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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:

1. TYPE(S) OF LICENSE(S): OFF SALE BEER & WINE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.
RECEIPT NO. 358116
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S)

AZEVEDO, Anthony D.

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
NEW LICENSE	$ 100.00	20
ANNUAL FEE	28.00	
ANNUAL FEE (PRO-RATED)	14.00	
TOTAL	$ 142.00	

4. Name of Business
California Gourmet Deli

5. Location of Business—Number and Street
620 S. Central Avenue

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 (Temp) (Perm)
Same Same

9. Have you ever been convicted of a felony?
NO, LDA

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 Y ABA

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 5-20-87

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 Anthony D. Azevedo

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 trustee, 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 to the 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 5-20-87

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

ABC 211 (1-82) 85 1041

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CITY CLERK
CITY OF LODI

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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:

1. TYPE(S) OF LICENSE(S)

ON SALE BEER & WINE

EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIPT NO. 351775

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

BRUSA, Angela D./Anthony S./James N.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
New License	$ 300.00	41
Annual Fee	195.00	
TOTAL	$ 495.00	

4. Name of Business
Brusa's Replay

5. Location of Business—Number and Street
920 - D South Cherokee Ln.

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

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) Perm

9. Have you ever been convicted of a felony?
No Q.B. No (B) No ASB

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 Q.B. No (B) No ASB

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 5-4-87

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 x [signature] x Anthony S Brusa

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

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Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ ____ (OTHER)

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Office on ____ Receipt No. ____

☐ Renewal: Fee of ____ Paid at ____

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CITY CLERK
CITY OF LODI

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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:

1. TYPE(S) OF LICENSE(S): ON SALE BEER AND WINE PUBLIC PREMISES

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.
RECEIPT NO. 35114
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S): FOSTER, Ronald Scott

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
ORIGINAL	$ 300.00	42
Annual Fee	195.00	
TOTAL	$ 495.00	

4. Name of Business: The Smuggery

5. Location of Business—Number and Street: 105 West Pine

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

6. If Premises Licensed, Show Type of License: R-65

7. Are Premises Inside City Limits? Yes (Temp) (Perm) Perm

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

9. Have you ever been convicted of a felony? No

10. Have you ever violated any of the provisions of the Alconolic 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 5-20-87

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: Ronald S. Foster

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

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

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Office on _____ Receipt No. _____

☐ Renewal: Fee of _____ Paid at _____

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ABC 211 (1-82)

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CITY OF LODI

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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:

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

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.
RECEIPT NO. 351786
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S): LUCCHESI, Lory/~~Beverly~~ Beverely

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
Per to Per Add Spouse	$ 50.00	20
Prem to Prem	100.00	20
TOTAL	$ 150.00	

4. Name of Business: Happy Hooker Bait & Tackle

5. Location of Business—Number and Street: 440-B E. Kettleman Lane

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

6. If Premises Licensed, Show Type of License: No ~~20~~

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street: 219 E. Kettleman Lane, Lodi, 95240 (Temp) (Perm) Temp

9. Have you ever been convicted of a felony? No [illegible]

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 [illegible]

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 5-5-87

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 X Lory Lucchesi Beverly Lucchesi

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 5-5-87

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16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
Lory V. Lucchesi	Lory Lucchesi	20-166468

19. Location Number and Street City and Zip Code County
219 E. Kettleman Lane, Lodi, CA 95240, San Joaquin County

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

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☒ Renewal: Fee of 6 $28.00 Paid at Stockton Office on 5-5-87 Receipt No. 351786

ABC 21 (1-82)

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