Inspection Type: RE-INSPECTION
Inspection Date: 10/30/2020
By: McConahey, Paul (15164)
Time In: 13:38
Time Out: 14:08
Authorized Date: Not Authorized

Occupancy: JC PENNEY CORP, INC. #1156-9
Occupancy ID: 69049
Address: 4915 Claremont AVE
Stockton CA 95207

Form: SFD GENERAL INSPECTION

### Inspection Topics:

#### EXITING

Required exit access, exits and exit discharges shall be continuously maintained and free from obstructions.

CFC 1031.2

**Status:** Approved

**Notes:** Exit first floor where is the exit door clear no longer sticks. This was at the kids shoe stockroom. Violation corrected 10/30/2020.

#### EXTINGUISHING AND ALARM SYSTEMS

Automatic fire sprinkler system shall be serviced and tested quarterly, annually, and every five (5) years. Current service tag is required.

CFC Ch. 9

**Status:** Approved

**Notes:** Replace signage on fire riser room door. Ok. 10/30/2020

### 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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<td></td>
</tr>
</tbody>
</table>

**Notes:** No Additional time recorded

Total Additional Time: 0 minutes
Inspection Time: 30 minutes
Total Time: 30 minutes

### Summary:

**Overall Result:** Approved

**Inspector Notes:** All violations corrected. 10/30/2020

### 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.

STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271
Inspector:
Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414

Signature ____________________________ Date ____________

Representative Signature:

Signature ____________________________ Date ____________
## Stockton Fire Department

**Occupancy:** PANERA BREAD #1959  
**Occupancy ID:** 90503  
**Address:** 4932 Pacific AVE  
**Stockton CA 95207**

**Inspection Type:** OPERATIONAL - ANNUAL  
**Inspection Date:** 10/28/2020  
**By:** McConahey, Paul (15164)  
**Time In:** 10:00  
**Time Out:** 10:45  
**Authorized Date:** 10/28/2020  
**By:** McConahey, Paul (15164)

### Inspection Topics:

### GENERAL INFORMATION

**Business Rep/Contact Number**  
Enter the name and phone number of the responsible party.  
**Status:** Approved  
**Notes:** Wendy.wolff@panerabread.com.

**Current Operational Fire Permit posted?**  
Current Operational Fire Permit shall be posted with other licenses and permits as required.  
**Status:** Disapproved  
**Notes:** Cryogenic, Place of assembly. Exp. 10/3/2020
Current Stockton Business License posted?
Current Stockton Business License shall be posted for current occupant.

**Status:** Disapproved

**Notes:** Have updated business license on site. Exp. 8/30/2020

---

Permit Type Required
CFC 105 - List all required Operational Fire Permits

**Status:** Approved

**Notes:** Cryogenic. Place of Assembly. Maximum capacity of 141

---

**EXITING**

Means of egress shall be illuminated when the building space is occupied. Exit signs shall be internally or externally illuminated at all times; signs shall be connected to an emergency power system that provides illumination for not less than 90 minutes in case of primary power loss in areas with two or more exits.

CFC 1008.2

**Status:** Disapproved

**Notes:** Service emergency exit light in the bakers area
EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.
CFC 906

Status: Disapproved
Notes: Exp. 10/15/20. Service extinguishers. Extinguisher at backdoor, pin has been pulled. Need to be service

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>
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</tbody>
</table>

Notes: No Additional time recorded

Total Additional Time: 0 minutes
Inspection Time: 45 minutes
Total Time: 45 minutes

Summary:

Overall Result: Disapproved
Inspector Notes: Reinspection 11/18/2020

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. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:
Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414

McConahey, Paul:

Signed on: 10/28/2020 10:36

Signature

Date
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID 19</td>
<td></td>
</tr>
</tbody>
</table>
**Inspection Type:** OPERATIONAL - ANNUAL  
**Inspection Date:** 2/18/2020  
**By:** Webster, Douglas E (8187)  
**Time In:** 10:10  
**Time Out:** 10:10  
**Authorized Date:** Not Authorized  
**Next Inspection Date:** No Inspection Scheduled  
**Occupancy:** CHIPOTLE MEXICAN GRILL  
**Occupancy ID:** 285  
**Address:** 4940 Pacific AVE  
Stockton CA 95207

---

**Inspector Notes:**  
Annual fire inspection completed.  
Add Carbon dioxide dispensing.

---

**Summary:**  
**Overall Result:** Approved  
**Inspection Billable Amount:** 0  
**Total Observations Amount:** 0.00  
**Total Amount:** $0.00  
**Inspector Notes:** Annual fire inspection completed.  
Add Carbon dioxide dispensing.

---

**Closing Notes:**  
TO BE ADDED LATER
### Inspector:

Name: Webster, Douglas E  
Rank: Program Specialist  
Work Phone(s): 2092564590  
Email(s): Doug.Webster@stocktonca.gov

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Representative Signature:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
**FIRE INSPECTION**

**BUSINESS NAME**: Acrocomia Fish

**ADDRESS**: 4950 Pacific Av Ste #102

**DATE OF INSPECTION**: 2/6/19

**DEFICIENCIES AND COMMENTS**

1. Bus Lic. 19 94903 1/31/19 No Fire Permit

   - No fire emergency door opens inward + no Panic Push Bar

2. Service emergency exit light - office light - lose + no power

3. Service emergency exit light at Girls stock room

4. No clothing racks/clothes in front of back extinguisher connected to site (Yes)

5. Have fire permit on site

---

**RECEIVED**

MAY 07 2019

CITY OF STOCKTON
FIRE PREVENTION DIV.

**Inspector**: [Handwritten Name]

**ID #**: 5164

**Unit**: [Handwritten Unit]

**Shift**: [Handwritten Shift]

**Contact Phone #**: 6392311

**Responsible Signature**: [Handwritten Signature]

**Date**: 2/6/19

---

**FPD Office Use**

- Database
- Scan
- Firehouse
NOTICE OF SPECIAL INSPECTION FEE

Date 4/3/19  

Business Name Abercrombie & Fitch  

Address 4950 Pacific Suite # 129 Stockton, CA  

Business Owner Abercrombie & Fitch Phone  

Contact Person Maggie Hermandez 209.638.66  

Business License # 19-94203 Expiration Date 1/1/19  

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

Non Compliance Section FPD 63.0  

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

Fire Inspector Signature:  

Date 3/26/19  

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

08/09/17  

Title: Mogli Hernandez 4/02/2019  

Original: FPD Yellow: Customer
**NOTICE OF VIOLATION**

**Date of Notice:** 4/2/19

**City**

**Business Name:** Abercrombie & Fitch

**Location:** 4450 Pacific Ave # 129

**Business Owner/Agent:**

---

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 1008.3</td>
<td>Service emergency exit light at office base 200 ft. above floor</td>
</tr>
</tbody>
</table>

---

You are notified that violations must be corrected immediately.

**Reinspection Date:** 4/9/19

---

**Issued by:**

---

**Signature:**

---

**Co/Shift:** FPD

**Phone:** 990-1414

**Phone:** (209) 4170-5019

---

**Original to FPD Yellow to Customer**

---

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

Date of Notice 04/17/19

City ☐ County ☐

Business Name: Abercrombie & Fitch

Location: 4950 Pacific #129

Business Owner/Agent: Abercrombie & 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>CFR</td>
<td>Service emergency 8X. T 29 FT 1008.3 at off. Back Dam.</td>
</tr>
</tbody>
</table>

You are notified that violations must be corrected immediately.

Reinspection Date: 04/17/19

Issued by: [Signature]

Co./Shift: FPD Phone 940-1414

Phone: (209) 478-5019

Original to FPD Yellow to Customer

04/02/07 G Drive FORM FPD 63C Notice of Violation
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 576-5089
Contact Person Maggie Hernandez Phone 209-639-6
Business License # 19-94903 Expiration Date 4/3/19

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

New Construction SEE FD 68-C

Violated Corrected 4/17/19

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

Fire Inspector Signature Date 4/17/19

Follow-up re-inspection will be on or after 4/17/19

08/08/17

Original: FPD Yellow: Customer
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Abercrombie & Fitch ADDRESS: 4950 Pacific Ste # 129
STOCKTON BUS LIC: Yes □ No □ Fire Permit Certificate: □ Yes □ No □ N/A
BUSINESS OWNER / REP: Maggie Hernandez PHONE: 174-5019700
CELL PHONE: □ Email: Katie_gibbs@oncorp.com 5019
DATE OF INSPECTION: 2/19/2020 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
□ 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)

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: 3/11/2020
Second Inspection.............. □ Violation(s) Corrected □ Violation(s) not Corrected:
Third Inspection.............. □ Violation(s) Corrected □ Violation(s) not Corrected:

NOTES: Have up date Fire Permit on site
Service Emergency Exit Lighthouse St. Room
Service Fire Extinguishers (around the corner from floor)
"Fire Protection System - Normal"

Inspector: D.M. Connolly ID: FPD Unit: FPD Shift: Contact Phone #: 990-1414

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

White Original - Fire Prevention ■ Yellow Copy - Co File

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

**BUSINESS NAME:** Blaze Pizza 1188

**ADDRESS:** 4950 Pacific

**STOCKTON BUS LIC:** Yes ☐ No ☐ Lic #: 20-001 25074

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

**BUSINESS OWNER/REP:** Martha

**PHONE:** (209) 952-1188

**CELL PHONE:** ☐

**EMAIL ADDRESS:** 11885STOCKTON@BLAZEPIZZA.COM

**DATE OF INSPECTION:** 2/6/2020 2nd Inspection ☐

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

### OCCUPANCY INFORMATION

<table>
<thead>
<tr>
<th>Business Type</th>
<th>A - Place of Assembly</th>
<th>KNOX BOX</th>
<th>FACCP</th>
<th>SPRINKLER</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**R-1 HOTEL** ☐ **R-2 RESIDENCE** ☐ **FIRE ALARM** ☐

**Number of Units:** ☐

**Number of Units Checked:** ☐

**Unit if Inspected:** ☐

**See attached FD-18 B**

### LIST OPERATIONAL FIRE PERMIT(S)

**Place of Assembly**

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

**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:** Exits 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) 940-1419

**Responsible Signature:** Date: 2/6/2020

**White Original - Fire Prevention ☑ Yellow Copy - Go File**

FD-18 Revised 08-19-19
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Blaze Pizza
ADDRESS: 4950 Pacifica

STOCKTON BUS LIC: ☐ Yes ☐ No Lic # 201128374
FIRE PERMIT CERTIFICATE: ☐ Yes ☐ No ☐ N/A

BUSINESS OWNER / REP: Robert D'Orazio
PHONE: (209) 779-4111
CELL PHONE: 1188stockton@blaze夫人.com
EMAIL ADDRESS: 1188stockton@blaze夫人.com

DATE OF INSPECTION: 2/11/2020 2nd Inspection
HAS INFORMATION CHANGED? ☐ Yes ☐ No
Code Compliance

OCCUPANCY INFORMATION (Check Business Type)
☐ A - Place of Assembly
☐ KNOX BOX
☐ Current Keys ☐ YES ☐ NO
☐地方的消防报警系统
☐ 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 ☐ YES ☐ NO
Unit # Inspected
☐ 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:

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: 7/1/2020
Second Inspection....................... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected:
Reinspection date:
Third Inspection......................... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected:
Notify FPD date:

NOTES: Secure Exit Sign M.W. Patti Door

Inspector: G. D'Orazio
ID #: 8164
Unit: FPO
Shift: Contact Phone #: 990-1414

Responsible Signature:

Date: 2/11/2020

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

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

**BUSINESS NAME:** Blaze Pizza

**ADDRESS:** 4950 Pacific Ave

**Ste #** 301

**BUSINESS OWNER / REP:** Selina Santos

**DATE OF INSPECTION:** 2/13/19

2nd Inspection

Code Compliance

**DEFIENCIES AND COMMENTS**

- Bus Lc 4/30/19 OK
  - 12/02/18

- Fire Perm. F Place of Assembly 5/11/18

- Max CAP Ac T 70

- All OK
  - P. M. Connolly
  - 2/13/19

- Carbon Dioxide Bev Dispens "Yes"

**Inspector:** P. M. Connolly

**ID #** 5/6/92

**Unit** 990

**Shift:** 1419

**Contact Phone:** 990-1419

**Responsible Signature:** Selina Santos

**Date:** 2/13/19
ANNUAL FIRE INSPECTION

BUSINESS NAME: Charley's Steak
ADDRESS: 4900 Pacific Ave, Ste #209

STOCKTON BUS LIC: ☐ Yes ☐ No ☐ N/A
Lic #2020106195

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

BUSINESS OWNER / REP: John Doe
PHONE: 916-320-7747

CELL PHONE: 916-320-7747
EMAIL ADDRESS: John_Doe@Charleys.com

DATE OF INSPECTION: 2/8/19
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
Noted + Duct

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:

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 ☐ ☐ Violation(s) Noted ☐
Reinspection date: 7/22/2020

Second Inspection
Violation(s) Corrected ☐ ☐ Violation(s) not Corrected:
Reinspection date: 7/29/2020

Third Inspection
Violation(s) Corrected ☐ ☐ Violation(s) not Corrected:
Notify FPD date: 

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

Inspector: "McCoy” ID # 5164
Unit: P-22 Contact Phone: 990.1414

Responsible Signature: "McCoy"
Date: 2/8/19

White Original - Fire Prevention ☑ Yellow Copy — Co File

FD-18 Revised 08-19-19

E-mail: 3/5/2020
ANNUAL FIRE INSPECTION

BUSINESS NAME: Charleys Phillips
ADDRESS: 4950 Pacific Ave, Ste # 209
STOCKTON BUS LIC: ☐ Yes ☐ No Lic # 20-420006195
FIRE PERMIT CERTIFICATE: ☐ Yes ☐ No ☐ N/A
BUSINESS OWNER / REP: Jim
PHONE: 916-332-7747
CELL PHONE: 916-332-7747
EMAIL ADDRESS:
DATE OF INSPECTION: 12/18/19
HAS INFORMATION CHANGED? ☐ Yes ☐ No

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
   Occuancy 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

☐ See attached FD-18 B

☐ FIRE ALARM
   Monitored ☐ YES ☐ NO
   Company _______

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

☐ OTHER   Hood & Duct

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

CFC Sec. 105 Permit(s) Needed

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th>No Hazards Noted</th>
<th>Violation(s) Noted</th>
<th>Reinspection date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Inspection</td>
<td>☐</td>
<td>☑</td>
<td>12/22/2020</td>
</tr>
<tr>
<td>Second Inspection</td>
<td>☐</td>
<td>☑</td>
<td>Reinspection date:</td>
</tr>
<tr>
<td>Third Inspection</td>
<td>☐</td>
<td>☑</td>
<td>Notify FPD date:</td>
</tr>
</tbody>
</table>

NOTES:
- Service Hood & Duct Professionally Cleaning
- Smoke & Emergency Exit Light Above Sink Back Room
- Suggestion: Emergency Exit Light Above Sink Back Room

Inspector: PM Carter
ID #: 5164F
Unit: FPD
Contact Phone #: 916-332-7747

Responsible Signature: [Signature]
Date: 12/18/19
<table>
<thead>
<tr>
<th>DEFICIENCIES AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Permit Ms Comb Storage 8/4/19</td>
</tr>
<tr>
<td>6/3/19 Service Fire Sprinkler Annual Test</td>
</tr>
<tr>
<td>Replacing Ceiling Tile Edge Beauty Stock Room 10/21/19</td>
</tr>
<tr>
<td>Clear Area in Electrical Women’s Area Storage 10/21/19</td>
</tr>
<tr>
<td>Clear Area in Electrical Room Men’s Suit \ 10/21/19</td>
</tr>
<tr>
<td>Reinspect 8/21/19 7/19</td>
</tr>
</tbody>
</table>

Inspector: Omni Cuneho  ID # 5164  Unit:  APP  Shift:  Contact Phone #: 990-1419
Responsible Signature: Ruben Sanchez  Date: 7/29/19
FIRE INSPECTION

NEW BUSINESS

BUSINESS NAME: EL CAJONENSA
ADDRESS: 4950 Park

BUSINESS OWNER / REP: MARIA GUERRERO

DATE OF INSPECTION: 7/16/19

PATTY GUERRERO 209.242.3358

2nd Inspection Code Compliance

DEFICIENCIES AND COMMENTS:

- New Business will apply for Fire Permit
- Service Hood & Duct Pur. System (3/2/19)
- Service ABC Extinguisher at Back Door
- No Plastic Tie - No Tag
- Need Class "K" Extinguisher mounted in Kitchen (9/1/19)
- Ground 14 Day Mexico for operational Date: 8/1/19
- Reinspection 3/3/19

Reinspection 3/2/19 (3/27/19)

Violations Corrected

Inspector: C. McCarthy  ID: 5769  R Unit: FPD

Casimira Diaz Date: 7/16/19

FPD Office Use

Database
Scan
Firehouse

9/16/19
STOCKTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
345 N. El Dorado Street
Stockton, CA 95202

NOTICE OF SPECIAL INSPECTION FEE

Date: 01/27/19

Business Name: El Grueno
Address: 4950 Pacific Ave Suite # 303, Stockton, CA

Business Owner: Akiro Gunuros Phone: 209.243.3350

Contact Person: Betty Gunuros (Owner) Phone: 351.5651

Business License #: New Business Expiration Date:

A Special Inspection Fee in the amount of $3,375.00 has been charged due to the following:

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

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

[Signature]

Fire Inspector Signature: [Signature] Date: 01/27/19

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 Faulkner

Location: 9950 Oak Ave. #303

Business Owner/Agent: Alcina Guarino

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 609.3.3</td>
<td>San. &amp; Hod. &amp; Act. System</td>
</tr>
<tr>
<td>1.1.17.19</td>
<td>San. &amp; ABC extinguisher at back door</td>
</tr>
<tr>
<td>CCR 575.1</td>
<td>Need &quot;Class K&quot; extinguisher mounted in kitchen &amp; serviced</td>
</tr>
</tbody>
</table>

You are notified that violations must be corrected immediately.

Reinspection Date: 9/3/19

Issued by: Patricia Congeto
Co/Shift: FF2
Phone: 990-1414

Customer Signature: [Signature]

Original to FPD  Yellow to Customer

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

Date: 6/27/19
Business Name: El Cerrito
Address: 4950 Pacific Av
Suite # 303, Stockton, CA
Business Owner: Alicia Guerra
Phone: 209.242.3358
Contact Person: Patty 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 6/19 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: [Signature]
Date: 6/27/19
Follow-up re-inspection will be on or after 9/4/19
NOTICE OF VIOLATION

Date of Notice: 8/27/19  
City ☒  County ☐

Business Name: El Grillense  
Location: 4950 Pete Rd. # 303 
Business Owner/Agent: Alicia Guerero  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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Failure to comply with the 14 day Notice - To apply for Operational Fire Permit. Due Date 8/8/19</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: 990-1414

Customer Signature: [Signature]  Phone: _____________________

Original to FPD  Yellow to Customer

03/11/19 G Drive FORM FPD 83C Notice of Violation
FOR OFFICE USE ONLY:

TAX ACCT. #

CONTROL #

TAG # ______ EXP: ______

CLASS

SINC_ BOE

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) 937-8313 Fax (209) 937-7184
Email: bl@stocktonca.gov
www.stocktonca.gov

BUSINESS LICENSE TAX APPLICATION

NEW City of Stockton Number of Employees: Full Time Part Time Temporary

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 that 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) El Grullense Phone (209) 391-5157

2. Business Address (No PO Box) 4950 Pacific Ave Ste/Apt# 303 City Stockton State CA Zip 95207

3. Business Mailing Address 2251 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 #

   Business Activity Description Mexican Food

5. Are you Chamber of Commerce Green Certified? Yes No (For information contact Chamber of Commerce (209) 547-2770)

6. Is this a "Green Industry" business? Yes No Square Footage of Business Facility

7. Start date in Stockton April 2019 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 ___________________________

      City State Zip Home Phone ()

      Soc. Sec. # Date of Birth Driver's Lic./I.D. # State

COMPLETE PAGE 2 OF THE APPLICATION
**FIRE INSPECTION**

**BUSINESS NAME:** El Gallinazo  
**ADDRESS:** 4850 Pach.  Ste 305

**BUSINESS OWNER / REP:** Alicia Guerra  
**PHONE:** 209.242.3350

**DATE OF INSPECTION:** 7/16/19  
**2nd Inspection**  
**Code Compliance:**

**Patty Guerra 209.351.5657**

**DEFICIENCIES AND COMMENTS**

- New Bus. will apply for Fire Permit

- Service Hood + Duct System (9/2/19)

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

- Need Class "K" Extinguisher mounted in Kitchen (Silver)
  - Case 14 Day Inspection for operational
  - Due Date: 8/19

**REINPECTION:** 8/19/19

---

**Inspector:**  
**ID #:** 5764  
**Unit:** FDO  
**Contact Phone:** 920-1414

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

---

**FPD Office Use**

- Database
- Scan
- Firehouse

---

FD-18 B – 01/09/17  
**White Original - Fire Prevention**  
**Yellow Copy – Co File**
**NEW BUSINESS**

**FIRE INSPECTION**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>ALCOHOLIC ADDRESS:</th>
<th>4950 S ago</th>
<th>Ste #305</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS OWNER / REP</td>
<td>Odoma</td>
<td>Alicia Guereco</td>
<td>209.242.3358</td>
</tr>
<tr>
<td>DATE OF INSPECTION</td>
<td>7/10/19</td>
<td>2nd Inspection</td>
<td>Code Compliance</td>
</tr>
<tr>
<td>PATTY Guereco</td>
<td>209.351.8657</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEFICIENCIES AND COMMENTS**

- **New Bus. will apply for Fire Permit**
- **Service Hood & Duct Fume System (7/19/19)**
- **Service ABC Extinguisher at Back Door**
- **NO Plastic Tie - No Tag**
- **Need Class "K" Extinguisher Mounted in Kitchen (7/19/19)**
- **Cave 14 Day Notice for Operational Fire Permit Out Date 8/1/19**

**Reinspection 8/1/19**

**All Info Corrected 8/27/19**

**Inspector**

**Casimira Diaz**

**Responsible Signature**

**Date:** 7/16/19

**FD-10 B - 01/09/17**

**White Original - Fire Prevention ■ Yellow Copy - Co File**
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: E1 Grullencco
ADDRESS: 4950 Pacific Ave Ste #

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

BUSINESS OWNER / REP: ______________________ PHONE: ______________________

CELL PHONE: ______________________ EMAIL ADDRESS: ______________________

DATE OF INSPECTION: 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
☐ 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)

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 ☐ Violation(s) not Corrected:
Reinspection date: 
Third Inspection .................. ☐ Violation(s) Corrected ☐ Violation(s) not Corrected:
Notify FPD date:

NOTES:

Closed 10/31/2019

PEA Manager

Inspector: PM McCauley ID # 51641C Unit FPD Shift: Contact Phone # 209-1414

Responsible Signature: ______________________ Date: ______________________

White Original - Fire Prevention ☐ Yellow Copy – Co File

FD-18 Revised 08-19-19
Stockton Fire Department

Occupancy: 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 Weertown 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>Notes:</td>
<td>No Additional time recorded</td>
<td></td>
</tr>
</tbody>
</table>

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.
### Inspector:

Name: McConahey, Paul  
Rank: Program Specialist  
Work Phone(s): 209-990-1414  

McConahey, Paul:  

[Signature]  
Signed on: 07/29/2020 15:54

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Representative Signature:

[Signature]  
Date

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
BUSINESS NAME: Finish Line #424  ADDRESS: 4950 Pacific Ste 223  
STOCKTON BUS LIC: Yes No LIC # 61443 31/8/19  FIRE PERMIT CERTIFICATE: Yes No N/A  
BUSINESS OWNER REP: Melissa Jaime  PHONE: 952260  CELL PHONE:  
DATE OF INSPECTION: 6/19/99  2nd Inspection  Code Compliance  
HAS INFORMATION CHANGED? Yes No  

**OCCUPANCY INFORMATION (Check Business Type)**  
- A - Place of Assembly  
  - Occupancy Load _____  
- B - Business/City Buildings  
- M - Merchandise/Retail Sales  
  - Number of Units _____  
  - Number of Units Checked _____  
- R-1 HOTEL  
- R-2 RESIDENCE  
- F - Fabrication  
  - Storage area sq. ft. _____  
- G - High Piled Storage  
  - Storage Area sq. ft. _____  
- S-1 - Repair Garage  

**OTHER:**  

<table>
<thead>
<tr>
<th>Permit Type Required</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Wise Carrillo Mall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A: Electrical</th>
<th>B: Special Hazards</th>
<th>C: Ext / Fire Protection System</th>
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<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>D: Exiting</th>
<th>E: General Housekeeping</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CFC Sec. 105 Permit(s) Needed  
- Initial Inspection  
  - No Hazards Noted  
  - Violation(s) Noted  
  - Reinspection date:  
- Second Inspection  
  - Violation(s) Corrected  
  - Violation(s) not Corrected:  
  - Reinspection date:  
- Third Inspection  
  - Violation(s) Corrected  
  - Violation(s) not Corrected:  
  - Notify FPD date:  

**NOTES:**  

---  

Inspector: Patch  
ID # 9385  Unit:  
Shift:  
Contact Phone:  

Responsible Signature:  
Date:  

White Original - Fire Prevention  
Yellow Copy – Co File  

FD-18 Revised 08-02-17  
424@finishline.com  

CITY OF STOCKTON  
FIRE PREVENTION
<table>
<thead>
<tr>
<th>DEFICIENCIES AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus 2-5 5/24/16 expd NO</td>
</tr>
<tr>
<td>Fire Permit ms cdg strng 12/11/16 exp NO</td>
</tr>
<tr>
<td>Service emergency exit light in receiving area</td>
</tr>
<tr>
<td>Have update business license and fire dept permit on site</td>
</tr>
</tbody>
</table>

Reinspection tied 10/23/19

Inspector: P. McCannedy
ID # 51412
Unit: PB
Shift: Contact Phone #: 990-1049
Responsible Signature: Edwin Hill Jr.
Date: 10/23/19
Inspection Type: OPERATIONAL - SEMI-ANNUAL
Inspection Date: 10/28/2020
Time In: 11:40
Time Out: 12:15
Authorized Date: 10/28/2020

Form: SFD GENERAL INSPECTION

Inspection Topics:

GENERAL INFORMATION

Business Rep/Contact Number
Enter the name and phone number of the responsible party.

Status: Approved
Notes: Stephen Owirn. Dist Manager
707-628-9664

Current Operational Fire Permit posted?
Current Operational Fire Permit shall be posted with other licenses and permits as required.

Status: Disapproved
Notes: Permit. Miscellaneous combustible storage. Permit on site. 12/1/2016. Expired
Need to have update permit on site.

Current Stockton Business License posted?
Current Stockton Business License shall be posted for current occupant.

Status: Approved

EXTINGUISHERS

Fire extinguishers shall not be obstructed or obscured from view. A sign indicating the location of the fire extinguisher shall be hung over the fire extinguisher, with the bottom of the sign positioned 7 feet above the floor.

CFC 906.6
Status: Approved
Notes: 9/20/2020. Ok
Additional Time Spent on Inspection:

<table>
<thead>
<tr>
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<th>End Date / Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes:</td>
<td>No Additional time recorded</td>
<td></td>
</tr>
</tbody>
</table>

Total Additional Time: 0 minutes
Inspection Time: 35 minutes
Total Time: 35 minutes

Summary:

Overall Result: Approved
Inspector Notes: Have up dated fire permit on site

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. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414
McConahey, Paul:

Signed on: 10/28/2020 12:05

Signature Date

Representative Signature:

Signature of: COVID 19 on 10/28/2020 12:06

Signature Date
BUSINESS NAME: Foot Locker C283
ADDRESS: 4950 Pac.Fc. Av. Ste #133
BUSINESS OWNER / REP: Elisa A. Arciniega
DATE OF INSPECTION: 10/1/19

DEFIENCIES AND COMMENTS

Bus. 2.c 3/31/19 20-0029632
Permit: M5 6226 Storage 12/4/18 on

E.M.A.1
myfoot locker411 @footlocker.com

Inspector: O. McCaghren
ID # 5/64 R, Unit FPD

Responsible Signature: Elisa A. Arciniega
Date: 10/1/19
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME:** H & M Hamness

**ADDRESS:** 4950 Pacific Ave, Ste # 117

**STOCKTON BUS LIC:** Yes, No

**Lic #:** 15-0011387

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

**BUSINESS OWNER / REP:** F & C Bellis

**PHONE:** 235-4240

**CELL PHONE:**

**EMAIL ADDRESS:**

**DATE OF INSPECTION:** 12/18/19

**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**
  - Number of Units

- **R-2 RESIDENCE**
  - Number of Units Checked

- **FIRE ALARM**
  - Monitored, YES, NO

- **SPRINKLER**
  - Company

- **OTHER**
  - M.S. Comb. Storage

### 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:

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

- Second Inspection
  - Violation(s) Corrected

- Third Inspection
  - Violation(s) Corrected

- Reinspection date:

- Reinspection date:

- Notify FPD date:

### NOTES:

- Code Violation

- Contact Phone # 990-1414

- Responsible Signature: F. Bellis

- 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 ☐ No Lic #
FIRE PERMIT CERTIFICATE: ☐ Yes ☐ No ☐ N/A

BUSINESS OWNER / REP: Albert Vega
PHONE: 541-4132
CELL PHONE:

DATE OF INSPECTION: 10/1/19
2nd Inspection
Code Compliance

HAS INFORMATION CHANGED? ☐ Yes ☐ No
New Business

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
Number of Units
Number of Units Checked
☐ R-1 HOTEL
☐ R-2 RESIDENCE
Number of Units
Number of Units Checked
☐ High Piled Storage
Storage Area sq. ft.
☐ S-1 - Repair Garage

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

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| A: Electrical | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| 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: 10/22/19

Second Inspection
☐ Violation(s) Corrected ☐ Violation(s) not Corrected
Reinspection date:

Third Inspection
☐ Violation(s) Corrected ☐ Violation(s) not Corrected
Notify FPD date:

NOTES: New Business Does Not Require Operational Permits

* Service extinguisher missing plastic tag
* Remount extinguisher: Mount is upside down

Inspector: Pam Conley
ID # 51641
Unit FPD
Shift: Contact Phone # 990-1414

Responsible Signature: Date: 10/1/19

White Original - Fire Prevention ☐ Yellow Copy - Co File

E-Mail: [redacted]

FD-18 Revised 08-02-17

10/23/19
FIRE INSPECTION

BUSINESS NAME: We bore Town MALL
ADDRESS: 9950 Pacific Ave Ste #
BUSINESS OWNER / REP: Mike Fernandez
DATE OF INSPECTION: 10/14/19  2nd Inspection  Code Compliance

DEFICIENCIES AND COMMENTS

Bus Lic 19 00059177 exp 12/31/2019  OK

Fire Permit

Proper E. Res. Sign #7 on recea Point

All Sprinklers Need 5 yrs sprinkler Test

Mount fire extinguisher in recea Room #7

Remove Motarized riding Amours in electrical

Room #7

Service all emergency exits Light That needs

Service all extinguishers in all Basements

Service All Dry Standpiper on schedule 1/3/20

Need 5 years Hose Test on all Standpipe

Fire Hose on Remax with a letter from

Westtown Mall with approval of The Mall

Insurance Company And City Fire Marshal

Inspector:  McEachern  ID #: 5764  Unit: S9  Shift: Contact Phone #: 990-1414
Responsible Signature:  Date: 10/30/19

FD-18 B - 01/09/17  White Original - Fire Prevention  Yellow Copy - Co File
FPD Office Use  Database  Scan  Firehouse  99
FIRE INSPECTION

BUSINESS NAME: Wobers Town 1111
ADDRESS: 4950 Pacific Ave Ste #
BUSINESS OWNER / REP: M. W. Fernandez 015 477.0247
DATE OF INSPECTION: 10/16/19 2nd Inspection Code Compliance

DEFICIENCIES AND COMMENTS

Remove welding equipment on must apply for "Operational Fire Permit"

Signage for all Basement Down "Dead End"

"No Access"

Re-inspection 12/10/19

7/20

Inspector

Responsible Signature:

Date: 10/30/19

FD-18 B - 01/09/17 White Original - Fire Prevention " Yellow Copy - Co File
1/24/2020 Having issue with TernaF
 got in to facs Hq

RETURNS 3/1/2020
If not completed by then next
reinspection will give 308

2/2/2020 To meet to make forntier
will rec spank ton Co. report
and make will schedule for want
not to be done - will go in on
the 1st and lot me know the date of
work

3/8/2020 Meet with Mike in the mail.
He explain to me need to get into individual
stories plan has to change heads will be
completed in 3 wks (3/19/2020)
ok I will start going by 3/25 once a
week starting 3/1/20

2/14/2020
Inspect
Sears
Tuesday
25th 10:00
Weehawken Mall

Dry Standpipe extension by Blaze Pizza
Unable to reach sprinkler on 3rd floor

Extinguisher 5/19/19

Replace fire alarm sign
Fire alarm borders D/Park N/S

Riser need 5 psi sprinkler test PSI 65

Remove motorized valves from electrical room #7

& Heat Extinguisher in electrical room #7

All fire system sprinkler need sprinkler test

Service all emergency exit lights

Service all extinguisher in all segments

I on Permit

Check Sprinkler Hose test on all floor hoses at
11am from the mall with The Insurance Co.
Approve to remove
Remote Water Equipment

Signage - Basement access

Don't TOL

2 Access

Bus L/C 19.005917
Exp 12/31/2019
Commercial Rental

Wrones Train M/I

Operational Fine Penn 1

Cty Code

CEC 105.6.10

Monitoring Sprinkler System
Sprinkler

Emergency Connection?

408.11.1 Emergency Planning

914.2.2 105.6.10 Permit Place of Assembly

905.3.3 914.2.2 Stand PIP

203.11.1.5 Tenant I D. Exterior Door / Basements

311.6 408.11.16 Unoccupied Tenant Space Electrical Room / Area marked

Sprinkler Door marked
**FIRE INSPECTION**

**BUSINESS NAME:** Sheikh Shoes #45  
**ADDRESS:** 4950 Pacific Av  Ste #317

**BUSINESS OWNER / REP:** Haddad  
**DATE OF INSPECTION:** 10/27/19  2nd Inspection  Code Compliance

**DEFICIENCIES AND COMMENTS**

- Business 9/27/19 19-00132389
- No permit 10/1/19 578394A 12/19/19 01

**Inspector:** R. McCaslin  
**ID #: 5164 R**  
**Unit: FPD**  
**Shift:**  
**Contact Phone #:** 990.1414

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

**FPD Office Use:**  
- Database
- Scan
- Firehouse

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

**Business Name:** Shoe Palace  
**Address:** 4950 Pacific

**Stockton Bus Lic:**  Yes  
**Lic #**

**Fire Permit Certificate:** Yes  
**FIRE PERMIT CERTIFICATE:** Yes  
**No**  
**N/A**  
**8/21/19**

**Business Owner/Rep:** Ariel Ramirez  
**Phone:** 373-4116  
**Cell Phone:**

**Date of Inspection:** 6/19/19  
**2nd Inspection**  
**Code Compliance**

**Has Information Changed?** Yes  
**No**

## Occupancy Information

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

## 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>Misc Comb Must</td>
<td></td>
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</tr>
</tbody>
</table>

## Notice of Violation:

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

<table>
<thead>
<tr>
<th>A: Electrical</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>B: Special Hazards</td>
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<td>C: Ext / Fire Protection System</td>
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<td>D: Exiting</td>
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<td>E: General Housekeeping</td>
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</table>

**CFC Sec. 105 Permit(s) Needed**  
- [ ] No Hazards Noted  
- [ ] Violation(s) Noted  
- Reinspection date: 7/5/19

**Initial Inspection:** 7/19/19  
**Second Inspection:** 7/19/19  
**Third Inspection:** 7/19/19

**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 Chave**  
  - ID # 9385  
  - Unit:  
  - Shift:  
  - Contact Phone: 920-1416

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

---

*White Original - Fire Prevention  ■ Yellow Copy - Co File*
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: 4952 Pacific Ste #405
STOCKTON BUS LIC: ☐ Yes ☐ No Lic #
FIRE PERMIT CERTIFICATE: ☐ Yes ☐ No ☐ N/A
BUSINESS OWNER/REP: Ariel Ramirez
PHONE: 373-4111 - CELL PHONE:
DATE OF INSPECTION: 6/19/19 - 2nd Inspection
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-2 RESIDENCE

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

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</table>

CFC Sec. 195 Permit(s) Needed

Initial Inspection.......................... ☐ No Hazards Noted ☑ Violation(s) Noted Reinspection date: 7/15/19
Second Inspection.......................... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date:
Third Inspection.......................... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Notify FPD date:

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 other than employee or owner is present in store

Inspector: Pat Chase ID #: 9385 Unit FPD Shift: Contact Phone #: 373-4111
Responsible Signature: Ariel Ramirez Date: 6/19/19

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* There will be a charge of $322 if violations are not corrected by time of re-inspection.  No credit will be given.

FD-19 Revised 06-02-19
BUSINESS NAME: MA'S Fits
ADDRESS: 4950 Pacific

BUSINESS OWNER/REP: Debbie Peoples

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

DEFIENCIES AND COMMENTS:

Bus e/c 3/13/19 94922 On
fire permit
Hood + Duct 10/12/18 On.

Cleaning of Hood + Duct System + Tag

Res: 8/21/19

Res: 8/6/19

Inspector: P. M. Cortez
ID # 5164
Unit: P 990
Contact: 990 1414

Responsible Signature: Debbie Peoples

Date: 7/16/19

FPD Office Use
Database
Scan
Firehouse

White Original - Fire Prevention
Yellow Copy - Co File
## Fire Inspection

**Business Name**: Max Sib's

**Address**: 4950 Rector Ste #13

**Business Owner / Rep**: Cecilio Rosados

**Date of Inspection**: 7/16/19

**2nd Inspection**

### Deficiencies and Comments

- Bus Lc 3/20/19 9/922 0x
- Fire permit Hood + Duct 10/12/18 0x

- Cleaning of Hood + Duct System + Tags

- [Signature]

  DMM 8/19

- Reinspection - 8/6/19

---

**Inspector**: [Signature]

**ID #:** 5164

**Unit**: [Blank]

**Shift**: [Blank]

**Contact Phone #:** 990-1414

**Date**: 7/16/19

**Responsible Signature**: [Signature]

**Date**: 9/16/19

---

**CPU OFFICE USE**

- Database
- Scan
- Firehouse

**White Original - Fire Prevention**

**Yellow Copy - Co File**

**FD-18 B - 01/09/17**
## Inspection Topics:

### GENERAL INFORMATION

Current Operational Fire Permit posted?

- **Status:** Approved
- **Notes:** Exp. 10/3/2019. Ok. 61951

Current Stockton Business License posted?

- **Status:** Approved
- **Notes:** Exp. 3/31/2021. 21-00097922. Ok.

### EXTINGUISHING AND ALARM SYSTEMS

Commercial cooking extinguishing system shall be serviced. Service label shall be attached. Equipment shall be serviced every six (6) months.

- **Status:** Approved
- **Notes:** 10/20/2020. Ok

### EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.

- **CFC 906**
- **Status:** Approved
- **Notes:** 10/23/2020. Ok

Class K extinguisher shall be provided for deep fat fryers. Maximum travel distance to the extinguisher shall not exceed 30 feet from cooking area.

- **CFC 906.4.2**
- **Status:** Approved
- **Notes:** Ok

### 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>Notes</td>
<td>No Additional time recorded</td>
<td></td>
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</tbody>
</table>

**Total Additional Time: 0 minutes**
**Inspection Time: 20 minutes**
**Total Time: 20 minutes**
<table>
<thead>
<tr>
<th>Summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Result:</strong> Approved</td>
</tr>
<tr>
<td><strong>Inspector Notes:</strong> No violations</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Closing Notes:</th>
</tr>
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<tbody>
<tr>
<td>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.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Inspector:</th>
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</thead>
<tbody>
<tr>
<td>Name: McConahey, Paul</td>
</tr>
<tr>
<td>Rank: Program Specialist</td>
</tr>
<tr>
<td>Work Phone(s): 209-990-1414</td>
</tr>
<tr>
<td>McConahey, Paul:</td>
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<tr>
<td>[Signature] Signed on: 10/30/2020 14:40</td>
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</table>

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<tr>
<th>Representative Signature:</th>
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<tbody>
<tr>
<td>Signature of: Covid 19 on 10/30/2020 14:40</td>
</tr>
<tr>
<td>[Signature] Date</td>
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</tbody>
</table>

STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271
BUSINESS NAME: St. Icke
ADDRESS: 4950 Pacific Ave Ste #227
BUSINESS OWNER / REP: Min Emmons
DATE OF INSPECTION: 8/5/15

DEFICIENCIES AND COMMENTS

Bus Lic 20-09135040: OK

New Business Initial Inspection

No Fire Permit Required

No Fire Code Violations

Min Emmons 8/5/15

Inspector: CMH Canby ID#: 51644
Unit: FF
Shift: Contact Phone #: 990-1414

Date: 8/5/15
BUSINESS NAME:  Stick's
ADDRESS:  4950 Pac Lc
BUSINESS OWNER / REP:  Min Emmons
DATE OF INSPECTION:  8/5/15

DEFICIENCIES AND COMMENTS

Bus Lp 50 - 00135040  OK

Fire Permit

New Business Initial Inspection

No Fire Permit Required

No Fire Code Violations

Min Emmons

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

Date:  8/5/15

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

**BUSINESS NAME:** Stick's  
**ADDRESS:** 4950 Pacific  
**Ste #:** 207  
**BUSINESS OWNER / REP:** Min Edmons  
**DATE OF INSPECTION:** 8/5/19  
**2nd Inspection**  
**Code Compliance**  
**Phone:** 910-7009

## DEFIENCIES AND COMMENTS

- Bus Lot 50-00135040 OK
- New Business Initial Inspection
- No Fire Permit Required
- No Fire Code Violations

**Inspector:** B.M. Costello  
**ID #:** 57641  
**Unit:** FPD  
**Shift:**  
**Contact Phone #:** 950-1414  
**Responsible Signature:** Min Edmons  
**Date:** 8/5/19

---

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

**BUSINESS NAME:** S'Ide Rite

**ADDRESS:** 4950 Pacific Ste #203

**BUSINESS OWNER/REP:** Henry Mooster 408-492-0740 con

**DATE OF INSPECTION:** 1/5/19 2nd Inspection Code Compliance  

<table>
<thead>
<tr>
<th>STECO 957 4509</th>
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</table>

**DEFICIENCIES AND COMMENTS**

- New Business 3/31/2020
- Initial Inspection
- No fire Code Violation Emergency Exit Tag OK
- Cause 14 day for miscellaneous Combustible Storage
- Due Date 12/3/19
- Operation for Permit Required

---

**Inspector:** [Signature]  
**ID #:** 5164R  
**Unit #:** [Blank]  
**Shift:** [Blank]  
**Contact Phone #:** 990-1414  

**Responsible Signature:** [Signature]  
**Date:** 1/5/19

---

**FPD Office Use**

<table>
<thead>
<tr>
<th>Database</th>
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<tbody>
<tr>
<td>Scan</td>
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<tr>
<td>Firehouse</td>
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</table>
FIRE INSPECTION

BUSINESS NAME: Stride Rite
ADDRESS: 4950 Pacific Ste #203

BUSINESS OWNER/REP: Henry Moore
DATE OF INSPECTION: 11/19 Code Compliance

DEFICIENCIES AND COMMENTS

New Business 3/31/2020 20-00138611
Initial Inspection

No Fire Code Violation
Extinguishers - OK

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

Operation Fire Permit Required

Inspector: McDaniel ID #: 51642 Unit: 820 Contact Phone #: 990-1414

Responsible Signature: Rafael Pimentel Date: 11/19

FD-13 B - 01/09/17 White Original - Fire Prevention □ Yellow Copy - Co File
**STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION**
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

**FIRE INSPECTION**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>Ti J T</th>
<th>ADDRESS</th>
<th>4950 Pac. Fc</th>
<th>Ste #201</th>
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<tbody>
<tr>
<td>BUSINESS OWNER/REP</td>
<td>James Farrar</td>
<td>451.2164</td>
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<tr>
<td>DATE OF INSPECTION</td>
<td>7/16/19</td>
<td>2nd Inspection</td>
<td>Code Compliance</td>
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**DEFICIENCIES AND COMMENTS**

- **Bys 4-31-19 19.12 Code OK**
- Fire Form 5/19/17 No.

- Service Emergency Exit lights not back up
- Service Emergency Exit light at back of counter

- Electrical Junction Box Behind Games
- Electrical box coming away from wall needs to be secured by others

**Inspector**

FIRE Service 9364 Unit: FPD Contact Phone: 920-1413

**Responsible Signature**

James Farrar

**Date**

7/16/19
# FIRE INSPECTION

**BUSINESS NAME:** JLT

**ADDRESS:** 4950 Pacific Ave Ste #201

**BUSINESS OWNER REP:** Julius Ferrar

**DATE OF INSPECTION:** 3/16/19

**2nd Inspection Code Compliance**

## DEFICIENCIES AND COMMENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>10/31/19</td>
<td>Fire Poles 5/1/17 No</td>
</tr>
<tr>
<td>8/6/19</td>
<td>Exit 2 Light at Back Door Behind Counter</td>
</tr>
<tr>
<td>8/6/19</td>
<td>Electrical Junction Box Behind Games</td>
</tr>
<tr>
<td>8/6/19</td>
<td>Wall Need to Be Secured By Off A</td>
</tr>
</tbody>
</table>

**Inspector:** P.M. Cordero  ID # 5164  Unit  FPD  Contact Phone # 990-1414

**Responsible Signature:** Julius Ferrar  Date: 3/16/19
**FIRE INSPECTION**

**BUSINESS NAME:** VANS # 226  
**ADDRESS:** 4950 PACIFIC  
**BUSINESS OWNER / REP:** ALEJANDRA HERREDA  
**PHONE:** (209) 470-4950  
**DATE OF INSPECTION:** 7/16/19

**DEFICIENCIES AND COMMENTS**

- F-10 Permit Mid Cond Storage  
  9/30/19

**NO FINE CODE VIOLATIONS**

**7/16/19**

- Have fine permit on site

**Inspector:**  
**ID #** 5164  
**Unit** FBO  
**Contact Phone #** 990-1414  
**Date:** 7/16/19

**Responsible Signature:** ALEJANDRA HERREDA

---

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

**BUSINESS NAME:** Work World America  
**ADDRESS:** 4950 Pacific Street

**STOCKTON BUS LIC:** [ ] Yes [ ] No  
**FIRE PERMIT CERTIFICATE:** [ ] Yes [ ] No [ ] N/A

**BUSINESS OWNER/REP:** Stephanie Xiong  
**PHONE:** 492-1425  
**CELL PHONE:**

**DATE OF INSPECTION:** 1/19/19  
**2nd Inspection**  
**Code Compliance**

**HAS INFORMATION CHANGED?** [ ] Yes [ ] No

### OCCUPANCY INFORMATION

- [ ] 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  
    - Number of Units _____  
    - Number of Units Checked
  - R-2 RESIDENCE
- [ ] High Piled Storage  
  - Storage Area sq. ft. ______
- [ ] S-1 - Repair Garage

### OTHER:

### LIST OPERATIONAL FIRE PERMIT(S)

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<th>A: Electrical</th>
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<td>B: Special Hazards</td>
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<td>C: Ext / Fire Protection System</td>
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<td>D: Exiting</td>
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<td>E: General Housekeeping</td>
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CFC Sec. 105 Permit(s) Needed

- [ ] Initial Inspection...  
  - [ ] No Hazards Noted  
  - [ ] Violation(s) Noted
  - Reinspection date:

- [ ] Second Inspection...  
  - [ ] Violation(s) Corrected  
  - [ ] Violation(s) not Corrected:
  - Reinspection date:

- [ ] Third Inspection...  
  - [ ] Violation(s) Corrected  
  - [ ] Violation(s) not Corrected:  
  - Notify FPD date:

### NOTES:

---

**Inspector:** Pat Abreu  
**ID #:** 9385  
**Unit:** FPD 1411  
**Shift:**  
**Contact Phone #:** FPD 1411

**Responsible Signature:** Stephanie Xiong  
**Date:** 1/19/19

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

---

FD-18 Revised 08-02-17
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA  95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Zumiez
ADDRESS: 4950 Pacific

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

BUSINESS OWNER: KENNETH CROSS
PHONE: (209) 472-7370

CELL PHONE: 
EMAIL ADDRESS: 711@storemail.zumiez.com

DATE OF INSPECTION: 3/4/2020
2nd Inspection Code Compliance

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

☐ See attached FD-18 B

☐ 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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CFC Sec. 105 Permit(s) Needed

Initial Inspection: ☑ No Hazards Noted ☐ Violation(s) Noted
Reinspection date:

Second Inspection: ☑ Violation(s) Corrected ☐ Violation(s) not Corrected
Reinspection date:

Third Inspection: ☑ Violation(s) Corrected ☐ Violation(s) not Corrected
Notify FPD date:

NOTES: Fire Extinguishers Dated Feb 2020, Exits OK, Exit Lights OK.

No Hazards Noted

14 Day Notice Issued

Inspector: V. Danier ID #: 29154
Unit: 
Shift: 
Contact Phone #: (209) 930 1497

Responsible Signature: [Signature]
Date: 3-4-2020

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 splices.
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.

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. (Haz Mat Areas)
3. Fire Extinguishers shall be properly mounted permanently on the wall.
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 protecting 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 tempering 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 fencing and not exceed 20 feet.
16. Storage is prohibited under exit stairs 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

REVENUE SERVICES DIVISION—BUSINESS LICENSE TAX

425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201
Phone (209) 937-8313 Fax (209) 937-7184
Email: bl@stocktonca.gov
www.stocktonca.gov

BUSINESS LICENSE TAX APPLICATION

NEW LIC. Number of Employees: Full Time 9 Part Time 5 Temporary 0 Square Footage 31,243
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 that 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 #701 Phone ( )
2. Business Address 4550 Pacific Ave. Ste/ Apt #317 City Stockton State CA Zip 95207
   (Cannot be PO Box per CA Bus & Prof Code Section 17538.5) (List address where each individual consent to receive service of process AB2184 Sec 1600)
3. Business Mailing Address 4001 20th St Sw Ste/ Apt # City Lynnwood State WA Zip 98036
   (If different from the service process address/Business address)
4. Business Email Address salesaudlt@zumiez.com
5. Business involved in renting residential or commercial real estate (Stockton only):
   Property Address
   Property Owner Parcel #
6. Detail 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. Estimated Monthly Gross Receipts in Stockton $ 70,000
9. Contractor's only: Project Amount CA Contractor's License #
   Classification Expiration 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)(B) 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's Inc. Corp/LLC/LP #

Names of Officers/Members

President: Chris Work (CEO) Secretary:

Vice President: Treasurer:

Authorized Agent: Evan Boudot Contact Phone # 425-551-1500

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 SM 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.

Owner/Authorized Signature

Title

Date

Owner/Authorized Signature

Title

Date

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.dsa.ca.gov/default.aspx.
- The Department of Rehabilitation at www.rehab.ca.gov/default.aspx.
- The California Commission on Disability Access at www.ccdab.ca.gov.

FOR OFFICE USE ONLY

Processed By:

Date:

Authorized Signature and Date

Registration Tax

Amount

State:

Zone:

Use:

Penalty

Prior Year(s) Taxes

**State Mandated Disability Access and Education Revolving Fund

Total Due

Expiration Date

PLEASE RETAIN A COPY FOR YOUR RECORDS

Revised 3/28/2019

Subject to inspection
## Inspection Topics:

### GENERAL INFORMATION

**Current Operational Fire Permit posted?**  
Current Operational Fire Permit shall be posted with other licenses and permits as required.  
**Status:** Yes  
**Notes:** Fire permits repair service garage, tire indoor storage on 1000 ft. High pile, stock

**Current Stockton Business License posted?**  
Current Stockton Business License shall be posted for current occupant.  
**Status:** Yes  
**Notes:** City business license 19 Dash 00107743 expires three 3/31/20

**Has contact information changed?**  
Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.  
**Status:** No  
**Notes:**

**Permit Type Required**  
CFC 105 - List all required Operational Fire Permits  
**Status:** PASS  
**Notes:** Tires Storage

### BUILDING INFORMATION

**Fire Sprinklers?**  
Confirm fire sprinklers have current annual and 5 year certification tags on each riser.  
**Status:** Approved  
**Notes:** Yes

### MISCELLANEOUS

**Other**  
CFC  
**Status:** Approved  
**Notes:** Required address front of building 18 inches white background black letters, both store and tire shop store  
Remove LPG tank in boiler room, corrected on site
RE-INSPECTION

Re-Inspection required:
If there are any corrections that need to be made, a re-inspection is required. Upon the second re-inspection, a fee for re-inspection will be charged.

Status: Approved
Notes: Reinspection is required

Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
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Notes: No Additional time recorded

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

Summary:

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<th>Overall Result:</th>
<th>Pending</th>
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</table>

<table>
<thead>
<tr>
<th>Inspector Notes:</th>
<th>South side exit door does not open</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Door lock - lock</td>
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</table>

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 an 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.

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414

Representative Signature:

Signature ____________________________ Date ____________________________