COMMUNICATIONS
(City Clerk)

ABC LICENSES

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

a) Crete/Maley Vineyards

529-531 N. Hutchins Street
Lodi, California

Richard C. Crete and Joseph L. Maley

Beer and Wine Wholesaler

Original License

b) Jesus A. Martinez

(Name of business not yet determined)

23-25 N. Sacramento Street,
Lodi, California

On Sale Beer and Wine - Public Premises

Person to Person transfer

h) COMMUNICATIONS (CITY CLERK)

1) ABC License

a) Crete/Manley Vineyards

529-531 N. Hutchins Street
Lodi, California

Richard C. Crete and
Joseph L. Maley

Beer and Wine Wholesaler

Original License

b) Jesus A. Martinez
(Name of business not yet determined)

23 - 25 N. Sacramento Street
Lodi, California

On Sale Beer and Wine - Public
Premises

Person to person transfer

2) Claims

Recommendation from the City Attorney and from L. J. Russo Insurance Services, Inc., the City's Contract Administrator, recommending that the City deny the following Claims:

a) Spencer Christensen DOL 6/27/85

b) Dan Bartholomew DOL 10/1/85

Recommended Action: Deny Claims and refer them back to the City's Contract Administrator

3) Letter from Search Development and Real Estate Co., Inc. requesting joint participation for installation of traffic signal at intersection of Central Avenue and Highway 12.

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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): Beer & Wine Wholesaler

FILE NO.

RECEIPT NO. 211716

GEOGRAPHICAL CODE 1902

Date Issued

Temp. Permit

Applied under Sec. 24044 ☐
Effective Date: Issuance

Effective Date:

2. NAME(S) OF APPLICANT(S)

CRETE, Richard C.

MALEY, Joseph L.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Original	$100.00	17
Annual Fee	65.00	
TOTAL	$165.00	

4. Name of Business
Crete/Manley Vineyards

5. Location of Business—Number and Street
529-531 N. Hutchins St.

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

6. If Premises Licensed, Show Type of License: 10

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
P.O. Box 31, Lodi, CA 95241 (Temp) (Perm) PERM

9. Have you ever been convicted of a felony?

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

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 10-22-85

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

Richard C. Crete Joseph L. Maley

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 10-22-85

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

ABC 211 (1-82)

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: Issuance

FILE NO.

RECEIPT NO. [illegible]

GEOGRAPHICAL CODE 3982

Date Issued

Temp. Permit 41772

Effective Date: 10-21-85

2. NAME(S) OF APPLICANT(S)

MARTINEZ, Jesus A.

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

4. Name of Business

5. Location of Business—Number and Street

23 - 25 N. Sacramento St.

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

6. If Premises Licensed, Show Type of License: 42-47842

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 10-16-85

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

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 10-16-85

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16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)
Celia H. Albor	Celia H. Albor	42-47842

19. Location Number and Street City and Zip Code County
State

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ ~~[illegible]~~ (OTHER) COPIES MAILED 10-16-85

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

ABC 211 (1-82)

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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 PUBLIC PREMISES

Applied under Sec. 24044 ☐
Effective Date: [illegible]

FILE NO.

RECEIPT NO. [illegible]

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit 41772

Effective Date: 10-21-[illegible]

2. NAME(S) OF APPLICANT(S)

MARTINEZ, JESUS A.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
NEW TO NEW	$ 100.00	42
TOTAL	$ 100.00	

4. Name of Business

5. Location of Business—Number and Street

23 - 25 N. SACRAMENTO ST.

City and Zip Code: LODI, CA 95240
County: SAN JOAQUIN

6. If Premises Licensed, Show Type of License: 42-[illegible]

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?

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 10-16-85

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14. APPLICANT SIGN HERE _____, _____,
_____, _____.

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA County of San Joaquin Date 10-16-85

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)
Celia H. Allen	X Celia H. Allen	[illegible]

19. Location	Number and Street	City and Zip Code	County
[illegible]			

Do Not Write Below This Line; For Department Use Only

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

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

ABC 211 (1-82)

87331-104 6/83 20 M

RECEIVED
1985 OCT 21 AM 9:55
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

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): Beer & Wine Wholesaler

FILE NO.

RECEIPT NO. 21716

GEOGRAPHICAL CODE 3832

Date Issued

Temp. Permit

Applied under Sec. 24044 ☐

Effective Date: Issuance

Effective Date:

2. NAME(S) OF APPLICANT(S)

CROTE, Richard A.

MALEY, Joseph L.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Original	$ 100.00	17
Annual Fee	35.00	
TOTAL	$ 135.00	

4. Name of Business
Crete/Manley Vineyards

5. Location of Business—Number and Street
525-531 N. Beaumont Ave.

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

6. If Premises Licensed, Show Type of License: 17

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street (Temp) (Perm)
P.O. Box 31, Lodi, CA 95241 Perm

9. Have you ever been convicted of a felony?

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

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 10-22-85

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14. APPLICANT SIGN HERE

Richard A. Crete

Joseph L. Maley

APPLICATION BY TRANSFEROR

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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,
☐ _____ COPIES MAILED _____
(OTHER)

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

ABC 211 (1-82)

87331-104 6/83 20 M SEPT - PSP

RECEIVED
1985 OCT 24 AM 8:39
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI