

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 2400 DEL PASO ROAD
 SUITE 155
 SACRAMENTO, CA 95834
 (916) 419-1319

File Number: **526939**
 Receipt Number: **2683843**
 Geographical Code: **4601**
 Copies Mailed Date: **September 15, 2021**
 Issued Date:

DISTRICT SERVING LOCATION: **SACRAMENTO**

First Owner: **GOLDEN WEST DINING LLC**
 Name of Business: **THE GOLDEN WEST**
 Location of Business: **711 MAIN ST
 LOYALTON, CA 96118**

County: **SIERRA**

Is Premises inside city limits? **Yes** Census Tract: **0100.00**

Mailing Address:(If different from premises address) **PO BOX 239
 LOYALTON, CA 96118-0239**

Type of license(s): **47, 58** Dropping Partner: Yes No

Transferor's license/name:

<u>License Type</u>	<u>Transaction Type</u>	<u>Master</u>	<u>Secondary LT And Count</u>
47 - On-Sale General Eating Place	MBR	Y	58[1]
58 - Caterer Permit	MBR	N	

<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	FEDERAL FINGERPRINTS	NA	4	09/15/21	\$96.00
Application Fee	MEMBERSHIP TRANSFER	NA	0	09/15/21	\$800.00
Application Fee	STATE FINGERPRINTS	NA	4	09/15/21	\$156.00
Total					\$1,052.00

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 SIERRA

Date: September 15, 2021

Applicant Name(s)

GOLDEN WEST DINING LLC

