



CITY OF PALM DESERT

CITY CLERK DEPARTMENT

INTEROFFICE MEMORANDUM

To: BUILDING AND SAFETY DIVISION AND PLANNING DIVISION

MICHELLE NANCE, DEPUTY CITY CLERK

From:

Date:

Subject: **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S) BY:**

A copy of the subject ABC License Application is attached for your review and recommendation to the City Council or to another department(s) for further action. A response is required. Please mark the appropriate response below and return to my office by _____

Responding Department: _____ **Date:** _____

Response:

No comment – okay to present to City Council.

Refer to _____ - related comments
(attach additional sheets, if necessary): _____

Other – Additional comments (attach additional sheets, if necessary):



CITY OF PALM DESERT

CITY CLERK DEPARTMENT

INTEROFFICE MEMORANDUM

To: BUILDING AND SAFETY DIVISION AND PLANNING DIVISION

MICHELLE NANCE, DEPUTY CITY CLERK

From:

Date: April 8, 2024

Subject: **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S) BY:**

Mojave Resort 73721 Shadow Mountain Drive. Palm Desert, California 92260-4841

A copy of the subject ABC License Application is attached for your review and recommendation to the City Council or to another department(s) for further action. A response is required. Please mark the appropriate response below and return to my office by Monday, April 15, 2024.

Responding Department: Building and Safety **Date:** April 15, 2024

Response:

No comment – okay to present to City Council.

Refer to _____ - related comments
(attach additional sheets, if necessary): _____

Other – Additional comments (attach additional sheets, if necessary):

TO: Department of Alcoholic Beverage Control
 34-160 GATEWAY DR.
 STE 120
 PALM DESERT, CA 92211
 (760) 324-2027

File Number: **657828**
 Receipt Number: **2881248**
 Geographical Code: **3318**
 Copies Mailed Date: **April 2, 2024**
 Issued Date:

DISTRICT SERVING LOCATION: **PALM DESERT**

First Owner: **MOJAVE HOSPITALITY OPERATIONS LLC**

Name of Business: **MOJAVE RESORT**

Location of Business: **73721 SHADOW MOUNTAIN DR
 PALM DESERT, CA 92260-4841**

County **RIVERSIDE**

Is Premises inside city limits **Yes** Census Tract: **0451.17**

Mailing Address:(If different from premises address) **415 NW 11TH AVE
 PORTLAND, OR 97209-2903**

Type of license(s): **70** 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>		
70 - On-Sale General Restrictive Servi	ORI	Y			

<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	ADD PRIMARY LICENSE TYPE	NA	0	04/02/24	\$7,060.00
Application Fee	FEDERAL FINGERPRINTS	NA	5	04/02/24	\$120.00
Application Fee	STATE FINGERPRINTS	NA	5	04/02/24	\$195.00
70 - On-Sale General Restrictive	ANNUAL FEE	P40	0	04/02/24	\$1,450.00
Total					\$8,825.00

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 RIVERSIDE

Date: April 2, 2024

Applicant Name(s)

MOJAVE HOSPITALITY OPERATIONS LLC

RECEIVED
 CITY CLERK'S OFFICE
 PALM DESERT, CA
2024 APR - 8 PM 3: 26