FIRE INSPECTION

BUS 2519 94903 1/31/19 NO
No Permit

Service Emergency Door Operates Inward + No Panic Bar

Service Emergency Exit Light - No Exit Light at Girls Stock Room

Clothing Rack/Clothes in Front of Fire Extinguisher

Have Fire Permit on Site

Deficiencies and Comments

Bus 2519 94903 1/31/19 NO

Office Emergency Door opens inward + no panic bar

Service emergency exit light - no exit light at Girls Stock Room

Clothing rack/clothes in front of fire extinguisher

Have fire permit on site

REINSP 2/3/19 3/6/19

Inspector: McCollough

Responsible Signature: Magdy Hernandez

Date: 2/6/19

MAY 07 2019
CITY OF STOCKTON
FIRE PREVENTION DIV.

Inspector: McCollough
ID # 5164
Unit: PPD
Shift: Contact Phone: 6392311

Responsible Signature: Magdy Hernandez

Date: 2/6/19

FPD Office Use

Database
Scan
Firehouse
NOTICE OF SPECIAL INSPECTION FEE

Date 8/2/19

Business Name Abercrombie & Fitch

Address 4950 Pacific Suite # 129, Stockton, CA

Business Owner Abercrombie & Fitch Phone

Contact Person Maggie Hernandez Phone 209-634-6

Business License # 19-94903 Expiration Date 1/3/19

A Special Inspection Fee in the amount of $322.00 has been charged due to the following:

NON-COMPLIANCE SEE FD FPD 63.C

Payment will be due and payable as directed on the invoice that will be mailed to you.

Fire Inspector Signature 3/26/19

Follow-up re-inspection will be on or after 4/9/19

Maggie Hernandez 4/6/2019

Original: FPD Yellow: Customer
NOTICE OF VIOLATION

Date of Notice: 4/2/19
City
County

Business Name: Phercomb & Fetch
Location: 4750 Pacific Ave #129
Business Owner/Agent: Phercomb & Fetch

An inspection of the above referenced premises has revealed violations of the California Fire Code and/or Stockton Municipal Code.

Requirements for corrections are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFC</td>
<td>Service emergency exit light</td>
</tr>
<tr>
<td>1008.3</td>
<td>At office base 20s - no power</td>
</tr>
</tbody>
</table>

You are notified that violations must be corrected immediately.

Reinspections Date: 4/9/19

Issued by: [Signature] Co/Shift: [Signature] Phone: 930-1414

Telephone: (209) 478-5019

Original to FPD Yellow to Customer

04/02/07 G Drive FORM FPD 63C Notice of Violation
NOTICE OF VIOLATION

Date of Notice 4/17/19
City □ County □

Business Name Abarcrombie & Fitch
Location 4950 Pacific #129
Business Owner/Agent Abarcrombie & Fitch

An inspection of the above referenced premises has revealed violations of the California Fire Code and/or Stockton Municipal Code.

Requirements for corrections are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF</td>
<td>Service Emergency Ex. at Office - Back Dam</td>
</tr>
</tbody>
</table>

You are notified that violations must be corrected immediately.

Reinspection Date: 4/14

Issued by

Signature

Original to FPD Yellow to Customer

04/02/07 G Drive FORM FPD 63C Notice of Violation
STOCKTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
345 N. El Dorado Street
Stockton, CA 95202

NOTICE OF SPECIAL INSPECTION FEE

Date 4/17/19
Business Name Abercrombie & Fitch
Address 4950 Pacific Ave Suite # 129, Stockton, CA
Business Owner Abercrombie & Fitch Phone 578-5009
Contact Person Maggie Hernandez Phone 209-339-56
Business License # 19-094903 Expiration Date 1/3/19

A Special Inspection Fee in the amount of $322 has been charged due to the following:

NEW CONSTRUCTION: SEE FD-03 C-6

[Signature]
Fire Inspector Signature
Date 4/17/19

Follow-up re-inspection will be on or after 04/17/2019

Original: FPD Yellow: Customer
ANNUAL FIRE INSPECTION

BUSINESS NAME: Abercrombie & Fitch
ADDRESS: 4950 Pacific

STOCKTON BUS LIC: Yes ☐ No ☐
Lic #: 20-0009497
FIRE PERMIT CERTIFICATE: Yes ☐ No ☐ N/A ☐

BUSINESS OWNER / REP: Maggie Hernandez
PHONE: (219-5019)

CELL PHONE: EMAIL ADDRESS: katie_gibbs@confrncorp.com

DATE OF INSPECTION: 2/19/2020 2nd Inspection
HAS INFORMATION CHANGED? Yes ☐ No ☐

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
Occupancy Load □

☐ KNOX BOX
Current Keys □ YES ☐ NO

☐ FACP
"Normal" □ YES ☐ NO
Annual Service □ YES ☐ NO

☐ See attached FD-18 B

☐ R-1 HOTEL ☐ R-2 RESIDENCE
Number of Units □
Number of Units Checked □
Unit # Inspected □

☐ FIRE ALARM
Monitored □ YES ☐ NO
Company □

☐ SPRINKLER
Annual □ YES ☐ NO Date □
5-Year □ YES ☐ NO Date □

☐ OTHER

LIST OPERATIONAL FIRE PERMIT(S)

<table>
<thead>
<tr>
<th>Permit Type Required</th>
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</table>

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping

CFC Sec. 105 Permit(s) Needed

Initial Inspection... □ No Hazards Noted □ Violation(s) Noted
Reinspection date: 3/11/2020

Second Inspection... □ Violation(s) Corrected □ Violation(s) Not Corrected:
Reinspection date:

Third Inspection... □ Violation(s) Corrected □ Violation(s) Not Corrected:

Notify FPD date:

NOTES:

Service Emergency Exit Lights (rooms stockroom, service fire extinguishers around the corner of front room)
"Fire Protection system - normal"

Inspector: J M Canyon
ID #: 123-PFD
Unit: 44
Shift: 2nd Contact Phone #: 990-1414

Responsible Signature: Maggie Hernandez
Date: 2/19/2020

White Original - Fire Prevention □ Yellow Copy – Co File

FPD Office Use

Database
Scan/SharePoint
Firehouse

FD-18 Revised 06-19-19
ANNUAL FIRE INSPECTION

BUSINESS NAME: Blaze Pizza
ADDRESS: 1188 Park St
FIRE PERMIT CERTIFICATE: Yes

STOCKTON BUS LIC: Yes No Lic #: 10-C01 28074
BUSINESS OWNER/REP: Martha

CELL PHONE: 209-952-1188
EMAIL ADDRESS: BlazePizza.com

DATE OF INSPECTION: 2/16/2020 2nd Inspection

HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)

- A - Place of Assembly
  Occupancy Load ______
  □ KNOX BOX
  Current Keys YES NO
  □ FACP
  "Normal" YES NO
  Annual Service YES NO

- □ R-1 HOTEL
  □ R-2 RESIDENCE
  Number of Units ______
  Number of Units Checked ______
  Unit if Inspected ______
  □ FIRE ALARM
  Monitored YES NO
  Company ______
  □ SPRINKLER
  Annual YES NO Date
  5-Year YES NO Date
  □ OTHER

LIST OPERATIONAL FIRE PERMIT(S)

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

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<thead>
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<tbody>
<tr>
<td>A: Electrical</td>
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<td>C: Ext. / Fire Protection System</td>
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<td>D: Exiting</td>
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<tr>
<td>E: General Housekeeping</td>
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</table>

CFC Sec. 105 Permit(s) Needed

Initial Inspection: □ No Hazards Noted □ Violation(s) Noted Reinspezione date:
Second Inspection: □ Violation(s) Corrected □ Violation(s) not Corrected: Reinspezione date:
Third Inspection: □ Violation(s) Corrected □ Violation(s) not Corrected: Notify FPD date:

NOTES: Exit's OK, Emergency Lighting OK, Manual Pull Stations OK,
Fire Protection System OK.

Fire Extinguishers require Annual Service.

Inspector: V. Dancer
ID # 29154 Unit Shift: Contact Phone #: (209) 990-4449

Date: 2/16/2020

Responsible Signature:

White Original - Fire Prevention Yellow Copy - File

FD-18 Revisesd 08-19-19
ANNUAL FIRE INSPECTION

BUSINESS NAME: Blaze Pizza
ADDRESS: 4950 Pacific Ste # 301

STOCKTON BUS LIC: Yes No Lic #: 12574
FIRE PERMIT CERTIFICATE: Yes No N/A

BUSINESS OWNER / REP: Jerry Dore
PHONE: (209) 771-1411

CELL PHONE: EMAIL ADDRESS: 1188stockton@blazepizzag.com

DATE OF INSPECTION: 2/14/2020 2nd Inspection Code Compliance

HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)

- Place of Assembly Occupancy License
- KNOX BOX Current Keys YES NO
- FACP "Normal" YES NO Annual Service YES NO
- FIRE ALARM Monitored YES NO Company
- SPRINKLER Annual YES NO Date
- 5-Year YES NO Date
- Other

See attached FD-18 B

LIST OPERATIONAL FIRE PERMIT(S)

<table>
<thead>
<tr>
<th>Permit Type Required</th>
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<tbody>
<tr>
<td>Place of Assembly</td>
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</tbody>
</table>

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping

CFC Sec. 105 Permit(s) Needed

Initial Inspection: No Hazards Noted Violation(s) Noted
Reinspection date: 2/14/2020

Second Inspection: Violation(s) Corrected
Reinspection date: 

Third Inspection: Violation(s) Corrected
Notify FPD date: 

NOTES: Secure Exit Sign W. Pattie Door

Inspector: McGinnigal ID # 5764 Unit FPD Shift: Contact Phone # 990-1414

Responsible Signature: 2/14/2020

White Original - Fire Prevention Yellow Copy - Co-File

FD-18 Revised 08-19-19
FIRE INSPECTION

BUSINESS NAME: Blazza Pizza 1185
ADDRESS: 4950 Pacific Ave Ste #301

BUSINESS OWNER/REPRESENTATIVE: Selena Santos - 952-1123 Store

DATE OF INSPECTION: 2/13/19 2nd Inspection - Code Compliance

DEFICIENCIES AND COMMENTS

Bus Le 4/30/19 OK 12/3/19
Fire Permit Place of Assembly 5/11/18 OK

MAP CAPAC.Tal 67

PM Courtesy

2/13/19

Carbon Dioxide Bev Dispensing - Yes

Inspector: PM Courtesy

ID # 5/6/4 Unit P/2 Shift: Contact Phone: 990-1414

Responsible Signature: Selena Santos

Date: 2/13/19

FD-18 B - 01/09/17

White Original - Fire Prevention Yellow Copy - Co File

FPD Office Use

Database
Scan
Firehouse
ANNUAL FIRE INSPECTION

BUSINESS NAME: Charley's II
STOCKTON BUS LIC: Yes
ADDRESS: 4350 Pacific Av
Lic #220-16195
FIRE PERMIT CERTIFICATE: Yes
BUSINESS OWNER/REP: Horn
Cell Phone: 916-320-7747
EMAIL ADDRESS: 
DATE OF INSPECTION: 12/18/19
HAS INFORMATION CHANGED? No

OCCUPANCY INFORMATION

☐ A - Place of Assembly
Occupancy Load __________
☐ KNOX BOX
Current Keys Yes No
☐ FACP
"Normal" Yes No
Annual Service Yes No
☐ See attached FD-18 B
☐ R-1 HOTEL
Number of Units __________
Number of Units Checked __________
Unit # Inspected __________
☐ R-2 RESIDENCE
☐ FIRE ALARM
Monitored Yes No
Company __________
☐ SPRINKLER
Annual Yes No Date
5-Year Yes No Date
☐ OTHER

LIST OPERATIONAL FIRE PERMIT(S)

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</thead>
<tbody>
<tr>
<td>Box 1</td>
<td>Box 2</td>
<td>Box 3</td>
</tr>
</tbody>
</table>

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

☐ A: Electrical
☐ B: Special Hazards
☐ C: Exit / Fire Protection System
☐ D: Exit ing
☐ E: General Housekeeping

CFC Sec. 105 Permit(s) Needed

Initial Inspection: No Hazards Noted
Second Inspection: Violation(s) Corrected
Third Inspection: Violation(s) Corrected
Reinspection Date: 12/22/2020
Notify FPD Date: 12/29/2020

NOTES:
Service Hood & Duct Professionally Cleaning
Secure Emergency Exit Lights Above Sink Back Room

Inspector: A. McCarty
ID #: 6164 Unit: FPD Contact Phone #: 990-1414
Date: 12/18/19

Responsible Signature: 

FPD Office Use
Database 8
Scan/SharePoint 8
Firehouse 8

White Original - Fire Prevention Yellow Copy - Co File

E-mail: 

FD-18 Revised 08-19-19

3/3/2020
# ANNUAL FIRE INSPECTION

**BUSINESS NAME:** Charleys Phill's Steak

**ADDRESS:** 4950 Pacific Ave, Ste #209

**STOCKTON BUS LIC:** Yes **FIRE PERMIT CERTIFICATE:** Yes

**BUSINESS OWNER/REPRESENTATIVE:** Jim Feeney

**PHONE:** 916-332-7747

**DATE OF INSPECTION:** 12/19/19

**HAS INFORMATION CHANGED?** Yes

### OCCUPANCY INFORMATION

- **A - Place of Assembly**
- **KNOX BOX**
- **FACP**
- **SPRINKLER**
- **OTHER**

### LIST OPERATIONAL FIRE PERMIT(S)

<table>
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<tr>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### NOTICE OF VIOLATION:

Number corresponds with violation(s) on back of this form:

- **A: Electrical**
- **B: Special Hazards**
- **C: Ext / Fire Protection System**
- **D: Exiting**
- **E: General Housekeeping**

**CFC Sec. 105 Permit(s) Needed**

<table>
<thead>
<tr>
<th>Initial Inspection</th>
<th>Second Inspection</th>
<th>Third Inspection</th>
</tr>
</thead>
</table>

- **No Hazards Noted**
- **Violation(s) Noted**
- **Violation(s) not Corrected:**

**Reinspection date:** 1/19/2021

**NOTES:**

- Service Hood + Duct - Professionally Cleaning
- blocked emergency exit light above sink. Back room

**Inspector:**

**Responsible Signature:**

**Date:** 12/19/2019

**FDP Office Use:**

- Database
- Scan/SharePoint
- Firehouse
# Fire Inspection

**Business Name:** D.lands  
**Address:** 4950 Pacific  
**Business Owner/Rep:** M. Wand  
**Date of Inspection:** 7/30/19  
**Deficiencies and Comments:**

- Fire Permit, P.I.S. Comb, Storage 8/1/19
- Bus: 2, 3, 314 8B, 20, 0055911 - OK
- Services fire sprinkler: Annual Test
- Replacing ceiling tile, Edge Beauty Stock Room
- Clean area in electrical women's shoes storage
- Clean area in electrical women's room
- Men's suits
- Reinspect 9/21/19

**Inspector:** O. Cavay  
**ID #:** 5164  
**Unit:**  
**Shift:**  
**Contact Phone #:** 990-1419

**Responsible Signature:** Ruben Sanchez  
**Date:** 7/30/19

**FD-18 B - 01/09/17**  
*White Original - Fire Prevention  ■ Yellow Copy - Co File*
FIRE INSPECTION

BUSINESS NAME: E1 Guillermin
ADDRESS: 4950 Oak St.
Ste #303

BUSINESS OWNER / REP: OFFICE GUILLERMIN, PATRICK
209.351.5657

DATE OF INSPECTION: 7/16/19
2nd Inspection

DEFICIENCIES AND COMMENTS

- New bus will apply for Fire Permit
- Service Hood & Duct System (7/12/19)
- Service NBC Extinguisher at Back Door - No Plastic Tie - No Tag
- Need Class "K" Extinguisher mounted in Kitchen (8/1/19)
- Cover 14 Day Mexico for operational Fire Permit

Re-inspection: 8/19/19
8/21/19 (9/27/19)

Inspector: McCarty
ID #: 5769 R Unit: FPO
Contact Phone #: 990-1414

Responsible Signature: CASIMIRA DIAC
Date: 7/16/19
STOCKTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
345 N. El Dorado Street
Stockton, CA 95202

NOTICE OF SPECIAL INSPECTION FEE

Date: 01/29/19

Business Name: El Gruel Mex

Address: 4950 Pac. Ave., Suite # 303, Stockton, CA

Business Owner: Alicia Gumerro

Phone: 209-243-3850

Contact Person: Patty Guzman (Contract)

Phone: 351-5651

Business License #: New Business

Expiration Date: 

A Special Inspection Fee in the amount of $328.00 has been charged due to the following:

- New Compliance - Service Head & Duct System
- Service ABC extinguisher at Back Door
- New K Class "K" extinguisher mounted in kitchen

Payment will be due and payable as directed on the invoice that will be mailed to you.

Fire Inspector Signature: 

Date: 01/29/19

Follow-up re-inspection will be on or after 9/4/19

08/06/17

Original: FPD

Yellow: Customer
**NOTICE OF VIOLATION**

Date of Notice: 8/27/19

Business Name: EL SARDINERO

Location: 9950 BLUE PINE AVE #303

Business Owner/Agent: ALEJANDRO CARRAZO

An inspection of the above referenced premises has revealed violations of the California Fire Code and/or Stockton Municipal Code.

Requirements for corrections are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT. 609.3.3.</td>
<td>San. (a) Hand + Act System</td>
</tr>
<tr>
<td>T1.15.19</td>
<td>Service ABC extinguisher at Book D 100</td>
</tr>
<tr>
<td>CCR. 575.1</td>
<td></td>
</tr>
<tr>
<td>T1.15.19</td>
<td>Need &quot;CLASS K&quot; extinguisher mounted in kitchen &amp; serviced</td>
</tr>
<tr>
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</tbody>
</table>

You are notified that violations must be corrected immediately.

Reinspection Date: 9/3/19

Issued by:  RMC CUNNING  Co/Shift: FP2  Phone: 950-1414

Customer Signature:  NOEL  Phone: ____________

Original to FPD  Yellow to Customer: ENRIQUE TORRES

03/11/19 G Drive FORM FPD 83C Notice of Violation
NOTICE OF SPECIAL INSPECTION FEE

Date 8/27/19
Business Name El Garabano
Address 4950 Pacific Ave Suite # 303 Stockton, CA
Business Owner Alicia Guerra Phone 209-292-3358
Contact Person Betty Guerra Phone 209-351-5657
Business License # Now Expiration Date

A Special Inspection Fee in the amount of $328.00 has been charged due to the following:

Failure to comply by due date (8/18/19) To apply for Operational Fire Permit

Payment will be due and payable as directed on the invoice that will be mailed to you.

Fire Inspector Signature Carl McLaughlin Date 8/27/19

Follow-up re-inspection will be on or after 9/4/19

08/08/17
Original: FPD Yellow: Customer
NOTICE OF VIOLATION

Date of Notice 8/27/19

Business Name: El Grillense
Location: 4950 West # 303
Business Owner/Agent: Alicia Guerra 209.293.3358

An inspection of the above referenced premises has revealed violations of the California Fire Code and/or Stockton Municipal Code.

Requirements for corrections are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Failure to comply with the 14 day Notice &quot;To apply for Operational Fire Permit.&quot; Due Date 8/27/19</td>
</tr>
</tbody>
</table>

You are notified that violations must be corrected immediately.

Reinspection Date: 9/4/19

Issued by: [Signature] Co/Shift FPD Phone 990.4414

Customer Signature: [Signature] Phone

Original to FPD Yellow to Customer

03/11/19 G Drive FORM FPD 63C Notice of Violation
City of Stockton Number of Employees: Full Time Part Time Temporary

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

"ALTED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED"

Business Information:
1. Business Name (DBA) El Grullense Phone (209) 391-5257
2. Business Address PO Box 4950 Pacific Ave Ste/Apt # 303 City Stockton State CA Zip 95207
3. Business Mailing Address 2251 E Main St. Ste/Apt # City Stockton State CA Zip 95205
4. Business involved in renting residential or commercial real estate (Stockton only):
   Property Address
   Property Owner Parcel #
5. Business Activity Description Mexican Food
6. Are you Chamber of Commerce Green Certified? Yes No (For information contact Chamber of Commerce (209) 547-2770)
7. Is this a "Green Industry" business? Yes No Square Footage of Business Facility
8. Start date in Stockton (Tentative) Estimated Monthly Gross Receipts in Stockton
9. Contractor's only Project Amount CA Contractor's License #
   Classification Expiration Date
10. Seller's Permit # Federal Tax ID #
11. Check One: Single Owner Partnership Corporation LP LLC Trust
12. Owner(s) Information: (Attach a separate piece of paper if additional space is needed.)
   1. Name Alicia Guerrero Home Address (NO PO Box)
      City State Zip Home Phone
      Soc. Sec. # Date of Birth Driver's Lic./I.D. #
   2. Name Home Address (NO PO Box)
      City State Zip Home Phone
      Soc. Sec. # Date of Birth Driver's Lic./I.D. # State

COMPLETE PAGE 2 OF THE APPLICATION
BUSINESS NAME: El Avallanza
ADDRESS: 4850 Pac. Ste #303
BUSINESS OWNER / REP: Alicia Guerra
DATE OF INSPECTION: 7/16/19

DEFICIENCIES AND COMMENTS

New Bus.
will apply for Fire Permit.

- Service Hood & Duct System (8/12/19)

- Service ABC extinguisher at Back Door
  No Plastic Tie - No Tag

- Need Class "K" extinguisher mounted in Kitchen
  (Silver)
  Give 14 Day Notice for operational
  Fire team/
  Due Date 8/7/19

REINSPECTION 9/3/19

Inspector: orchard
ID # 5764 R Unit FDD Contact Phone # 990-1414

Responsible Signature: Casimira Diaz
Date: 7/16/19

FPD Office Use
Database
Scan
Firehouse
**FIRE INSPECTION**

**BUSINESS NAME:** EL Caminoso  
**ADDRESS:** 4950 Oct.

---

**NEW BUSINESS: Will apply for Fire Permit**

1. **Service Hood & Duct Fire System (8/28/19)**
2. **Service ABC extinguisher at back door.**
3. **No plastic ties - No tags.**
4. **Need Class "K" extinguisher mounted in kitchen (8/15/19).**
5. **Cave 14 Day Mexico for operational due date 8/11/19.**

**RE-INSPECTION 8/11/19**

---

**Inspector:** C. Cathey  
**ID #:** 5749  
**Unit:** FVP  
**Contact Phone #:** 990-1414  
**Date:** 7/16/19

---

**Responsible Signature:** Casimira Diaz
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME:** Grullens

**ADDRESS:** 4950 Pacific Ave

**STOCKTON BUS LIC:** Yes ☐ No ☐ Lic #: ____________

**FIRE PERMIT CERTIFICATE:** Yes ☐ No ☐ N/A

**BUSINESS OWNER / REP:**

**PHONE:**

**CELL PHONE:**

**EMAIL ADDRESS:**

**DATE OF INSPECTION:** 2nd Inspection

**HAS INFORMATION CHANGED?** Yes ☐ No ☐

**OCCUPANCY INFORMATION** (Check Business Type)

- ☐ A - Place of Assembly
  - Occupancy Load ____________
- ☐ R-1 HOTEL ☐ R-2 RESIDENCE
  - Number of Units ____________
  - Number of Units Checked ____________
  - Unit # Inspected ____________
- ☐ KNOX BOX
  - Current Keys ☐ YES ☐ NO
- ☐ FACP
  - "Normal" ☐ YES ☐ NO
  - Annual Service ☐ YES ☐ NO
- ☐ SPRINKLER
  - Annual ☐ YES ☐ NO Date ____________
  - 5-Year ☐ YES ☐ NO Date ____________
- ☐ OTHER

**LIST OPERATIONAL FIRE PERMIT(S)**

<table>
<thead>
<tr>
<th>Permit Type Required</th>
<th>Permit Type Required</th>
<th>Permit Type Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hood + Duct</td>
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</tbody>
</table>

**NOTICE OF VIOLATION:** Number corresponds with violation(s) on back of this form:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>17</th>
<th>18</th>
</tr>
</thead>
</table>

**CFC Sec. 105 Permit(s) Needed**

<table>
<thead>
<tr>
<th>Initial Inspection</th>
<th>☐ No Hazards Noted</th>
<th>☐ Violation(s) Noted</th>
<th>Reinspection date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Inspection</td>
<td>☐ Violation(s) Corrected</td>
<td>☐ Violation(s) not Corrected:</td>
<td>Reinspection date:</td>
</tr>
<tr>
<td>Third Inspection</td>
<td>☐ Violation(s) Corrected</td>
<td>☐ Violation(s) not Corrected:</td>
<td>Notify FPD date:</td>
</tr>
</tbody>
</table>

**NOTES:**

Closed 10/23/2019

Signed:

Inspector: P. McCalley

ID #: 51640C

Unit: FPD

Shift: Contact Phone #: 990-1414

Responsible Signature: Date:

**FPD Office Use**

- Database ☐
- Scan/SharePoint ☐
- Firehouse ☐

*White Original - Fire Prevention ☐ Yellow Copy - Co File*

*FD-18 Revised 08-19-19*
Stockton Fire Department
Occuancy: El Grullense
Occupancy ID: 136 - 9
Address: 4950 Pacific AVE
Stockton CA 95207

Inspection Type: OPERATIONAL - ANNUAL
Inspection Date: 10/28/2020 By: McConahey, Paul (15164)
Time In: 10:00 Time Out: 10:00
Authorized Date: Not Authorized By:
Next Inspection Date: No Inspection Scheduled

Inspection Topics:

**MISCELLANEOUS**

Other
CFC

Status: Approved
Notes: Restaurant close October 28, 2019 per Webertown mall manager Mike Hernandez

Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Notes: No Additional time recorded

Total Additional Time: 0 minutes
Inspection Time: 0 minutes
Total Time: 0 minutes

Summary:

**Overall Result:** Permit Withdrawn - No Action Taken

**Inspector Notes:** The business closes doors October 28, 2019 per Mike Fernandez manager
Mike Fernandez is a weber town mall manager

Closing Notes:

By order of the Fire Chief and Fire Marshal.

All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour.

Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.
<table>
<thead>
<tr>
<th>Inspector:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: McConahey, Paul</td>
<td>Rank: Program Specialist</td>
</tr>
<tr>
<td>Work Phone(s): 209-990-1414</td>
<td>McConahey, Paul:</td>
</tr>
<tr>
<td>[Signature]</td>
<td>Signed on: 07/29/2020 15:54</td>
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<td></td>
<td>Date</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Representative Signature:</th>
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<tbody>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>
ANNUAL FIRE INSPECTION

BUSINESS NAME: Finish Line #424
ADDRESS: 4950 Pacific Ste 223
STOCKTON BUS LIC: Yes No LIC # 61431 3/11/19
FIRE PERMIT CERTIFICATE: Yes No N/A
BUSINESS OWNER REP: Melissa Jaime
PHONE: 9372260
DATE OF INSPECTION: 6/19/19 2nd Inspection Code Compliance
HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)

- A - Place of Assembly
  Occupancy Load
- B - Business/City Buildings
- F - Fabrication
  Storage area sq. ft.
- H - Hazardous Materials
- M - Merchandise/Retail Sales
- R-1 HOTEL
- R-2 RESIDENCE
  Number of Units
  Number of Units Checked
- S-1 - Repair Garage
- R-47 Storage Area sq. ft.

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)
Permit Type Required Permit Type Required Permit Type Required

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping
CFC Sec. 105 Permit(s) Needed
Initial Inspection Second Inspection Third Inspection
No Hazards Noted No Violation(s) Noted
Violation(s) Corrected Reinspection date:
Violation(s) not Corrected Reinspection date:
Violation(s) Corrected Notify FPD date:
Violation(s) not Corrected

NOTES:

Inspector Patch ID # 9385 Unit FPD Shift: Contact Phone # 990 1416

Date: 6/19/19

White Original - Fire Prevention Yellow Copy - Co File

FD-18 Revised 08-02-17

424@finishline.com
<table>
<thead>
<tr>
<th>DEFICIENCIES AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus 2 - s/3/19 expired, NO</td>
</tr>
<tr>
<td>Fire Permit ms Conn Strong 12/1/16 exp NO</td>
</tr>
<tr>
<td>Service emergency EXT Light in receiving area</td>
</tr>
<tr>
<td>Have updated Business License and Fire Dept. Permit on site</td>
</tr>
</tbody>
</table>

Reinspection Time: 10/23/19

Inspector: G. McCauley
ID #: 516428
Unit: FPD
Shift: Contact Phone #: 990.1414

Responsible Signature: Edwin Hill Jr.
Date: 10/19/19
## Fire Inspection

**Business Name:** Foot Locker 8283  
**Address:** 4950 Pacific Ave  
**Ste # 133**

**Business Owner/Rep:** Elisia A Araujo  
**Phone:** 931-0839

**Date of Inspection:** 10/11/19  
**2nd Inspection**  
**Code Compliance**

**Angela 209-551-0830 Elisa 209-290-8651**

### Deficiencies and Comments

- Bus. 6c 3/31/19 20-0029632  
  - Permit: 1st perm 6/26 Stenage 12/4/15 ok

- **No Fire Code Violation**  
  - **McCabe** 10/11/19

- E-mail: myfootlocke411@footlocker.com

**Inspector:** C. McCabe  
**ID #:** 5164R  
**Unit:** FPD  
**Shift:** Contact Phone # 990-1414

**Responsible Signature:** Elisia a. ara  
**Date:** 10/11/19

**FPD Office Use**
- Database  
- Scan  
- Firehouse
ANNUAL FIRE INSPECTION

BUSINESS NAME: H & M Hennessey
ADDRESS: 4950 Pacific Ste #117
STOCKTON BUS LIC: Yes No Lic # 15-0115888 FIRE PERMIT CERTIFICATE: Yes No N/A
BUSINESS OWNER REP: Tollema
PHONE: 235-4240
CELL PHONE: EMAIL ADDRESS:
DATE OF INSPECTION: 12/18/19 2nd Inspection Code Compliance
HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
   Occupancy Load ______
☐ KNOX BOX
   Current Keys YES NO
☐ FACCP
   "Normal" YES NO Annual Service YES NO
☐ See attached FD-18 B
☐ R-1 HOTEL
   Number of Units ______
☐ R-2 RESIDENCE
   Number of Units Checked ______ Unit # Inspected ______
☐ FIRE ALARM
   Monitored YES NO Company ______
☐ SPRINKLER
   Annual YES NO Date ______
   5-Year YES NO Date ______
☐ OTHER Ms. Comb Storage

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required Permit Type Required Permit Type Required

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping

CFC Sec. 105 Permit(s) Needed
Initial Inspection: No Hazards Noted Violation(s) Noted Reinspection date:
Second Inspection: Violation(s) Corrected Reinspection date:
Third Inspection: Violation(s) Corrected Notify FPD date:

NOTES:

Inspector: ID # 5164 Unit Shift: Contact Phone # 990-1414

Responsible Signature: Date: 12/18/19

White Original - Fire Prevention Yellow Copy - Co File

FD-18 Revised 08-19-19
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME**: KRAZY ROLLS  
**ADDRESS**: 4950 Pacific  
**STOCKTON BUS LIC**: Yes  
**FIRE PERMIT CERTIFICATE**: No  
**BUSINESS OWNER / REP**: Albert Vega  
**PHONE**: 541-4132  
**DATE OF INSPECTION**: 2/1/19  
**HAS INFORMATION CHANGED?**: No  
**OCCUPANCY INFORMATION** (Check Business Type)

- [ ] A - Place of Assembly  
- [ ] B - Business/City Buildings  
- [ ] C - Fabrication  
- [ ] D - Hazardous Materials  
- [ ] E - Merchandise/Retail Sales  
- [ ] F - High Piled Storage  
- [ ] G - R-1 HOTEL  
- [ ] H - S-1 - Repair Garage  
- [ ] I - R-2 RESIDENCE  
- [ ] J - Storage Area sq. ft.  
- [ ] K - Number of Units  
- [ ] L - Number of Units Checked

**LIST OPERATIONAL FIRE PERMIT(S)**

<table>
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<tr>
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</table>

**CFC Sec. 105 Permit(s) Needed**

- Initial Inspection:  
  - No Hazards Noted
  - Violation(s) Noted
  - Reinspection date: 2/8/19

- Second Inspection:  
  - Violation(s) Corrected
  - Reinspection date:

- Third Inspection:  
  - Violation(s) Corrected
  - Notify FPD date:

**NOTES:**  
New Business Does Not Require Operational Fire Permits

- Service Extinguisher Missing Plastic Tie
- Reinstall Extinguisher Mount Is Upside Down

**Inspector**: P. Camacho  
**ID #**: 51640  
**Unit**: FPD  
**Contact Phone #**: 990.1414

**Date**: 10/1/19

**Responsible Signature**: [Signature]

**White Original - Fire Prevention**  
**Yellow Copy - Co File**

**FD-18 Revised 08-02-17**
<table>
<thead>
<tr>
<th>Deficiencies and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BusLic 19-00059177 exp 12/31/2019, OK</td>
</tr>
<tr>
<td>Fire Permit</td>
</tr>
<tr>
<td>Pay $100 for sign #7 on raceway</td>
</tr>
<tr>
<td>All Sprinkler NEED 5yps sprinkler Test</td>
</tr>
<tr>
<td>Mount fire extinguisher in raceway</td>
</tr>
<tr>
<td>Remove motorized riding animals in electrical</td>
</tr>
<tr>
<td>Service all emergency exits light that needs servicing</td>
</tr>
<tr>
<td>Service all extinguishers in all basements</td>
</tr>
<tr>
<td>Service All Day Standpipe on schedule 1/3/20</td>
</tr>
<tr>
<td>Need 50 year hose test on all standpipe</td>
</tr>
<tr>
<td>Fire Hose on Remax with a letter from</td>
</tr>
<tr>
<td>West ):town Mall with a letter from the mall</td>
</tr>
<tr>
<td>Fire Marshal Company and City Fire Marshal</td>
</tr>
</tbody>
</table>

Inspector: McPavlin  ID #: 5764  Unit: S9  Shift:  Contact Phone #: 990-1414

Responsible Signature: [Signature]

Date: 10/30/19
FIRE INSPECTION

BUSINESS NAME: Wobers Town #111
ADDRESS: 4950 Pacific Ave Ste #
BUSINESS OWNER / REP: M. W. Fernandez
DATE OF INSPECTION: 10/16/19

DEFICIENCIES AND COMMENTS

- Remove welding equipment on must apply for "Operational Fire Permit"
- Signage for all basement "Dead End"
- "2 Acess"
- "2 Acess"

Remediation: 12/10/19
7/20

Inspector: [Signature]
ID #: 5264
Unit: [Unit]
Shift: [Shift]
Contact Phone #: 990
Date: 10/30/19

Responsible Signature: [Signature]

FPD Office Use
Database:
Scan: [Scan]
Firehouse:

FD-18 B - 01/09/17
White Original - Fire Prevention □ Yellow Copy - Co File
1/28/2020 Having issue with demand got in touch with horn.

2/1/2020 Rep: in touch. 3/8/2020

2/1/2020 Will not be completed by then. Next inspection will give 30 days.

2/1/2020 To work to make sure in schedule will be completed by 4/30/2020. The work will be done in 3 lots. Call me and let me know the date of work.

2/1/2020 Meet with Phil in the mail. He explained to me - need to get into individual stores after has to change heads. Will be completed in 3 weeks (3/15/2020) or I will start going for 3 weeks once a week starting 3/1/2020.

1/24/2020 Talk to me. TN will conduct each other in 3 lots.

2/22/2020 Talked to TN will conduct each other in 3 lots.

4/7/2020 We have not seen.

R. 8:30 Wednesday 10/18
Weston Town Mall

Dry Stand pipe extension by Blaze Pizza
unable to reach painting on spray test

Extinguisher 5/9/19

Replace line from sign #17 riser Barber D. Paul Ave.
#1 riser need
Riser #1-4 need 5 psi sprinkler test PSI 65

Remove motorized relays from electrical room #7

About extinguisher in electrical room #7

All fire system sprinkler need spray test

Service all emergency exit lights

Service all extinguisher in all segments

No Permit

Disregard hose test or all fire hose or fire by the mall with the insurance Co. approval to remove
Removal of equipment
S. entrance - Basement access
"Door To"
On
2 Access

Bus 2 & 19.0059177
By 12/31/2019
Commercial Rental

Shops Theme Mall

Operational Fire Penn. I
C. 05. 6.10
Monitoring sprinkler system

City Code
Sprinkler

Emergency Connection?

408.11.1 Emergency Planning

Permits

Place of Assembly

905.3.3 914.2.2
Stand Pipe

2103.11.1.5 Tenant I D.

Exterior Door / Basements

11.6 408.11.16 Unoccupied Tenant Space

Electrical Room / "man held"

Sprinkler Down man held
**FIRE INSPECTION**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>ADDRESS: 4950 Pacific Av Ste #317</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS OWNER / REP</td>
<td>Masa Headlys 417.2193</td>
</tr>
<tr>
<td>DATE OF INSPECTION</td>
<td>10/21/19 2nd Inspection Code Compliance</td>
</tr>
<tr>
<td></td>
<td>Masa Headlys 209. 515. 1819 .Cel</td>
</tr>
</tbody>
</table>

**DEFICIENCIES AND COMMENTS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/27/19</td>
<td>Bus Die 19-00132369</td>
</tr>
<tr>
<td>12/9/19</td>
<td>Code Violation 515. 1819. 012</td>
</tr>
<tr>
<td>10/11/19</td>
<td>E-Mail: Shiekhshoes.com</td>
</tr>
</tbody>
</table>

**Inspector:** P. McCloskey
**ID #: 5169**
**Unit: FPD**
**Shift: Contact Phone #: 990.1414**

**Responsible Signature:** Masa Hernandez
**Date:** 10/1/19

**FPD Office Use:**
- Database
- Scan
- Firehouse
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Shoe Palace
ADDRESS: 4950 Pacific

STOCKTON BUS LIC: ☑ Yes ☐ No Lic #:
FIRE PERMIT CERTIFICATE: ☑ Yes ☐ No ☐ N/A 8/2/17

BUSINESS OWNER/REP: Ariel Ramirez
PHONE: 373-4112 • CELL PHONE: 8/-

DATE OF INSPECTION: 6/19/19 • 2nd Inspection
HAS INFORMATION CHANGED? ☑ Yes ☐ NO
Code Compliance

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
  Occupancy Load
☐ B - Business/City Buildings
☐ F - Fabrication
  Storage area sq. ft.
☐ M - Merchandise/Retail Sales
☐ R-1 HOTEL
☐ R-2 RESIDENCE
  Number of Units
  Number of Units Checked
☐ S-1 - Repair Garage
  High Piled Storage
  Storage Area sq. ft.

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

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<th>Permit Type Required</th>
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<tr>
<td>Misc Comb Drift</td>
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</table>

CFC Sec. 105 Permit(s) Needed

Initial Inspection: ☑ 7/18/19
Second Inspection: ☑ 7/19/19
Third Inspection: ☑ 7/20/19

No Hazards Noted ☑ Violation(s) Noted ☑ Reinspection date: 7/15/19
Violation(s) Corrected ☑ Violation(s) not Corrected: ☑ Reinspection date:
Violation(s) not Corrected: ☑ Violation(s) not Corrected: ☑ Notify FPD date:

NOTES: (1) Fire extinguishers need annual servicing
(2) Extinguisher missing at rear emergency exit
(3) Security box at rear emergency exit door must be removed when anyone is present in store

Inspector: Pat Chase ID # 9385 Unit: FPD Shift: Contact Phone # 992-1416

Responsible Signature: Ariel Ramirez Date: 6/14/19

White Original - Fire Prevention ☑ Yellow Copy – Co File

FD-18 Revised 06/02/17

There will be a charge of $322 if violations are not corrected by time of re-inspection.

No email available.
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME:** Shoe Palace

**ADDRESS:** 4950 Pacific

**STOCKTON BUS LIC:** Yes

**FIRE PERMIT CERTIFICATE:** Yes

**BUSINESS OWNER/REP:** Ariel Ramirez

**PHONE:** 373-4111

**DATE OF INSPECTION:** 6/19/19

**HAS INFORMATION CHANGED?** Yes

### OCCUPANCY INFORMATION

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A - Place of Assembly</td>
<td>B - Business/City Buildings</td>
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<tr>
<td>M - Merchandise/Retail Sales</td>
<td>R-1 HOTEL</td>
<td>R-2 RESIDENCE</td>
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<td></td>
<td>Storage area sq. ft.</td>
<td>Storage Area sq. ft.</td>
</tr>
</tbody>
</table>

### OTHER:

**LIST OPERATIONAL FIRE PERMIT(S)**

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<th>Permit Type Required</th>
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<tbody>
<tr>
<td>Misc Comb What</td>
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**CFC Sec. 195 Permit(s) Needed**

- Initial Inspection: No Hazards Noted
- Second Inspection: Violation(s) Noted
- Third Inspection: Violation(s) Not Corrected

**Reinspection data:** 7/17/19

### NOTES:

1. Fire extinguishers need annual servicing.
2. Extinguisher missing at rear emergency exit.
3. Security bar at rear emergency exit door must be removed when anyone is present in store.

**Inspector:** Pat Chase

**ID:** 9385

**Unit:** FPD

**Shift:** Contact Phone: 842-1411

**Responsible Signature:** Ariel Ramirez

**Date:** 6/19/19

---

*White Original - Fire Prevention  Yellow Copy - Co File**

*FD-10 Revised 06-02-17*

*If there will be a charge of $322 if violations are not corrected by time of re-inspection*
<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>Mr. Sips</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>4950 Pacific</td>
</tr>
<tr>
<td>BUSINESS OWNER/REP</td>
<td>Debbie Peoples</td>
</tr>
<tr>
<td>DATE OF INSPECTION</td>
<td>7/16/19 2nd Inspection</td>
</tr>
</tbody>
</table>

**DEFICIENCIES AND COMMENTS**

- Bus Lic. 8141D 94922 0x
- Fire Permit Hood + Duct 10/12/13 0x
- Cleaninig of Hood + Duct System + Tag 969-8491
- Re-inspection 8/6/19

**Inspector**

- Name: [Handwritten]
- ID #: 5164
- Unit: [Handwritten]
- Shift: [Handwritten]
- Contact Phone #: 9901419
- Date: 7/16/19

**Responsible Signature**

- [Handwritten]

**FPD Office Use**

- Database
- Scan
- Firehouse
BUSINESS NAME: Ma Sips
ADDRESS: 4950 Pacific Ste #13
BUSINESS OWNER / REP: Cenio Peeples
DATE OF INSPECTION: 7/16/19 2nd Inspection Code Compliance

DEFICIENCIES AND COMMENTS:

Bus Line 3/20/19 97922 UT
Fire Permit Hood + Duct 10/12/18 UT

Cleaning of Hood + Duct System + Tags

Res: 969-8491

A Mccants 8/3/19

Res: 8/6/19

Inspector: McElrath ID #: 5164 Unit: FPD Shift: Contact Phone #: 990-1414

Responsible Signature: Debra Peeples Date: 7/16/19

FD-18 B – 01/09/17 White Original - Fire Prevention ■ Yellow Copy – Co File
**FIRE INSPECTION**

**BUSINESS NAME:** S.P.I.C.E.  
**BUSINESS OWNER / RESP.:** Min Emmons  
**ADDRESS:** 4950 Pacific Ste #227  
**DATE OF INSPECTION:** 3/5/19  
**2nd Inspection Code Compliance:**  
**SPAC: 910-9009**

### DEFICIENCIES AND COMMENTS

- Bus Lic. 30-02735040 OK
- New Business Initial Inspection
- No Fire Permit Required
- No Fire Code Violations

---

**Inspector:** CPT Canby  
**ID #: 5164K**  
**Unit:**  
**Shift:**  
**Contact Phone #: 990-1414**  
**Date:** 3/5/19

---

**Responsible Signature:** Min Emmons
BUSINESS NAME: Stick's
ADDRESS: 4950 Pacific St
BUSINESS OWNER/REP: Min Emmons
DATE OF INSPECTION: 8/15/15

DEFIENCIES AND COMMENTS

Bus Lic. 50-02135040 - OK

New Business Initial Inspection

No Fire Permit Required

No Fire Code Violations

Inspector: Min Emmons
Date: 8/15/15
# FIRE INSPECTION

**BUSINESS NAME:** S picker  
**ADDRESS:** 4956 Pac Ave  
**Ste #: 227**  
**BUSINESS OWNER / REP:** Min Emmons  
**DATE OF INSPECTION:** 8/5/15  
**Code Compliance:**  
**SPD#: 910-7009**

## DEFICIENCIES AND COMMENTS

<table>
<thead>
<tr>
<th>Business License No: 001255040</th>
<th>OK</th>
</tr>
</thead>
</table>

New Business Initial Inspection

No Fire Permit Required

No Fire Code Violations

---

Inspector: Min Emmons  
ID #: 5764k  
Unit: FPD  
Shift: Contact Phone #: 950-1414  
Date: 8/5/19

Responsible Signature: Min Emmons  
Date: 8/5/19

---

FPD Office Use:  
- Database
- Scan
- Firehouse

**FD-18 B – 01/09/17**  
White Original - Fire Prevention  
Yellow Copy – Co File  
8/28/19
# Fire Inspection

**Business Name:** Ste Rite

**Address:** 4950 Pacific Ste #203

**Business Owner/Rep:** Henry Maestro

**Phone:** 408-492-0740-x30

**Date of Inspection:** 11/19

**2nd Inspection Code Compliance:**

**Deficiencies and Comments:**

- **New Business** 3/31/2020 20-001356
  - Initial Inspection
  - No Fire Code Violation
  - Extension OK
  - Cause: 14 day for miscellaneous Combustible Storage
  - Due Date: 12/3/19
  - Operation Fire Permit

**Inspector:**

**ID #:** 5169

**Unit:** FD

**Shift:** Contact Phone #: 990-1414

**Responsible Signature:** Rafael Pimentel

**Date:** 12/5/19

---

**FPD Office Use:**

- Database
- Scan
- Firehouse

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**White Original - Fire Prevention**

**Yellow Copy - Co File**
**FIRE INSPECTION**

**BUSINESS NAME**: Steeda Rite  
**ADDRESS**: 4950 Pacific Ste #203

**BUSINESS OWNER/REP**: Henry Moore  
**PHONE**: 408-472-0740

**DATE OF INSPECTION**: 11/5/19  
**2nd Inspection**

**Store**: 957 4504

---

## DEFICIENCIES AND COMMENTS

- **New Business** 3/31/2020 20-00135611
- **Initial Inspection**
  - **Extinguishers**: OK
  - **No Fire Code Violation**
  - **Emergency Exit**: 12/22/19

- **Gave 14 day for miscellaneous combustible storage**
  - **Due Date**: 12/3/19

- **Operation Fire Permit required**

---

**Inspector**: McMahan  
**ID #**: 51642  
**Unit**: FD  
**Shift**:  
**Contact Phone #**: 990-1414

**Responsible Signature**: Rafael Pimentel  
**Date**: 12/5/19

---

**FPD Office Use**

- [ ] Database
- [ ] Scan
- [ ] Firehouse

**FD-13 B – 01/09/17**  
**White Original - Fire Prevention**  
**Yellow Copy – Co File**  
**11/6/19**
# Fire Inspection

**Business Name:** JI I T  
**Address:** 4950 Pac. Ave. Ste #201  
**Business Owner/Rep:** James Farar  
**Date of Inspection:** 7/16/19  
**Code Compliance:**  

## Deficiencies and Comments

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/19</td>
<td>Exit Light Not Backed Into Corner</td>
</tr>
<tr>
<td>11/12/19</td>
<td>Electrical Junction Box Behind Games Wall Need to Be Secured By Office</td>
</tr>
<tr>
<td>8/16/19</td>
<td>Retest Inspection</td>
</tr>
</tbody>
</table>

**Inspector:** Anna Carta  
**ID #: 5164**  
**Unit:** FPD  
**Contact Phone #:** 980-1414  
**Date:** 7/16/19  

**Responsible Signature:** James Farar
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

JUNG

FIRE INSPECTION

BUSINESS NAME: TiLT
ADDRESS: 4950 Pacific Ave Ste 201

BUSINESS OWNER/REP: James Farmar
PHONE: 451-216-1

DATE OF INSPECTION: 3/16/19
2nd Inspection
Code Compliance

DEFICIENCIES AND COMMENTS

No fires
10/31/19 OK

Egress 5/1/17 No

Service Emergency Exit Label Back Door + Behind Counter

Electrical Junction Box Behind Games
Electrical Box Coming Away From Wall Need To Be Secured By Another

Reinspection 8/6/19

Inspector: M. Cackle

ID # 5164 Unit FPD Contact Phone #: 990-1414

Responsible Signature: Julius Farmar
Date: 7/16/19

FPDOffice Use
Database
Scan
Firehouse

White Original - Fire Prevention ■ Yellow Copy – Co File

FD-18 B – 01/09/17
**FIRE INSPECTION**

**BUSINESS NAME:** VANS # 226  
**ADDRESS:** 4950 PACIFIC  
**DATE OF INSPECTION:** 7/16/19

**DEFIENCIES AND COMMENTS**

- **Bus Plc:** 19-00098040  9/30/19
  - No Permit - Mid Condo Storage

- No fire Code Violations

  P. McCarthy
  7/16/19

  - Have fire permit on site.

**Inspector:** P. McCarthy  
**ID #: 5769**  
**Unit:** FPO  
**Shift:**  
**Contact Phone #:** 990-1414  
**Date:** 7/16/19

**Responsible Signature:** ALEJANDRA HERRERA

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**FPD Office Use**

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**Firehouse**

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**White Original - Fire Prevention**  
**Yellow Copy - Co File**
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME:** Work America  
**ADDRESS:** 495 D Pacific  
**STOCKTON BUS LIC:** Yes  
**FIRE PERMIT CERTIFICATE:** No  
**BUSINESS OWNER/REP:** Stephanie Xiong  
**PHONE:** 472-1425  
**DATE OF INSPECTION:** 2/19/19  
**HAS INFORMATION CHANGED?** Yes  

**OCCUPANCY INFORMATION**

<table>
<thead>
<tr>
<th>A - Place of Assembly</th>
<th>B - Business/City Buildings</th>
<th>F - Fabrication</th>
<th>H - Hazardous Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy Load</td>
<td>Storage area sq. ft.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>M - Merchandise/Retail Sales</th>
<th>R-1 HOTEL</th>
<th>R-2 RESIDENCE</th>
<th>S-1 - Repair Garage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Units</td>
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<tr>
<td>Number of Units Checked</td>
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**LIST OPERATIONAL FIRE PERMIT(S)**

<table>
<thead>
<tr>
<th>Permit Type Required</th>
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**NOTICE OF VIOLATION:** Number corresponds with violation(s) on back of this form:

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<tr>
<th>1</th>
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<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
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<tbody>
<tr>
<td>A: Electrical</td>
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<td>B: Special Hazards</td>
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CFC Sec. 105 Permit(s) Needed

<table>
<thead>
<tr>
<th>Initial Inspection</th>
<th>No Hazards Noted</th>
<th>Violation(s) Noted</th>
<th>Reinspection date:</th>
</tr>
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<tbody>
<tr>
<td>Second Inspection</td>
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<td></td>
<td>Reinspection date:</td>
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<tr>
<td>Third Inspection</td>
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<td>Notify FPD date:</td>
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**NOTES:**

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**RECEIVED**

**CITY OF STOCKTON**

**FIRE PREVENTION DEPT.**

**Inspector** Pat Smith ID # 9385  
**Unit**  
**Shift**  
**Contact Phone #** 911  
**Date:** 2/19/19

**Responsible Signature:**  
**Date:** 2/19/19

White Original: Fire Prevention  
Yellow Copy: On File

**FD-18 Revised 06-20-19**

store@101workworld.com
# ANNUAL FIRE INSPECTION

**BUSINESS NAME:** Zumiez  
**ADDRESS:** 4950 Pacific  
**STOCKTON BUS LIC:** Yes  
**FIRE PERMIT CERTIFICATE:** No  
**BUSINESS OWNER:** Kenneth Cross  
**PHONE:** (209) 472-7370  
**CELL PHONE:**  
**EMAIL ADDRESS:** 7311storemail@zumiez.com  
**DATE OF INSPECTION:** 3/1/2020  
**HAS INFORMATION CHANGED?** No  

## OCCUPANCY INFORMATION

- **A - Place of Assembly**  
  - Occupancy Load   

- **R-1 HOTEL / R-2 RESIDENCE**  
  - Number of Units   
  - Number of Units Checked   
  - Unit # Inspected   

- **KNOX BOX**  
  - Current Keys   

- **FACP**  
  - "Normal"  

- **See attached FD-18 B**  

- **OTHER**  

## LIST OPERATIONAL FIRE PERMIT(S)

<table>
<thead>
<tr>
<th>Permit Type Required</th>
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## NOTICE OF VIOLATION

- **A: Electrical**  
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- **B: Special Hazards**  
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- **C: Ext / Fire Protection System**  
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- **D: Exiting**  
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- **E: General Housekeeping**  
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**CFC Sec. 105 Permit(s) Needed**  
- Initial Inspection  
  - No Hazards Noted  
  - Reinspection date:  

- Second Inspection  
  - Violation(s) Not Corrected  
  - Reinspection date:  

- Third Inspection  
  - Violation(s) Not Corrected  
  - Notify FPD date:  

## NOTES: Fire Extinguishers dated Feb 2020, Exit OK, Exit lights OK.  
No Hazards Noted  
14 Day Notice Issued  

Inspector: [Handwritten]  
ID #: 29154  
Unit:  
Shift:  
Contact Phone #: (209) 990 1997  
Date: 3-4-2020  

Responsible Signature: [Handwritten]  

White Original - Fire Prevention  
Yellow Copy - Co File

FD-18 Revised 08-19-19
THE FOLLOWING OUTLINES GENERAL CODE REQUIREMENTS FOR COMMON VIOLATIONS

A: ELECTRICAL:
1. ALL ELECTRICAL OUTLETS AND JUNCTION BOXES SHALL BE PROVIDED WITH COVER PLATES.
2. EXTENSION CORDS SHALL BE RATED AND USED FOR ONLY ONE PORTABLE APPLIANCE.
3. EXTENSION CORDS SHALL NOT BE EXTENDED THROUGH WALLS, FLOORS, AND CEILINGS OR EXPOSED TO PHYSICAL DAMAGE.
4. EXTENSION CORD USE SHALL NOT EXCEED 90 DAYS DURING HOLIDAYS AND SPECIAL EVENTS.
5. EXTENSION CORDS SHALL BE KEPT IN GOOD WORKING CONDITION WITH NO SPLEDES.
6. EXTENSION CORDS SHALL NOT BE USED AS A SUBSTITUTE FOR PERMANENT WIRING.
7. ELECTRICAL SWITCHBOARDS AND PANEL-BOARDS SHALL BE LABELED AND PROVIDED WITH A 30" CLEARANCE.

B: SPECIAL HAZARDS:
1. COMPRESSED-GAS CYLINDERS SHALL BE SECURED AND FITTED WITH CAPS.
2. APPROVED PORTABLE CONTAINERS AND/OR CABINET(S) REQUIRED FOR CLASS I FLAMMABLE LIQUID STORAGE.
3. SOURCES OF IGNITION ARE PROHIBITED IN AREAS WHERE FLAMMABLE VAPORS MAY EXIST.
4. MOTOR VEHICLE FUEL-DISPENSING STATION EMERGENCY SHUT-OFF DEVICE SHALL BE ACCESSIBLE AND IDENTIFIED.
5. MOTOR VEHICLE FUEL-DISPENSING STATION WARNING SIGNS SHALL BE POSTED.
6. MEDICAL GAS SYSTEM OXYGEN STORAGE REQUIRES OXYGEN STORAGE ROOM.
7. SPRAY-FINISHING OPERATIONS SHALL BE IN AN APPROVED AREA.
8. SPRAY-FINISHING AREAS REQUIRE POSTING OF WARNING SIGNS.
9. SPRAY-FINISHING OPERATIONS SHALL BE PROVIDED WITH ADEQUATE VENTILATION.
10. HAZARDOUS MATERIALS STORAGE EXCEEDS PERMITTED AMOUNT.

C: EXTINGUISHERS AND FIRE PROTECTION SYSTEMS:
1. Fire Department access shall not be obstructed in any manner, at any time.
2. FIRE EXTINGUISHER REQUIRED: 40B-C MINIMUM RATING. (HAZMAT AREAS)
3. FIRE EXTINGUISHERS SHALL BE PROPERLY MOUNTED PERMANENTLY ON THE WALL.
4. FIRE EXTINGUISHER REQUIRED: 2A:10B:C MINIMUM RATING.
5. FIRE EXTINGUISHERS REQUIRE ANNUAL SERVICE/RECHARGE.
6. Fire Dept. Connection (FDC) caps shall be in place and couplings turn freely.
7. AUTOMATIC FIRE SUPPRESSION SYSTEM IS REQUIRED.
8. COMMERCIAL COOKING SHALL HAVE AN AUTOMATIC FIRE SUPPRESSION SYSTEM TO PROTECT THE HOODS & DUCTS, AND ALL APPLIANCES.
9. CURRENT 5 YR. SERVICE TAG REQUIRED FOR FIRE PROTECTION SYSTEM AND/OR EQUIPMENT (STANDPIPES AND SPRINKLER RISERS).
10. AUTOMATIC FIRE SPRINKLER SYSTEM CONTROL VALVES SHALL BE KEPT LOCKED, IN THE OPEN POSITION, AND MONITORED FOR WATER-FLOW AND TAMPERING AT ALL TIMES.
11. FIRE PROTECTION SYSTEM AND/OR EQUIPMENT FOUND INACCESSIBLE, OR OBSTRUCTED.
12. FIRE PROTECTION SYSTEMS AND EQUIPMENT SHALL BE MAINTAINED IN GOOD CONDITION, REPLACED, REPAIRED, OR MODIFIED AS REQUIRED.
13. CLASS K EXTINGUISHER REQUIRED WITHIN 30 FT. OF ALL COMMERCIAL COOKING OPERATIONS.

D: EXITING:
1. AISLES SHALL BE NO LESS THAN 36 INCHES IN WIDTH.
2. AISLES SHALL BE MAINTAINED CLEAR OF ALL OBSTACLES.
3. DEAD END CORRIDORS MAY NOT EXCEED 20' IN LENGTH.
4. EXIT CORRIDORS SHALL BE KEPT NO LESS THAN 44 INCHES IN WIDTH.
5. EXIT DOORS SHALL BE OPENED FROM THE INSIDE WITHOUT THE USE OF A KEY OR SPECIAL KNOWLEDGE OR EFFORT. "DOOR TO REMAIN UNLOCKED....."
6. DOUBLE-ACTING DOORS ARE NOT PERMITTED TO BE USED AS AN EXIT DOOR IN THIS AREA.
7. EXIT DOORS SERVING AN OCCUPANT LOAD GREATER THAN 50 SHALL HAVE Panic HARDWARE INSTALLED.
8. EXIT DOORS SHALL SWING IN THE DIRECTION OF EXIT TRAVEL.
9. TWO (2) EXITS ARE REQUIRED (50-500 PERSONS).
10. ADDITIONAL EXIT SIGNS REQUIRED TO CLEARLY IDENTIFY PATH OF EGRESS.
11. OBSTRUCTIONS SHALL NOT BE PLACED WITHIN THE REQUIRED WIDTH OF AN EXIT.
12. EXIT SIGNS SHALL BE ILLUMINATED WHEN TWO OR MORE EXITS ARE REQUIRED.
13. TRAVEL DISTANCE TO AN EXIT EXCEEDS MAXIMUM DISTANCE ALLOWED FOR THIS AREA.
14. REMOVE BARS FROM BEDROOM WINDOWS WITHOUT APPROVED RELEASE MECHANISM.

E: GENERAL SAFETY HOUSEKEEPING:
1. INSTALL APPROVED ADDRESS IDENTIFICATION ON BUILDING.
2. MAINTAIN 36" CLEARANCE OF ALL COMBUSTIBLES FROM HEAT PRODUCING APPLIANCES.
3. DECORATIVE MATERIALS SHALL BE NON-FLAMMABLE OR TREATED IN AN APPROVED MANNER.
4. TRASH CONTAINERS WITHIN FIVE (5) FEET OF BUILDINGS OR PROPERTY LINES SHALL HAVE FIRE SPRINKLER PROTECTION.
5. STORAGE SHALL BE ORDERLY.
6. CLEAN HOOD AND DUCT VENTILATION SYSTEMS OF EXCESS GREASE.
7. KNOX BOX REQUIRED CURRENT KEYS PLACED INSIDE.
8. APPLIANCE LINT/EXHAUST DUCTS SHALL TERMINATE ON THE OUTSIDE OF THE BUILDING.
9. OILY RAGS AND SIMILAR MATERIALS SHALL BE STORED IN METAL CONTAINERS EQUIPPED WITH SELF-CLOSING TIGHT-FITTING LIDS.
10. ALL AREAS SHALL BE KEPT FREE OF EXCESS COMBUSTIBLES, LITTER, AND/OR RUBBISH.
11. SMOKE DETECTORS REQUIRED IN ALL SLEEPING ROOMS, AND COMMON AREAS.
12. NO SMOKING SIGNS REQUIRED TO BE POSTED.
13. STORAGE SHALL BE MAINTAINED 24" BELOW THE CEILING IN NON-SPRINKLED BUILDINGS.
14. STORAGE SHALL BE MAINTAINED AT LEAST 18" BELOW SPRINKLER HEADS.
15. STORAGE IN THE OPEN SHALL BE SECURED WITH FIXING AND NOT EXCEED 20 FEET.
16. STORAGE IS PROHIBITED UNDER EXIT STEPS LOCATED WITHIN EXIT ENCLOSURES.
17. MAINTAIN ALL AREA OR OCCUPANCY SEPARATION WALLS AND DRAFT STOPS. REPAIR DRYWALL.
18. REMOVE ACCUMULATION OF WASTE MATERIAL FROM EXTERIOR OF BUILDING.
CITY OF STOCKTON

ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION—BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201
Phone (209) 937-8131 Fax (209) 937-7184
Email: bl@stocktonca.gov
www.stocktonca.gov

BUSINESS LICENSE TAX APPLICATION

NEW LIC. [X] Number of Employees: Full Time 5 Part Time 5 Temporary 0 Square Footage 31243

CHANGE _______ Change From _______ Date of Change _______ Bus Lic # _______

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee information on this form will be exempt from disclosure under the Public Records Act.

**ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

BUSINESS INFORMATION:

1. Business Name (DBA) Zumiez (inc #71)

2. Business Address 4050 Pacific Ave. Ste/Apt #317 City Stockton State CA Zip 95207
(Cannot be PO Box per CA Business & Prof Code Section 17538.5) (List address where each individual consent to receive service of process is signed in Sec 1600)

3. Business Mailing Address 4001 20th Street SW Ste/Apt #____ City Lynnwood State WA Zip 98036
(If different from service process address/Business address)

4. Business Email Address salesawdial@zumiez.com

5. Business involved in renting residential or commercial real estate (Stockton only):

   Property Address
   Property Owner
   Parcel #

6. Describe Description of Business Activity Retail clothing and accessories

7. Are you Chamber of Commerce Green Certified? Yes____ No [X] (For information contact Chamber of Commerce (209) 547-2770)

8. Start date in the City of Stockton 2/1/2010 Estimated Monthly Gross Receipts in Stockton $70,000

9. Contractor’s only: Project Amount CA Contractor’s License #
   Classification ______ Expire Date ________  □ Annual  □ Quarterly Contractors License

10. Seller’s Permit # ______ SS# or Tax ID # ______

11. Check One: □ Single Owner □ Partnership □ Corporation □ LP □ LLC

OWNER(S) INFORMATION: (The following personal information is not public and will not be shared in accordance with city policy OL-103.) Proof of compliance with Business and Professions Code Section 17538.5(b)(2)(A)(E) may be submitted in lieu of home address

1. Name ______ Address ______
   City ______ State ______ Zip ______ Home Phone (___)
   Date of Birth ______ Driver’s Lic or Other I.D. # ______ State ______

2. Name ______ Address ______
   City ______ State ______ Zip ______ Home Phone (___)
   Date of Birth ______ Driver’s Lic or Other I.D. # ______ State ______
FOR OFFICE USE ONLY:

TAX ACCT. #

CONTROL #

CORPORATION, LLC, or LP INFORMATION:

Name (Must be Registered in California) Zunie Inc. Corp/LLC/LP #

Names of Officers/Members

President: Chris Work (CEO) Secretary:

Vice President: Treasurer:

Authorized Agent: Evan Boudrea Contact Phone #: 815-551-1520

Authorized Agent: Contact Phone #

PLEASE NOTE:
The issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton, you must notify us in writing. To appeal a business license that has been denied see SMC 5.04.210.A

I HAVE READ AND UNDERSTAND THE TERMS ABOVE. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

[Signature] [Title] 1/29/2020

Owner/Authorized Signature

Disability Access and Education Fee (SB 1186)

**State Mandated Disability Access and Education Revolving Fund. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
- The Division of the State Architect at www.disa.ca.gov/dea/home.aspx.
- The Department of Rehabilitation at www.rehab.ca.gov.
- The California Commission on Disability Access at www.ccda.ca.gov.

FOR OFFICE USE ONLY

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PLEASE RETAIN A COPY FOR YOUR RECORDS

Revised 8/26/2019

Subject to inspection