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CITY COUNCIL MEETING
SEPTEMBER 4, 1985

COMMUNICATIONS
(City Clerk)

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

ABC LICENSE
APPLICATION

a) Denise C. Logsdon
Pioneer Club
8 South Main Street, Lodi
On Sale Beer and Wine
Public Premises.

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:

1. TYPE(S) OF LICENSE(S)

On Sale Beer & Wine
Public Premises

Applied under Sec. 24044 ☐
Effective Date: When Trfrd

FILE NO.

RECEIPT NO. [illegible]

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit 41727
Effective Date: 8-26-85

2. NAME(S) OF APPLICANT(S)

LOGSDON, Denise C.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$ 50.00 ~~150.00~~ XXXXXX	42
TOTAL	$ [illegible] ~~[illegible]~~ XXXXXX	

4. Name of Business
PIONEER CLUB

5. Location of Business—Number and Street

8 S. Main Street

City and Zip Code Lodi, CA 95240 County San Joaquin

6. If Premises Licensed, Show Type of License 42

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street (Temp) (Perm)
110 N. Washington St., Lodi, CA 95240 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.

Date _____

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 8-21-85

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)
James A. Smith		42-66561
by: Jerry D. Smith, Executor		

19. Location	Number and Street	City and Zip Code	County
	8 S. Main Street	Lodi, CA 95240	San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached: ☒ Recorded notice,
☐ Fiduciary papers,
☒ Death Certificate, (OTHER) COPIES MAILED 8-21-85

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

ABC 211 (1-82)

87331-204 6/83 20 M SEST - DSP