

CITY COUNCIL MEETING
JULY 16, 1986

2

COMMUNICATIONS
(CITY CLERK)

ABC LICENSE

CC-7(f)

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

Henry/William Poon
King Yin Cafe
10 South Main Street
Lodi
On Sale Beer
Person to Person transfer

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:

2. NAME(S) OF APPLICANT(S)

POON, Henry/William

1. TYPE(S) OF LICENSE(S)

On Sale Beer

Applied under Sec. 24044
 Effective Date: ISSUANCE

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

Per to Per

FEE

\$ 100.00

LIC. TYPE

40

4. Name of Business

King Yip Cafe

5. Location of Business—Number and Street

10 S. Main St.

City and Zip Code

Stockton

County

San Joaquin

TOTAL

\$ 100.00

6. If Premises Licensed, Show Type of License

Same

7. Are Premises Inside City Limits?

(Temp) (Perm)

Perm

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

9. Have you ever been convicted of a felony?

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?

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 6-26-86

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 6-26-86

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) owned 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)

David Lee

17. Signature(s) of Licensee(s)

18. License Number(s)

40-109746

19. Location

Number and Street

City and Zip Code

County

Same Location

Do Not Write Below This Line; For Department Use Only

Attached: Recorded notice,

Fiduciary papers,

(OTHER)

COPIES MAILED

6-26-86

Renewal; Fee of _____

Paid at _____

Office on _____

Receipt No. _____

RECEIVED

1986 JUN 30 AM 8 34

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI