

City and Zip Code Stockton 95210 County San Joaquin

TOTAL

\$ 1274.00

6. If Premises Licensed, Show Type of License Off-Days

7. Are Premises Inside City Limits? Yes

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

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 3-8-89

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 San Joaquin

Date 2-2-66

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 date on which the transfer application is filed with the Department of Motor Vehicles, and the applicant of the license with no resulting liability to the licensee.

16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
Bernice E. Kuffel		21-128094
Sonja J. Steff		

19. Location	Number and Street	City and Zip Code	County
1177	1st St	Lodi 93240	San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,
 Fiduciary papers,
 _____ (OTHER)

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

COPIES MAILED _____

HT 531-UM 6/63 27 M 1071 - USF

ABC 211 (1-62)

RECEIVED
 1965 MAR 11 AM 10 31
 ALICE M. BENOCHNE
 CITY CLERK
 CITY OF LODI

APPLICATION BY TRANSFEROR

15. STATE OF ~~CALIFORNIA~~ ~~ARIZONA~~ **ARIZONA**

County of Maricopa

Date 3-11-85

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)
<u>THE CIRCLE K CORPORATION</u>	By: <u>Joel A. Sterrett, Secretary</u>	<u>20-013669</u>

19. Location 300 N. Ham Lane Number and Street Lodi 95240 City and Zip Code San Joaquin County

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,
 Fiduciary papers,
 _____ (OTHER) _____

COPIES MAILED 3-11-85 District To Notify

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

RECEIVED
 MAR 12 AM 8 45
 ALICE M. REINICHE
 CITY CLERK
 CITY OF GDB