



**CITY OF PALM DESERT**

CITY CLERK DEPARTMENT

INTEROFFICE MEMORANDUM

To: BUILDING AND SAFETY DIVISION AND PLANNING DIVISION

From: MICHELLE NANCE, DEPUTY CITY CLERK

Date: February 3, 2025

Subject: **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S) BY:**  
CV Food Services, Inc. La Spiga Ristorante Italiano 72557 HWY 111, Palm Desert

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, February 10, 2025.

**Responding Department:** Building and Safety **Date:** January 6, 2025

**Response:**

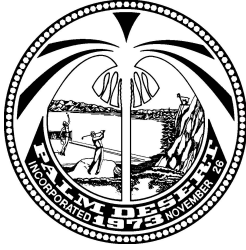
No comment – okay to present to City Council.

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.

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: **456968**  
Receipt Number: **2967367**  
Geographical Code: **3318**  
Copies Mailed Date: **January 27, 2025**  
Issued Date:

DISTRICT SERVING LOCATION: **PALM DESERT**

First Owner: **C V FOOD SERVICES INC**  
Name of Business: **LA SPIGA RISTORANTE ITALIANO**  
Location of Business: **72557 HIGHWAY 111  
PALM DESERT, CA 92260-3306**

County **RIVERSIDE**

Is Premises inside city limits **Yes** Census Tract: **0451.16**

Mailing Address:(If different from premises address) **8800 CAMINO LIMON RD  
CORONA, CA 92883**

Type of license(s): **47** 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	STK	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	NA	0	01/27/25	\$975.00
Total					\$975.00

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: January 27, 2025

Applicant Name(s)

**C V FOOD SERVICES INC**

RECEIVED  
CITY CLERK'S OFFICE  
2025 FEB -3 PM 3:33