City of Woodland

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BY: SB

ALCOHOLIC BEVERAGE CONTROL CHECKLIST

Name of Business: Provincial Wines   File No. 473079

Physical Location: 425 W. Southwood Dr.   New Owner/Manager: Sean Matthew THOMAS

Mailing Address: Same

Type of License: ______   Transferor Name: ______

Received by City Clerk: 10/24/08   Date Sent to Police Dept.: 10/24/08

✧✧

Application Reviewed by ***Police Department*** [signature] #837
Contact Name

Recommend Approval: ✓ ////Recommend Denial: O////Comments on Attached Sheet(s): O////

Comments Included Here ⇨ Location is the business office only. NO storage or delivery from address and they can only solicit sales via phone / fax or computer. They cannot have direct sales to the public.

✧✧

Application Reviewed by ***Community Development*** [signature]
Contact Name

Recommend Approval: ● ////Recommend Denial: O////Comments on Attached Sheet(s): O////

Comments Included Here ⇨ "Office only" - no storage see police comments.

✧✧

Upcoming Council Meeting Dates and Deadlines for Submission:

Submission Date 11/4/08 for inclusion at 11/18/08 Council Meeting

Submission Date 11/18/08 for inclusion at 12/2/08 Council Meeting

Submission Date 12/2/08 for inclusion at 12/18/08 Council Meeting

Returned to City Clerk on 11/18/08   Council Action Taken ______

Department of Alcoholic Beverage Control

State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
3321 Power Inn Rd.
Ste. 230
Sacramento, CA 95826
(916)227-2002

File Number: **473079**
Receipt Number: **1688040**
Geographical Code: **5703**
Copies Mailed Date: **October 21, 2008**
Issued Date:

DISTRICT SERVING LOCATION: **SACRAMENTO**

First Owner: **THOMAS SEAN MATHEW**

Name of Business: **PROVINCIAL WINES**

Location of Business: **425 W SOUTHWOOD DR**
WOODLAND, CA 95659-4448

County: **YOLO**

Is premise inside city limits? **Yes**

Census Tract **0110.02**

Mailing Address:
(If different from premises address)

Type of license(s): **17, 20**

Transferor's license/name: /

Dropping Partner: Yes_____ No X

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
17 BEER AND WINE WI	ORIGINAL FEES	NA	Y	0	10/21/08	$100.00
17 BEER AND WINE WI	ANNUAL FEE	NA	Y	0	10/21/08	$269.00
20 OFF-SALE BEER ANI	ORIGINAL FEES	NA	Y	0	10/21/08	$100.00
20 OFF-SALE BEER ANI	ANNUAL FEE	NA	Y	0	10/21/08	$220.00
20 OFF-SALE BEER ANI	STATE FINGERPRINTS	NA	N	2	10/21/08	$78.00
20 OFF-SALE BEER ANI	FEDERAL FINGERPRINTS	NA	N	2	10/21/08	$48.00
					Total	$815.00

Have you ever been convicted of a felony? **No**
Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **No**
Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premise 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.

STATE OF CALIFORNIA County of YOLO Date: October 21, 2008

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an 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 and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's 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 or 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.

Applicant Name(s) | Applicant Signature(s)

THOMAS SEAN MATHEW | **See 211 Signature Page**