

CITY COUNCIL MEETING  
DECEMBER 17, 1986

14

COMMUNICATIONS  
(CITY CLERK)

ABC LICENSE

CC-7(f)

City Clerk Reimche presented the following Application for Alcohol Beverage License that had been received:

- a) Alvin G./Janice E. Allmendinger  
Trustees for the Sugar Foot Family Estate Trust  
Bumble Bee Inn  
20 North Main Street, Lodi  
Person to Person transfer  
On sale beer

# COPY

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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

FILE NO. \_\_\_\_\_  
RECEIPT NO. 335863  
GEOGRAPHICAL CODE 3902  
Date Issued \_\_\_\_\_  
Temp. Permit 48032  
Effective Date: 12-10-86

2. NAME(S) OF APPLICANT(S)  
ALLMENDINGER, Alvin G./Janice E.

Applied under Sec. 24044   
Effective Date: \_\_\_\_\_

3. TYPE(S) OF TRANSACTION(S) Per to Per

FEE	LIC. TYPE
\$ <u>100.00</u>	<u>40</u>
TOTAL \$ <u>100.00</u>	

4. Name of Business BUMBLE BEE INN

5. Location of Business—Number and Street  
20 N. Main Street

City and Zip Code Lodi, CA 95240 County San Joaquin

6. If Premises Licensed, Show Type of License 40-148693

7. Are Premises Inside City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street  
40 N. Main Street, Lodi, CA 95240

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 12-5-86

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 an 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 Alvin G. Allmendinger

**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)
<u>Norman Funamura</u>	<u>[Signature]</u>	<u>40-148693</u>

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

Do Not Write Below This Line; For Department Use Only

Attached:  Recorded notice,  
 Fiduciary papers,  
 \_\_\_\_\_ COPIES MAILED 12-5-86

Renewal: Fee of \$195.00 Paid at Stockton Office on 12-5-86 Receipt No. 335863

RECEIVED

1986 DEC -8 AM 9:22

ALICE M. REIMCHE  
CITY CLERK  
CITY OF LODI