ABC LICENSES

Applications for the following Alcoholic Beverage License(s) were received and presented by the City Clerk:

a) Morales, Antonio Sr./Maria-Elena
Matzatlan Cafe
125 N. Sacramento Street
Lodi, CA 95240
On Sale Beer and Wine Eating Place

b) Burt, Byron O.
Chandler, Donna L.
Grandma's House
1030 S. Hutchin Street
Lodi, CA 95240
On Sale Beer and Wine Eating Place

c) Harold Butler Ent. #204, Inc.
Denny's Restaurant, #204
701 East Kettleman Lane
Lodi, CA 95240

d) Lucky Stores, Inc.
340 West Kettleman Lane
Lodi, CA 95240
Off Sale General

e) Rodriguez, Tony
Tony's
2525 S. Hutchins, Ste. 10
Lodi, CA 95240
On Sale Beer and Wine Eating Place

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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:

1. TYPE(S) OF LICENSE(S)

ON SALE BEER & WINE

EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIVED
RECEIPT NO. 124775
1983 JUN 13 AM 10:06
CODE 3902
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

Effective Date:

2. NAME(S) OF APPLICANT(S)

MORALES, Antonio Sr./Maria-Elena

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
NEW LICENSE	$ 300.00	41
ANNUAL FEE	189.80	
TOTAL	$ 489-80	

4. Name of Business
Mazatlan Cafe

5. Location of Business—Number and Street
125 N. Sacramento St.

City and Zip Code: Lodi 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 (Temp) (Perm)
Same

9. Have you ever been convicted of a felony?
A.M.
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

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 6-13-83

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 [signature] [signature]

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 6-13-83

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

ABC 211 (1-82)

84968 104 2 82 20M SEPT CAM OSP

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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

RECEIVED
1983 JUL -5 AM 9:06
ALICE M. [illegible]
CITY CLERK
CITY OF LODI

FILE NO.
RECEIPT NO. 12331
GEOGRAPHICAL CODE 3902
Temp. Permit
Effective Date.

Applied under Sec. 24044 ☐
Effective Date: Issuance

2. NAME(S) OF APPLICANT(S)

BURT, Byron O.

CHANDLER, Donna L.

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
NEW LICENSE	$ 300.00	41
ANNUAL FEE	189.80	
TOTAL	$ 489.80	

4. Name of Business
Grandma's House

5. Location of Business—Number and Street
1030 S. Hutchins

City and Zip Code Lodi 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 (Temp) (Perm)
Same

9. Have you ever been convicted of a felony?
No LC No 3B

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 6-29-83

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 Donna Chandler
Byron O. Burt

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 6-29-83

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

ABC 211 (1-82)

84968 104 2 82 20M SEPT CAM OSP

7746

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 ~~1001~~ Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S)

RECEIVED
1983 JUL -6 AM 8:42
41
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

Applied under Sec. 24044 ☐
Effective Date:

FILE NO.

RECEIPT NO. 138339

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

Harold Butler Ent. #204, Inc.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Original application	$ 300.00	41
	184.80	
TOTAL	$ 484.80	

4. Name of Business
Denny's Restaurant #204

5. Location of Business—Number and Street
701 East Kettleman Lane

City and Zip Code: Lodi 95240 County: San Joaquin

6. If Premises Licensed, Show Type of License: X N/A

7. Are Premises Inside City Limits? yes

8. Mailing Address (if different from 5)—Number and Street
16700 Valley View, La Mirada, Ca. 90637 (Temp) (Perm) Permanent

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 Los Angeles Date 5-27-83

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 Edward Shedlowski
Edward Shedlowski, Secretary

APPLICATION BY TRANSFEROR

5. 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) COPIES MAILED 7-5-83

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

ABC 211 (1-82) 84968-104 2-82 20M SEPT CAM OSP

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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:

1. TYPE(S) OF LICENSE(S)

Off Sale General

RECEIVED
1983 JUL 22
ALICE N. [illegible]
CITY CLERK
CITY OF LODI

FILE NO.
FEE NO.
GEOGRAPHICAL CODE
DESIGNATION
Temp. Permit

Applied under Sec. 24044 ☒
Effective Date:

Effective Date:

2. NAME(S) OF APPLICANT(S)

Lucky Stores, Inc.

P-12 List

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
Person to Person	$ 1250.00	21
Premises to Premises (same)	-0-	
B.P.W.	24.00	22
RECEIPT NO. TOTAL	$ 1274.00	

4. Name of Business
Lucky Stores, Inc.

5. Location of Business—Number and Street

340 West Kettleman Lane

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

6. If Premises Licensed, Show Type of License NA

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street (Temp) (Perm)
Lucky Stores, Inc. 1701 Marina Blvd. San Leandro, CA 94577 Perm

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? Yes

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

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 Alameda Date 7/7/83

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
Lucky Stores, Inc.
By: [signature]
Delbert J. Peterson
Assistant Secretary

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)
Albertsons Inc. A Delaware Corp.		21-20560
By David Connolly V.P. Finance Treas.		

19. Location Number and Street: 340 West Kettleman Lane
City and Zip Code: Lodi, CA
County: San Joaquin

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Attached: ☐ Recorded notice,
☒ Fiduciary papers,
☐ ..... (OTHER) COPIES MAILED .....

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

ABC 211 (6-74) SEPT 7 OSP

7746

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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 EATING PLACE

RECEIVED 1983 JUL 27 ALICE N. [illegible] CITY CLERK CITY OF LODI

FILE NO.

RECEIPT NO. 147511

GEOGRAPHICAL CODE 3902

Date

Issued

Temp. Permit

Applied under Sec. 24044 ☐

Effective Date: Issuance

Effective Date:

2. NAME(S) OF APPLICANT(S)

RODRIGUEZ, Tony

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
NEW LICENSE	$ 300.00	41
Annual Fee	189.80	
TOTAL	$ 489.80	

4. Name of Business
Tony's

5. Location of Business—Number and Street
2525 S. Hutchins, Ste 10

City and Zip Code: Lodi 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 (Temp) (Perm)
Same Perm

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

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 7-25-83

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 Tony [signature]

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 7-25-83

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

ABC 211 (1-82) 84068 104 2 82