

8/24/2021

SDACa591.jpg

UP 2021-33
CE 2021-12

APN 040-033-06



City of Clearlake

14050 Olympic Drive, Clearlake, California 95422
(707) 994-8201 Fax (707) 995-2653

(Please type or print)
Planning Application
Type:
Project Name:
Assessor's Parcel #:

INITIAL FEES:	\$750
Permit	UP 2021-33
CEQA	CE 2021-12
Receipt #	ROD 202104
Received By	cm
Date	9/8/21

APPLICANT:

NAME: Lizbeth Vargas
MAILING ADDRESS: 14300 Woodland Drive
CITY: Clearlake
STATE: CA ZIP: 95422
PRIMARY PHONE: 513-7327
EMAIL: lvargas1214@gmail.com
SIGNATURE: [Signature]

I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

PROPERTY OWNER (IF NOT APPLICANT):

NAME: Thomas Carney
MAILING ADDRESS: P.O. Box 1604
CITY: Clearlake Oaks
STATE: CA ZIP: _____
PRIMARY PHONE: 650 438 8604
EMAIL: tcarney411@gmail.com
SIGNATURE: [Signature]

I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

PROJECT LOCATION:

ADDRESS: 14094 Lakeshore Drive
PROPERTY SIZE: _____
PRESENT USE OF LAND: _____
WATER SUPPLY: Highlands water company
SEWER/SEPTIC: _____
FLOOD ZONE: _____

OFFICE ONLY:

ZONING: _____
GENERAL PLAN: _____
APPROVED: _____ DATE: _____
RELATED FILES: _____
NOTES: _____

DESCRIPTION OF PROJECT:

type of Licor: 47 liquor license

hours of operation: 11 am - 2 am

type of business: Is a family Restaurant business

Department of Alcoholic Beverage Control

State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 50 D ST
 ROOM 130
 SANTA ROSA, CA 95404
 (707) 576-2165

File Number: **528477**
 Receipt Number: **2694470**
 Geographical Code: **1702**
 Copies Mailed Date: **November 15, 2021**
 Issued Date:

DISTRICT SERVING LOCATION: **SANTA ROSA**

First Owner: **VARGAS MONTALVO, LIZBETH ESTEFANY**
 Name of Business: **DELICIOUS ALVAREZ**
 Location of Business: **14094 LAKESHORE DR**
CLEARLAKE, CA 95422-8160

County: **LAKE**

Is Premises inside city limits?

YesCensus Tract: **0008.02**

Mailing Address:(If different
 from
 premises address)

14300 WOODLAND DR
CLEARLAKE, CA 95422

Type of license(s):

47

Dropping Partner: Yes___ No___

Transferor's license/name:

556625 / MOORE, STEVE ALLEN

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>		
47 - On-Sale General Eating Place	PER/PRM	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	DBL TRF: PREMISES AND PERSON	NA	0	11/15/21	\$1,250.00
47 - On-Sale General Eating Place	ANNUAL FEE	PO	0	11/15/21	\$790.00
			Total		\$2,040.00

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**

STATE OF CALIFORNIA County of LAKE

Date: November 15, 2021

Applicant Name(s)

VARGAS MONTALVO, LIZBETH ESTEFANY