



**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 10, 2024

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

JACKSON 6843 72300 Highway 111, Palm Desert, California 92260-2747

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 Wednesday, April 17, 2024.

**Responding Department:** Building and Safety **Date:** April 29, 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Responding Department:** Development Services: Planning **Date:** April 29, 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

ABC 211 (6/99)

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

File Number: **628671**  
 Receipt Number: **2881721**  
 Geographical Code: **3318**  
 Copies Mailed Date: **April 4, 2024**  
 Issued Date:

DISTRICT SERVING LOCATION: **PALM DESERT**

First Owner: **AXIS-MSO LLC**  
 Name of Business: **JACKSON 6843**  
 Location of Business: **72300 HIGHWAY 111  
 PALM DESERT, CA 92260-2747**

County **RIVERSIDE**  
 Is Premises inside city limits **Yes** Census Tract: **0451.03**

Mailing Address:(If different from premises address) **3450 E COMMERCIAL CT  
 MERIDIAN, ID 83642-8915**

Type of license(s): **20** 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>		
20 - Off-Sale Beer And Wine	STM	Y			
<u>License Type</u>	<u>Transaction Description</u>	<u>Fee Code</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
Application Fee	STOCK TRANSFER MULTIPLE	NON G	0	04/04/24	\$120.00
Total					\$120.00

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 4, 2024

Applicant Name(s)

AXIS-MSO LLC

JACKSONS FOOD STORES INC

RECEIVED  
 CITY CLERK'S OFFICE  
 PALM DESERT, CA  
 2024 APR 10 AM 8:14