



City of Woodland

REPORT TO MAYOR AND CITY COUNCIL

AGENDA ITEM

TO: THE HONORABLE MAYOR
AND CITY COUNCIL

DATE: June 2, 2009

SUBJECT: Council Communications

Report in Brief

Attached are communications received for which Council should be made aware:

Notification of an Application for a New On-Sale Alcoholic Beverage Control License for Food Innovations, Inc., located at 2001 East Street, Woodland

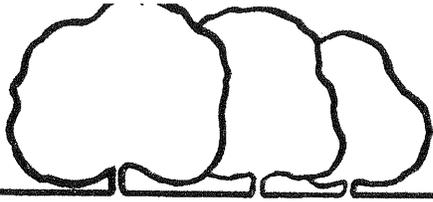
Notification of an Application for a Person-to-Person Transfer of an Alcoholic Beverage Control License for Longs Drug Store, located at 7 West Main Street, Woodland

These items are for your information only.

Prepared by: Sue Vannucci, Director of
Administrative Services

Mark G. Deven
City Manager

Attachments: Notices (2)



City of Woodland

6/2

ALCOHOLIC BEVERAGE CONTROL CHECKLIST

Name of Business Food Innovations Inc. File No. 477450
 Physical Location 2001 East St. (Elizabeth Restaurant)
 New Owner/Manager D. Lambert
 Mailing Address 714 College St.
new on-sale
 Type of License beer & wine Transferor Name _____
 Received by City Clerk 4/16/09 Date Sent to Police Dept. 4/20/09



Application Reviewed by **Police Department** L. De Poelher
 Contact Name

Recommend Approval: Recommend Denial: Comments on Attached Sheet(s):

Comments Included Here ⇨ _____



Application Reviewed by **Community Development** BS
 Contact Name

Recommend Approval: Recommend Denial: Comments on Attached Sheet(s):

Comments Included Here ⇨ _____



Upcoming Council Meeting Dates and Deadlines for Submission:

Submission Date 5/5/09 for inclusion at 5/19/09 Council Meeting
 Submission Date 5/19/09 for inclusion at 6/2/09 Council Meeting
 Submission Date 6/2/09 for inclusion at 6/16/09 Council Meeting

Returned to City Clerk on _____ Council Action Taken _____

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: **477450**
 Receipt Number: **1709493**
 Geographical Code: **5703**
 Copies Mailed Date: **April 14, 2009**
 Issued Date:

DISTRICT SERVING LOCATION: **SACRAMENTO**

First Owner: **FOOD INNOVATIONS INC**
 Name of Business: **ELIZABETH RESTAURANT**
 Location of Business: **2001 EAST ST**
WOODLAND, CA 95776-5183
 County: **YOLO**

Is premise inside city limits? **Yes** Census Tract **0112.06**

Mailing Address: **714 COLLEGE ST**
 (If different from **WOODLAND, CA 95695**
 premises address)

Type of license(s): **40**

Transferor's license/name: **/** Dropping Partner: Yes No

<u>License Type</u>	<u>Transaction Type</u>	<u>Fee Type</u>	<u>Master</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
40 ON-SALE BEER	ORIGINAL FEES	NA	Y	0	04/13/09	\$200.00
40 ON-SALE BEER	ANNUAL FEE	NA	Y	0	04/13/09	\$253.00
40 ON-SALE BEER	STATE FINGERPRINTS	NA	N	2	04/13/09	\$78.00
40 ON-SALE BEER	FEDERAL FINGERPRINTS	NA	N	2	04/13/09	\$48.00
Total						\$579.00

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: April 13, 2009

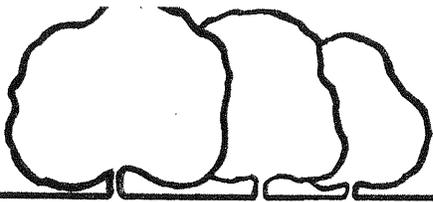
Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has 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)

FOOD INNOVATIONS INC

See 211 Signature Page

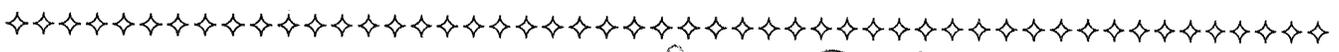


City of Woodland



ALCOHOLIC BEVERAGE CONTROL CHECKLIST

Name of Business Longs Drug Store 9180 File No. 411753
 Physical Location 7 W. Main Street New Owner/Manager Garfield Beach CVS, LLC
 Mailing Address One CVS Drive, Woonsocket, RI 02895-6146
 Type of License Person-to-Person Transfer of Off-Sale General Transferor Name Longs Drug Stores
 Received by City Clerk 4/30/09 Date Sent to Police Dept. 5/1/09



Application Reviewed by **Police Department** Lida Pacheco #837
Contact Name

Recommend Approval: Recommend Denial: Comments on Attached Sheet(s):

Comments Included Here ⇨ _____



Application Reviewed by **Community Development** Sandi Schum
Contact Name

Recommend Approval: Recommend Denial: Comments on Attached Sheet(s):

Comments Included Here ⇨ _____



Upcoming Council Meeting Dates and Deadlines for Submission:

Submission Date 5/5/09 for inclusion at 5/19/09 Council Meeting
 Submission Date 5/19/09 for inclusion at 6/2/09 Council Meeting
 Submission Date 6/2/09 for inclusion at 6/16/09 Council Meeting

Returned to City Clerk on _____ Council Action Taken _____

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: 477753
Receipt Number: 1709980
Geographical Code: 5703
Copies Mailed Date: April 22 2009
Issued Date:

DISTRICT SERVING LOCATION: SACRAMENTO

First Owner: GARFIELD BEACH CVS LLC
Name of Business: LONGS DRUG STORE 9180

Location of Business: SEVEN W MAIN ST
WOODLAND, CA 95695

County: YOLO

Is premise inside city limits? Census Tract 0110.01

Mailing Address: ONE CVS DR
(If different from WOONSOCKET, RI 02895-6146
premises address)

Type of license(s): 21

Transferor's license/name: 109096 / LONGS DRUG ST Dropping Partner: Yes No X

Table with 7 columns: License Type, Transaction Type, Fee Type, Master, Dup, Date, Fee. Rows include OFF-SALE GENERAL PERSON TO PERSON TRANSF, OFF-SALE GENERAL ANNUAL FEE, and a Total row.

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: April 16, 2009

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)

GARFIELD BEACH CVS LLC

LONGS DRUG STORES CALIFORNIA LLC