

CITY COUNCIL MEETING
JULY 15, 1987

ABC LICENSE
CC-7(f)

City Clerk Reimche presented the following Alcoholic Beverage License Application which had been received:

Kanubhai N. Patel
22 South Main Street
On Sale Beer and Wine Public Premises
Original License - Annual Fee

COPY

Do not detach - use 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
 1901 Broadway
 Sacramento, Calif. 95818 Stockton
(DISTRICT SERVING LOCATION)

ON SALE BEER & WINE
 PUBLIC PREMISES

RECEIPT NO.
 358431

GEOGRAPHICAL CODE
 3902

Date Issued

Temp. Permit

The undersigned hereby applies for licenses described as follows:

2. NAME(S) OF APPLICANT(S)

PATEL, Kanubhai N.

Applied under Sec. 24044
 Effective Date: Issuance

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC. TYPE

Original License

\$ 300.00

42

Annual Fee

195.00

4. Name of Business

5. Location of Business—Number and Street

22 S. Main Street

City and Zip Code
 Lodi, CA 95240

County
 San Joaquin

TOTAL \$ 495.00

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 263, Lodi, CA 95241

(Temp) (Perm)
 Perm

9. Have you ever been convicted of a felony?

No *WLS*

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 *WLS*

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 6-24-87

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

WLS

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,

COPIES MAILED

6-24-87

Renewal Fee of _____

Paid at _____

Office on _____

Receipt No. _____