CC170

CITY COUNCIL MEETING
AUGUST 15, 1984

Pg 234

ABC LICENSES

a) Special Delivery
523 West Lodi Avenue
Off Sale Beer and Wine

b) Straw Hat Pizza
210 North Ham Lane
On sale beer and wine public eating place

c) The Winery
548 South Sacramento Street
On sale beer and wine public premises

d) Pay Less Drug Store
520 West Lodi Avenue
Off sale beer and wine

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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 AND WINE

Applied under Sec. 24044 ☐
Effective Date:

FILE NO.

RECEIPT NO. 205817

GEOGRAPHICAL CODE 3902

Date Issued Issuance

Temp. Permit

Effective Date: Issuance

2. NAME(S) OF APPLICANT(S)

Kathy Ann Guthrie

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Off Sale Beer and Wine	$ 100.00	20
Annual Fee	28.10	
TOTAL	$ 128.10	

4. Name of Business
Special Delivery

5. Location of Business—Number and Street
523 W. Lodi Avenue
Lodi, CA 95240

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)
523 W. Lodi Avenue, Lodi, 95240

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

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 8-27-84

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 Kathy A. Guthrie

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: 523 W. Lodi Avenue City and Zip Code: Lodi, CA 95240 County: San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____ (OTHER) COPIES MAILED 7-27-84

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

ABC 211 (1-82)

07331-104 6/83 30 M SEPT - OSP

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ALICE M. REIMCHE
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 Eating Place

Applied under Sec. 24044 ☐
Effective Date:

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

The Straw Hat Restaurant Corporation

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
24071.1 Stock Transfer	$100.00	41
TOTAL	$100.00	41

4. Name of Business
Straw Hat Pizza

5. Location of Business—Number and Street
210 N. Ham Lane

City and Zip Code: Lodi 95240
County: San Joaquin

6. If Premises Licensed, Show Type of License: 41

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
One Saga Lane, Menlo Park, CA 94025

(Temp) (Perm) Temp

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 locations

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 Mateo Date July 18, 1984

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 The Straw Hat Restaurant Corporation
Pamela J. Darr
by Pamela J. Darr, Assistant Secretary

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Mateo Date July 18, 1984

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)
The Straw Hat Restaurant	Pamela J. Darr	
Corporation	by: Pamela J. Darr,	41-127186
	Assistant Secretary	

19. Location: 00710 Number and Street: 210 N. Ham Lane City and Zip Code: Lodi 95240 County: San Joaquin

Do Not Write Below This Line; For Department Use Only

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

COPIES MAILED 7-30-84

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

ABC 211 (1-82)

87332-504 6/83 20 M SCPI — CSP

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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): ON SALE BEER AND WINE PUBLIC PREMISES

Applied under Sec. 24044 ☐
Effective Date: When Trfd

FILE NO.
RECEIPT NO. 205114
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit T-33522
Effective Date: 8-1-84

2. NAME(S) OF APPLICANT(S): VEIGA, Kathleen

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$ 150.00	42
TOTAL	$	

4. Name of Business: The Winery

5. Location of Business—Number and Street: 548 S. Sacramento St.

City and Zip Code: Lodi 95240 County: San Joaquin

6. If Premises Licensed, Show Type of License: 42-553631

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

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 7-26-84

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 7-26-84

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)
Albert M. Garibaldi	Albert Garibaldi	42-153631

19. Location Number and Street: 548 S. Sacramento St. City and Zip Code: Lodi, Ca. 95240 County: San Joaquin

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Attached: ☒ Recorded notice, ☐ Fiduciary papers, Corrected Notice to Follow

☒ 280 231 (OTHER) COPIES MAILED 7-26-84

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

ABC 211 (1-82)

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ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway Oakland for
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. 207078

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

PAY LESS DRUG STORES NORTHWEST, INC (P-12)

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Original Application	$ 100.00	20
Annual Fee	28.10	
TOTAL	$ 128.10	20

4. Name of Business
Pay Less Drug Store

5. Location of Business—Number and Street
520 W. Lodi Avenue

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

6. If Premises Licensed, Show Type of License: None

7. Are Premises Inside City Limits? yes

8. Mailing Address (if different from 5)—Number and Street
9275 S.W. Peyton Lane, Wilsonville, Oregon 97070 (Temp) (Perm) 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? 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 Alameda Date 7-30-84

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]

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 7-31-84 District office to notify respondent

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

ABC 211 (1-82)

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CITY CLERK
CITY OF LODI