



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: K.O.

Date: 6-22-12

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

- ① Rafael Ortega
- ② Luis Dario Ortega
- ③ Melissa Ortega
- ④ Alma Ortega

2. Trade Name (dba): \_\_\_\_\_

3. Business Location: 3255 Washburn Way Klamath Falls OR 97601  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3255 Washburn Way Klamath Falls OR 97601  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 209-6746  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: EL Tapatio Bar and Grill

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Klamath County  
(name of city or county)

11. Contact person for this application: Luis Ortega (541) 8928999  
(name) (phone number(s))

1704 Worden Avenue \_\_\_\_\_  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

- ① X Rafael Ortega Date 6-1-12 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② X [Signature] Date 6-1-12 ③ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

<p>Application is being made for:</p> <p><b>LICENSE TYPES</b></p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____ <p><b>90-DAY AUTHORITY</b></p> <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority <p><b>APPLYING AS:</b></p> <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		<p><b>ACTIONS</b></p> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p>(name of city or county)</p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied <p>By: _____ (signature) _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p>
		<p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>K.O.</u></p> <p>Date: <u>6-21-12</u></p> <p>90-day authority: <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Catmint, Inc. ② \_\_\_\_\_  
 ③ \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): East Main Market
- Business Location: 802 E. Main Street Klamath Falls, Klamath, OR 97601  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: PO Box 61 Merrill, OR 97633  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541 274-1534  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: Jesus & Johnella Yuste Type of License: Off-Premises Sales
- Former Business Name: (same) East Main Market
- Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Klamath Falls  
(name of city or county)
- Contact person for this application: Mark Wilson 541-274-1534  
(name) (phone number(s))  
15775 Patricia Ln, PO Box 61, Merrill, OR mtkfwil@yahoo.com  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① Mark Wilson Date 6/18/12 ③ \_\_\_\_\_ Date \_\_\_\_\_

④ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

Received Time Jun. 22, 2012 11:41PM No. 5267



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: K. Siefkes

Date: 6/25/12

90-day authority:  Yes  No

### 90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Brian Dioguardi ③ BEND BARBEQUE, INC.

② Paige Dioguardi ④ \_\_\_\_\_

2. Trade Name (dba): Baldi's Barbeque

3. Business Location: 2670 NE Hwy 20<sup>ste</sup> 720 Bend Deschutes OR 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: \_\_\_\_\_  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-388-4227  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: Yoko's Sushi Bar

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Bend  
(name of city or county)

11. Contact person for this application: Paige Dioguardi 541-350-8518  
(name) (phone number(s))  
2333 NW Quinn Creek Loop paige@baldysbbq.com  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① [Signature] Date 6/12/12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 6/12/12 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

Full On-Premises Sales (\$402.60/yr)

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

Limited On-Premises Sales (\$202.60/yr)

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: \_\_\_\_\_

**ACTIONS**

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other \_\_\_\_\_

**90-DAY AUTHORITY**

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

**APPLYING AS:**

Limited Partnership

Corporation

Limited Liability Company

Individuals

P37548  
L163682

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_

(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

---

**OLCC USE ONLY**

Application Rec'd by: GR

Date: 6-25-12

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Ron Long LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): EL DORADO Mexican Grill and Cantina

3. Business Location: 8001 NE Glisan Portland Mult. OR 97231

(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8003 NE Glisan St B Portland OR 97231

(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-255-2407 208-377-0121

(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: Olympus Investments LLC Type of License: Full On-Premise

8. Former Business Name: EL Dorado Mexican Grill and Cantina

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Portland

(name of city or county)

11. Contact person for this application: Carolyn Long 208-230-2614

(name) (phone number(s))

8065 W. Innsbrook Ct, Boise 83704 208-377-0121 carolynlong02@yahoo.com

(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

**Applicant(s) Signature(s) and Date:**

① Ronnie Long Date 6-20-12 Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

**ACTIONS**

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

**90-DAY AUTHORITY**

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: OP

Date: 6-22-12

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Fred Meyer Stores Inc ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Fred Meyer Fuel #516

3. Business Location: 9815 SW Wilsonville Rd Wilsonville Clackamas OR 97070  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Kroger Business License PO Box 305103 Nashville TN 37230  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-682-3773  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Wilsonville  
(name of city or county)

11. Contact person for this application: Sherrie Saller 615-232-9629  
(name) (phone number(s))  
PO Box 305103 Nashville TN 37230 sherrie.saller@kroger.com  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① David Deather Date 6/6/12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_











OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

**ACTIONS**

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other Second Location

P49125  
L163835

**90-DAY AUTHORITY**

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: PR

Date: 6-25-12

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

- ① Michael Claypool ③
- ② Clay Pigeon Winery LLC ④

2. Trade Name (dba): Clay Pigeon Winery LLC

3. Business Location: 915 SE Oak St Portland Mult. OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: \_\_\_\_\_  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 917-776-6208 503-954-1705  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes  No Name: Sasha Davies  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Portland  
(name of city or county)

11. Contact person for this application: Michael Claypool 917-776-6208  
(name) (phone number(s))  
5935 N. Concord Ave, Portland michael@claypigeonwinery.co  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 6/2 ③ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 97A

*Palde  
L157275*

### 90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: JP

Date: 6-25-12

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

- ① Webb Entertainment LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Pitiful Princess

3. Business Location: 12646 SE Division Port Mult OR 97236  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8000 SE Foster Port OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 954-1019  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: Pitiful Princess Gentlemen's Club Inc Type of License: Full on premises

8. Former Business Name: Pitiful Princess Gentlemen's Club Inc

9. Will you have a manager?  Yes  No Name: Virginia Grive (current manager)  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Portland Mult  
(name of city or county)

11. Contact person for this application: Houston Webb 971-678-6106  
(name) (phone number(s))

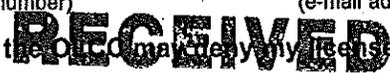
25049 SE Wallens Rd Estacada OR 97023  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/16/12 ③ JUN 25 2012 Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ **REGULATORY FIELD SERVICES** Date \_\_\_\_\_



Oregon Liquor Control Commission











# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other change locn

*location change effective 9/1/2012  
From 130 Monroe*

### 90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: OLCC

Date: 6/26/2012 COU

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

- ① The Trappist Monks of Guadalupe, Inc. ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Northwest Wines to You

3. Business Location: 141 South Pine Street Carlton Yamhill OR 97111  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 97 Lafayette OR 97127  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-852-0104, option 1 603-852-7748  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: Scott Paul Wines Oregon, LLC Type of License: winery

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes  No Name: Rebecca Shouldis  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Carlton  
(name of city or county)

11. Contact person for this application: Dianne Belgard 503-852-0104, option 1  
(name) (phone number(s))  
PO Box 97, Lafayette OR 97127 503-852-7748 dianne@trappistabbey.org  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① *Richard Kayton* Date 6/27/12 ② \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ③ \_\_\_\_\_ JUN 15 2012 Date

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

P49587  
L169371

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_ (name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-27-12

90-day authority:  Yes  No

### 90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

- ① Luis E. Hernandez
- ② Alfredo Cruz Villeda
- ③ Salon Q LLC
- ④ \_\_\_\_\_

2. Trade Name (dba): Salon Q LLC

3. Business Location: 345 SW 17th Ave Hillsboro Washington OR 97123  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2354 NW schmidt way 91 Beaverton OR 97123 97006  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (971) 344-4307  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: Salon Q LLC Type of License: Limited On-premises Sales

8. Former Business Name: Salon Q LLC

9. Will you have a manager?  Yes  No Name: Luis E. Hernandez  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Hillsboro  
(name of city or county)

11. Contact person for this application: Luis E. Hernandez (971) 344-4307  
(name) (phone number(s))  
20876 SW Gracie St. Beaverton OR 97006  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 6-24-12 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② [Signature] Date 6-24-12 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: JP

Date: 6-27-12

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

- ① JBPSU, LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name, (dba): Joe's Burgers

3. Business Location: 540 SW College St. Portland Multnomah OR 97201  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4439 SW Beaverton-Hillsdale Hwy. Portland, OR 97221  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-892-6686 503-892-6409  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes  No Name: Joseph Rapport  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Portland  
(name of city or county)

11. Contact person for this application: Joseph Rapport 503-892-6686  
(name) (phone number(s))  
4439 SW Beaverton-Hillsdale Hwy. Portland, OR 97221 joe@joesburge  
(address) (fax number) (e-mail address) Co1

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 6/20/12 ③ [Signature] Date 6/20/12  
 ② [Signature] Date 6-20-12 ④ \_\_\_\_\_ Date \_\_\_\_\_





OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b>	<b>ACTIONS</b>
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____
<input type="checkbox"/> Private Club	
<input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)	
<input type="checkbox"/> with Fuel Pumps	
<input type="checkbox"/> Brewery Public House (\$252.60)	
<input type="checkbox"/> Winery (\$250/yr)	
<input type="checkbox"/> Other: _____	

**90-DAY AUTHORITY**  
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

**APPLYING AS:**  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

Granted     Denied

By: \_\_\_\_\_ (signature)    \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: PK Motter

Date: 6/27/12

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Tom and Johnny's LLC    ② \_\_\_\_\_

③ \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): Tom and Johnny's

3. Business Location: 471 South A Street, Suite A    Springfield    Lane    OR    97477  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)

4. Business Mailing Address: 471 South A Street, Suite A    Springfield    OR    97477  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)

5. Business Numbers:    541-357-5022    541-654-5479  
(phone)    (fax)

6. Is the business at this location currently licensed by OLCC?  Yes     No

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes     No    Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Springfield  
(name of city or county)

11. Contact person for this application: Thomas G. Knight    541-870-0334  
(name)    (phone number(s))  
471 South A Street, Suite A, Springfield, OR 97477    541-654-5479    thomas.g.knight@gmail.com  
(address)    (fax number)    (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① [Signature]    Date 6/26/12    ③ \_\_\_\_\_    Date \_\_\_\_\_

④ \_\_\_\_\_    Date \_\_\_\_\_    ④ \_\_\_\_\_    Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input checked="" type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature)    _____ (date) Name: _____ Title: _____
<b>90-DAY AUTHORITY</b> <input type="checkbox"/> Check here if you are applying for a change of ownership of a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>K Seifkes</u> Date: <u>6/28/12</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*Will become primary*

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① BREW WERKS BREWING, LLC ② \_\_\_\_\_  
 ② \_\_\_\_\_ ① \_\_\_\_\_

2. Trade Name (dba): Brew Werks Brewing

3. Business Location: 20750 HIGH DESERT LAKE BEND DESCHUTES OR 97701  
(number, street, rural route) (city) (state) (ZIP code)

4. Business Mailing Address: 20750 HIGH DESERT LN BEND OR 97701  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.633.9055  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: 10 BARREL BREWING Type of License: BP

8. Former Business Name: 10 BARREL BREWING

9. Will you have a manager?  Yes  No Name: David Love  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? CITY OF BEND  
(name of city or county)

11. Contact person for this application: DAVID LOVE 541.633.9055  
(name) (phone number(s))  
2907 NE MAREA DR BEND OR 97701 BREWWERKS BREWING CO @ GMAIL.COM  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:  
 ① [Signature] Date 5/14/12 ② [Signature] Date 5/28/2012  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_







