CITY COUNCIL MEETING
OCTOBER 16, 1985

COMMUNICATIONS
(City Clerk)

City Clerk Reimche presented the following applications which had been received for Alcoholic Beverage Licenses:

ABC LICENSE
APPLICATIONS

a) Twin Arbors Athletic Club
Anthony Ahn, et al
2040 Cochran Road
Lodi, CA
On Sale Beer

b) Twin Arbors Athletic Club
Anthony Ahn, et al
1900 South Hutchins Street
Lodi, CA
On Sale Beer

COPY Do not detach—Return all copies

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

~~Sacramento~~ for ~~Stockton~~ (DISTRICT SERVING LOCATION)

The undersigned hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S): On Sale Beer

Applied under Sec. 24044 ☐
Effective Date: Issu.

FILE NO.
RECEIPT NO. 262347
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

2. NAME(S) OF APPLICANT(S) (PAGE 2)

AHN, Anthony - LP
~~CAMPBELL, William H. III - LP~~
DOMAN, Dahl A. - LP
~~GRAY, David L., Jr. - LP~~
HAHF, Frederick M. - LP
~~OSBORNE, William Raney - LP~~
SNIDER, John R. - LP
~~SPARE TIME, INC. - LP~~
SOMERS, John E. - LP
VAN RUITEN, John - LP

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
New	$ —	40
Annual	—	40
TOTAL	$ —	40

4. Name of Business
~~Twin Arbors Athletic Club~~

5. Location of Business—Number and Street
2040 Cochran Rd.

City and Zip Code: Lodi 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
7919 Folsom Blvd., Suite 270, Sacto. 95826 (Temp) 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 Sacto. Date 10-7-85

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 someone 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

VP Spare Time Inc.
Robert Platt
~~GP & LP~~

15. STATE OF CALIFORNIA County of _____ Date _____

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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

10-8-85 DISTRICT TO NOTIFY SL

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

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Effective Date: Issue

FILE NO.
RECEIPT NO. 268347
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

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CAMPBELL, William M. III - GP
GRAY, David A., Jr. - GP
MARTIN, Edward C. - GP
PLATT, Robert - GP
SPARE TIME, INC. - GP (P-12 SACTO)

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
New	$ 200.00	40
Annual	195.00	40
TOTAL	$ 395.00	40

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RAMP, Frederick M. - LP
OSBORNE, William Ramey - LP
SNIDER, John R. - LP
SPARE TIME, INC. - LP
SOMERS, John E. - LP; VAN RUITEN, John - LP

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
New	$ —	40
Annual	—	40
TOTAL	$ —	40

4. Name of Business: Twin Arbors Athletic Club

5. Location of Business—Number and Street: 1900 So. Hutchin

City and Zip Code: Lodi 95420 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: 7919 Folsom Blvd., Suite 270, Sacto. 95826 (Temp) (Perm) Perm.

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19. Location Number and Street City and Zip Code County

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☐ Fiduciary papers,
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ABC 211 (1-82)

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway Sacramento for
Sacramento, Calif. 95818 STOCKTON
(DISTRICT SERVING LOCATION)

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Applied under Sec. 24044 ☐
Effective Date: Issu.

FILE NO.
RECEIPT NO. 268348
GEOGRAPHICAL CODE 3902
Date Issued
Temp. Permit
Effective Date:

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GRAY, David A., Jr. - GP
MARTIN, Edward C. - GP
PLATT, Robert - GP
SPARE TIME, INC. - GP (P-12 SACTO)

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
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Annual	195.00	40
TOTAL	$ 395.00	40

4. Name of Business: Twin Arbors Athletic Club

5. Location of Business—Number and Street: 1900 So. Hutchin

City and Zip Code: Lodi 95420 County: San Joaquin

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

7. Are Premises Inside City Limits? Yes

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X John R. Smith X John R. Smith

X X X X

X X X X

APPLICATION BY TRANSFEROR

VP Spare Time Inc.
Robert Pratt

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ABC 211 (1-82)

87331-204 6/83 20 M SEPT - DSP

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X _____ X _____ X _____

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ABC 211 (1-82)

87331-104 6/83 20.M SEPT - OSP

RECEIVED
1985 OCT 10 AM 10 23
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

COPY *Do not detach—Return all copies* *Do Not Write Above This Line—For Headquarters Office Only*

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7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street (Temp) (Perm)
7919 Folsom Blvd., Suite 270, Sacto. 95826 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 _____ 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 X _____ X _____ X _____ X _____ X _____ X _____ X _____ X _____

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
- [illegible]

COPIES MAILED

General Fee of Paid at Office on Receipt No.

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 for
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

Applied under Sec. 24044 ☐
Effective Date: Issu.

FILE NO.

RECEIPT NO. 268348

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S) (PAGE 1)

CAMPBELL, William M. III - GP
GRAY, David A., Jr. - GP
MARTIN, Edward C. - GP
PLATT, Robert - GP
SPARE TIME, INC. - GP (P-12 SACTO)

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
New	$ ~~200.00~~	~~40~~
Annual	195.00	40
TOTAL	$ ~~395.00~~	~~40~~

4. Name of Business: Twin Arbors Athletic Club

5. Location of Business—Number and Street: 1900 So. Hutchin

City and Zip Code: Lodi 95420 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: 7919 Folsom Blvd., Suite 270, Sacto. 95826 (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 Sacto. Date 10-7-85

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 X [signature] X [signature]
X [signature] X [signature] X

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 ~~DISTRICT TO NOTIFY~~ 10-8-85 ~~x10-7-85~~ SL

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

ABC-211 (1-82)

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ALICE M. REIMCHE
CITY CLERK
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