



CITY OF PALM DESERT

CITY CLERK DEPARTMENT

INTEROFFICE MEMORANDUM

To: BUILDING AND SAFETY DIVISION AND PLANNING DIVISION

From: MICHELLE NANCE, DEPUTY CITY CLERK

Date: October 20, 2025

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

The Real Italian Deli Sogno Fatto at 44795 San Pablo Ave Ste 1 Palm Desert, CA 92260-3578

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, October 27, 2025.

Responding Department: Building and Safety **Date:** October 21, 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:** _____

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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: **673978**
 Receipt Number: **3049119**
 Geographical Code: **3318**
 Copies Mailed Date: **October 8, 2025**
 Issued Date:

DISTRICT SERVING LOCATION: **PALM DESERT**

First Owner: **SOGNO FATTO**
 Name of Business: **THE REAL ITALIAN DELI SOGNO FATTO**
 Location of Business: **44795 SAN PABLO AVE
 STE 1
 PALM DESERT, CA 92260-3578**

County: **RIVERSIDE**
 Is Premises inside city limits: **Yes** Census Tract: **0451.26**
 Mailing Address:(If different from premises address) **42201 BEACON HL
 STE B8
 PALM DESERT, CA 92260-5121**

Type of license(s): **41** 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>		
41 - On-Sale Beer And Wine - Eating	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	10/08/25	\$1,105.00
Application Fee	FEDERAL FINGERPRINTS	NA	1	10/08/25	\$24.00
Application Fee	STATE FINGERPRINTS	NA	1	10/08/25	\$39.00
41 - On-Sale Beer And Wine - Ea	ANNUAL FEE	NA	0	10/08/25	\$550.00
Total					\$1,718.00

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: October 8, 2025

Applicant Name(s)

SOGNO FATTO

2025 OCT 20 AM 7:58
 CITY CLERK'S OFFICE
 PALM DESERT, CA