



**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 30, 2024

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

California Fine Wine & Spirits, LLC (Total Wine & More) 72339 HWY 111 #339, Palm Desert, CA 92260-2746

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 Tuesday, May 7, 2024.

**Responding Department:** Building and Safety **Date:** April 30, 2024

**Response:**

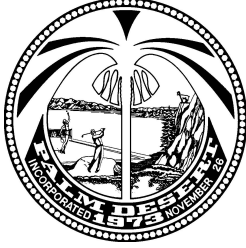
No comment – okay to present to City Council.

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

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

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

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



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**Responding Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Response:**

No comment – okay to present to City Council.

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(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: **525540**  
Receipt Number: **2878515**  
Geographical Code: **3318**  
Copies Mailed Date: **March 21, 2024**  
Issued Date:

DISTRICT SERVING LOCATION: **PALM DESERT**

First Owner: **CALIFORNIA FINE WINE & SPIRITS LLC**

Name of Business: **TOTAL WINE & MORE**

Location of Business: **72339 HIGHWAY 111  
#339  
PALM DESERT, CA 92260-2746**

County **RIVERSIDE**

Is Premises inside city limits **Yes** Census Tract: **0451.24**

Mailing Address:(If different from premises address) **6600 ROCKLEDGE DR  
STE 150  
BETHESDA, MD 20817-1806**

Type of license(s): **86** 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>		
86 - Instructional Tasting License	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	03/21/24	\$1,065.00
86 - Instructional Tasting License	ANNUAL FEE	NA	0	03/21/24	\$460.00
				<b>Total</b>	<b>\$1,525.00</b>

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: March 21, 2024

Applicant Name(s)

**CALIFORNIA FINE WINE & SPIRITS LLC**