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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 or follows:

1. TYPE(S) OF LICENSE(S)

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3502

Date Issued

Temp. Permit

Applied under Sec. 24044 ☐
Effective Date: Issuance

Effective Date:

2. NAME(S) OF APPLICANT(S)

Jack Henslee, Inc.

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Per to Per	$ 1,250.00	~~42~~ 40
Prem to Prem	100.00	~~42~~ 48
Exchange to ~~Ba~~ 47	100.00	47
TOTAL	$ 1,350.00	

4. Name of Business
Big E's Lockeroom Saloon

5. Location of Business—Number and Street
920 - D S. Cherokee Lane

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

6. If Premises Licensed, Show Type of License 41

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?
A Corporation

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 11-22-88

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 11-22-88

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)
Jack Henslee	Jack Henslee	48-066835

19. Location — Number and Street: 3131 N. Wilson Way, Stockton — City and Zip Code: — County: San Joaquin

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

COPIES MAILED 11-29-88

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

ABC 211 (1-82) 85 93461

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Cold 95818 _____
(DISTRICT SERVING LOCATION)

The und J hereby applies for licenses described as follows:

1. TYPE(S) OF LICENSE(S): On sale beer & wine Public Premises

FILE NO.

RECEIPT NO.

GEOGRAPHICAL CODE 3902

Date Issued

Temp. Permit

Effective Date:

2. NAME(S) OF APPLICANT(S): [illegible], Alvin [illegible]

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

3. TYPE(S) OF TRANSACTION(S)	FEE	LIC. TYPE
Original License	$ 300.00	42
Annual Fee	197.00	
TOTAL	$ 497.00	

4. Name of Business: The Bee Hive

5. Location of Business—Number and Street: 105 W. Pine Street

City and Zip Code: Lodi, 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: 20 N. Main Street, Lodi, CA 95240 (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 12-6-88

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 the 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 ap licant'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] [signature]

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

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Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____ (OTHER) COPIES MAILED 12-6-88

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

ABC 211 (1-82)