



**CITY OF PALM DESERT**

CITY CLERK DEPARTMENT

INTEROFFICE MEMORANDUM

To: BUILDING AND SAFETY DIVISION AND PLANNING DIVISION

From: MICHELLE NANCE, DEPUTY CITY CLERK

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

From: MICHELLE NANCE, DEPUTY CITY CLERK

Date: November 10, 2025

Subject: **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S) BY:**  
Shogun Restaurant (Shin Nihon Kosan, Inc.) 774225 HWY 111 Ste. A, Palm Desert, CA 92260-4143

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, November 17, 2025.

**Responding Department:** Building and Safety **Date:** December 10, 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):

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

Department of Alcoholic Beverage Control  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
 ABC 211 (6/99)

State of California

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

File Number: **549841**  
 Receipt Number: **3037947**  
 Geographical Code: **3318**  
 Copies Mailed Date: **September 5, 2025**  
 Issued Date:

DISTRICT SERVING LOCATION: **PALM DESERT**

First Owner: **SHIN NIHON KOSAN INC**  
 Name of Business: **SHOGUN RESTAURANT**  
 Location of Business: **74225 HWY 111  
 STE. A  
 PALM DESERT, CA 92260-4143**

County **RIVERSIDE**

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

Mailing Address:(If different from premises address)

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	09/05/25	\$975.00
Application Fee	FEDERAL FINGERPRINTS	NA	1	09/05/25	\$24.00
Application Fee	STATE FINGERPRINTS	NA	1	09/05/25	\$39.00
<b>Total</b>					<b>\$1,038.00</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: September 5, 2025

Applicant Name(s)

**SHIN NIHON KOSAN INC**

RECEIVED  
 CITY CLERK'S OFFICE  
 PALM DESERT, CA  
 2025 NOV 10 AM 9:37