On motion of Mayor Pro Tempore Murphy, Reid second, Council denied the appeal of Ms. Fahrner.

ABC LICENSE

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

Pay Less Market and Liquors
Alburati, Lutfi Ahmed
101 N. Sacramento Street
Lodi, CA 95240
Off Sal · General

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
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)

RECEIVED
1982 NOV 15 AM 10:26
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

OFF SALE GENERAL

Applied under Sec. 24044 ☐
Effective Date: When Trfd.

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S)

ALBURATI, Lutfi Ahmed

3. TYPE(S) OF TRANSACTION(S)

	FEE	LIC. TYPE
Per to Per	$ 1274.00	21
TOTAL	$ 1274.00	21

4. Name of Business
Pay Less Market & Liquors

5. Location of Business—Number and Street
101 N. Sacramento Street

City and Zip Code: Lodi [redacted] 95240
County: San Joaquin

6. If Premises Licensed, Show Type of License 21-50863

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?

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 11-12-82

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

5. STATE OF CALIFORNIA County of San Joaquin Date 11-12-82

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)
ANAGNOS, Angelo	[signature]	21-50863

19. Location Number and Street: 101 N. Sacramento St.
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 11-12-82

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

ABC 211 (1-81)

83101 104 1-81 20M SEPT CAM W OSP