



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

<p>Application is being made for:</p> <p>LICENSE TYPES</p> <p><input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p>90-DAY AUTHORITY</p> <p><input 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> <p>APPLYING AS:</p> <p><input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals</p>	<p style="text-align: center;">ACTIONS</p> <p><input checked="" type="checkbox"/> Change Ownership</p> <p><input checked="" type="checkbox"/> New Outlet</p> <p><input type="checkbox"/> Greater Privilege</p> <p><input type="checkbox"/> Additional Privilege</p> <p><input type="checkbox"/> Other _____</p>
<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p style="text-align: center;">(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ (signature) _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p>	
<p style="text-align: center;">OLCC USE ONLY</p> <p>Application Rec'd by: <u>J. Smother</u></p> <p>Date: <u>8/1/12</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
- ① CHOI, DON JEON ③ _____
- ② _____ ④ _____
2. Trade Name (dba): CAFE CARPE DIEM
3. Business Location: 1249 Alder St. Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1249 Alder St. Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: _____
(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: Ron's Island 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? Eugene
(name of city or county)
11. Contact person for this application: Choi, Don Jeon 541-206-7171
(name) (phone number(s))
3310 Saint Croix St. djchoius@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 *Don Choi* Date Jul 31, 2012 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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: OLCC

Date: 7/21/2012

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 Huntington Hill Vineyards LLC

② _____ ④ _____

2. Trade Name (dba): Huntington Hill Vineyards

3. Business Location: 801 N. Scott Carlton Yamhill OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4585 SW Trail Road, Tualatin, OR 97062
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 650-307-6900
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes

7. If yes to whom: Carlton Winemaker Studio Type of License: WY

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? Yamhill, Carlton
(name of city or county)

11. Contact person for this application: Clent Richardson 650.307.6900
(name) (phone number(s))
4585 SW Trail Road, Tualatin, OR 97062 clent@huntingtonhill.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 6/28/12 ③ _____
② _____ Date _____ ④ _____
RECEIVED
OREGON LIQUOR CONTROL COMMISSION
Date JUL 25 2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

OREGON LIQUOR CONTROL COMMISSION
MEDFORD REGIONAL OFFICE

2012 9 1 11

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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 - Private Club
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- 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 **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: 8/1/12

90-day authority: Yes No

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

① Grants Pass Bowling Center, Inc. ② _____

③ _____ ④ _____

2. Trade Name (dba): Showtime Family Lanes

3. Business Location: 2318 NW Vine St. Grants Pass Josephine OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541 476-0871 or 541 761-1359
(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: Same

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

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

11. Contact person for this application: Kevin Croucher 541 761-1359
(name) (phone number(s))
1230 Rogue River Hwy, Grants Pass, OR 541 472-9629 kcrouc300@charter.net
(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 7/18/12 ② _____ Date _____
③ [Signature] Date 7/18/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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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: [Signature]

Date: 8-1-12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ~~Sherri Lumijarvi, President~~ ③ ~~Jeff Lumijarvi, Secretary~~
 - ~~Pebbles Lumijarvi, VP~~ ④ Flowers + Fluff Inc
- Trade Name (dba): Flowers n Fluff
- Business Location: 45 E Columbia River Hwy Clatskanie, Columbia, OR 97016
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 45 E Col. Riv Hwy Clatskanie OR 97016
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 728 4222 (phone) n/a (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- 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? City of Clatskanie
(name of city or county)
- Contact person for this application: Sherri Lumijarvi 1-503 308 2454
(name) (phone number(s))
45 E Col Riv Hwy Clatskanie OR clatskaniefloversnfluff@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 Sherri Lumijarvi Date 4/5/12 ③ Jeff P Lumijarvi Date 6/5/12

② Pebbles lii Date 6/5/12 ④ _____ Date _____

RECEIVED
JUN 22 2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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- Private Club
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- 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 CIN

L 172458

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: [Signature]

Date: 8-2-12

90-day authority: Yes No

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

- ① C&K Market, Inc ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Ray's Food Place #80

3. Business Location: 1740 Main Street Philomath Benton OR 97370
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 615 5th Street Brookings OR 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Corp Office: 541-469-3113 ph 541-469-6717 fx Store: 541-929-6897 ph
(phone) (fax)

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

7. If yes to whom: Philomath Foods Inc. Type of License: Off-Premises Sales

8. Former Business Name: Philomath Thriftway

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

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

11. Contact person for this application: Rebecca Olson 541-469-3113 x3529
(name) (phone number(s))
C&K Market Inc 615 5th Street, Brookings, OR 97415 541-469-6717
(address) (fax number) becky.olsen@ckmarket.com
(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 7/18/2012 ③ _____ Date _____
President/CEO
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

173601

Section 1: Complete This Section For All Requests	1. Licensee Name(s): <u>Gin Sun Inc</u> <small>(as currently licensed)</small> <u>Europa LLC</u>
	2. Trade Name (dba): <u>Celebrities Parkway Grill</u> Type of License: <u>Full on Premise Sales</u> <small>(current business name)</small> <small>(O, L, F, etc.)</small>
	3. Business Address: <u>20725 NE Sandy Blvd Fairview OR 97024</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	4. Mailing Address: <u>Same as above</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	5. Telephone Number: <u>503 666 2027</u> <u>360 521 5545</u> <small>(business)</small> <small>(home)</small>
	6. Check here for a duplicate license certificate <input checked="" type="checkbox"/>

Section 2: Change of Trade Name	New Trade Name (dba): _____
---	-----------------------------

Section 3: Change of Legal Name	1. New Name: _____ 2. Date of Name Change: _____ 3. Attach a signed copy of legal document(s).
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RECEIVED

Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: _____ 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
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AUG 01 2012
REGULATORY FIELD SERVICES
Oregon Liquor Control Commission

Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): <u>Europa LLC</u> 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s) showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: Lily Choi Title: owner

Licensee Signature: Lily Choi Date: 7/28/12



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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
LOCATION

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

(signature)

(date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 7/31/2012 (CO)

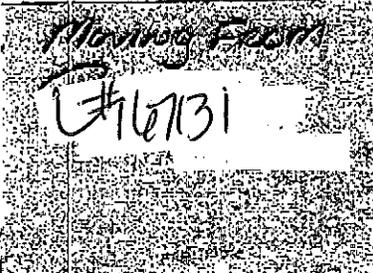
90-day authority: Yes No

90-DAY AUTHORITY

Check here if you are applying for a change that has a current liquor license, or if you are a 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 Moore Family Enterprises LLC ② _____
- ③ _____ ④ _____

2. Trade Name (dba): Omero Cellars

3. Business Location: 801 N Scott St Carlton Yamhill OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19486 NE Ribbon Ridge Rd Newberg OR 97132
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-537-2638 503-217-1165
(phone) (fax)

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

7. If yes to whom: Carlton Winemaker Studio Type of License: Winery

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: David Moore
(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: David Moore 971-832-0003
(name) (phone number(s))
19486 NE Ribbon Ridge Rd, Newberg, OR 97132 503-217-1165 david@omerozellars.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 7/17/12 ② _____ Date _____
- ③ _____ Date _____ ④ _____ Date _____



SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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: [Signature]

Date: 8-1-12

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 BEAU BREEDLOVE ③ _____

② VIE RESTAURANT LLC ④ _____

2. Trade Name (dba): VIE

3. Business Location: 0315 SW Montgomery St #150 Portland Multnomah OR 97201
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 922 NW 11th Ave #6000 Portland OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-706-4142
(phone) (fax)

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

7. If yes to whom: _____ Type of License: lic exp 6/30/11

8. Former Business Name: Sadie's Place

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

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

11. Contact person for this application: BEAU BREEDLOVE 503 706 4142
(name) (phone number(s))
922 NW 11th Ave #6000, Portland OR 97209 info@viepdx.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.

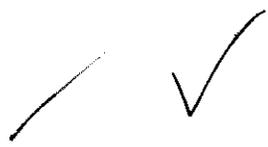
Applicant(s) Signature(s) and Date:

① [Signature] Date 7/30/12 ③ _____ Date _____

② [Signature] Date 7/30/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

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- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

P38288
L163451

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: [Signature]

Date: 8-1-12

90-day authority: Yes No

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

① DMK GROUP LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Miss Delta

3. Business Location: 3950 Mississippi Ave Portland OR 97227
(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: 503 287 7629
(phone) (fax)

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

7. If yes to whom: Kittama Tol Type of License: Full Premises License

8. Former Business Name: Miss Delta

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, OR
(name of city or county)

11. Contact person for this application: Nicklaus Weitz 503 758 3068
(name) (phone number(s))
27318 NE 10th Ave Ridgefield WA 98642 nick_weitz@yahoo.com
(address) (fax number) (e-mail address)
nweitz@gmail.com

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 Nicklaus Weitz Date 7/30/12 ③ _____ Date _____
② [Signature] Date 7.31.12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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: David Green

Date: 8/1/12

90-day authority: Yes No

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

① Oregon Honey Products LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Nectar Creek Honeywine

3. Business Location: 33848 Eastgate Circle Corvallis Linn Oregon 97333
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1143 Westhills Place Corvallis Oregon 97333
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 760 1343
(phone) (fax)

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

7. If yes to whom: 2 Towns Ciderhouse Type of License: Winery

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? Linn County
(name of city or county)

11. Contact person for this application: Phillip Lorenz
(name) (phone number(s))
1143 Westhills Place Corvallis, OR 97333 lorenz.phillip@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 5/28/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for: LICENSE TYPES <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 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: _____		ACTIONS <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 _____	CITY AND COUNTY USE ONLY 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: _____
90-DAY AUTHORITY <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		OLCC USE ONLY Application Rec'd by: <u>Greg Gray</u> Date: <u>7/31/12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals			

160709

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Southern Oregon ELMERS, LLC ② _____
 ③ _____ ④ _____
- Trade Name (dba): MEDFORD COFFEE COMPANY #9
- Business Location: 973 MEDFORD CENTER MEDFORD JACKSON OREGON 97504
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 858 NE A ST. GRANT'S PASS OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541 955-9506 541 474-0194
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: DABO FOODS LLC Type of License: LIMITED ON-PREMISES
- Former Business Name: N/A
- Will you have a manager? Yes No Name: N/A
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? CITY OF MEDFORD
(name of city or county)
- Contact person for this application: DAVE THOMASON 541 441-1366
(name) (phone number(s))
858 NE A ST GRANT'S PASS OR 97526 541 474-0194 dave@southernoregonalmecc.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 Dave Thomason Date 7/29/12 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 _____

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

140711

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: _____

Date: _____

90-day authority: Yes No

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

① Southern Oregon Elmers LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): MARIO'S SANDWICHES #4

3. Business Location: 4111 S. 16th St. KLAMATH FALLS KLAMATH OREGON 97603
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 858 NE A ST. GRANTS PASS OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 955-9506 541 474-0194
(phone) (fax)

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

7. If yes to whom: DABO FOODS LLC Type of License: LIMITED ON-PREMISES

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: N/A
(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: DAVE THOMASON 541 441-1366
(name) (phone number(s))

858 NE A ST GRANTS PASS OR 97526 541 474-0194 dave@southernoregonelmers.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 Dave Thomason Date 7/24/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES <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 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: _____	ACTIONS <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 _____	Date application received: _____	
90-DAY AUTHORITY <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		The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		OLCC USE ONLY Application Rec'd by: <u>ang</u> Date: <u>7/31/12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Southern Oregon ELMERS LLC ② _____
 ③ _____ ④ _____
2. Trade Name (dba): MARIO'S SANDWICHES #1
3. Business Location: 721 N. MAIN ST. #D4 PHOENIX JACKSON OREGON 97535
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 858 NE A ST. GRANTS PASS OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541 955-7506 541 474-0194
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: DABO FOODS LLC Type of License: LIMITED ON-PREMISES
8. Former Business Name: N/A
9. Will you have a manager? Yes No Name: N/A
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? CITY OF PHOENIX
(name of city or county)
11. Contact person for this application: DAVE THOMASON 541 441-1366
(name) (phone number(s))
858 NE A ST GRANTS PASS OR 97526 541 474-0194 dave@southernoregonelmers.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 Dave Thomason Date 7/24/12 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 _____

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: 7/31/2012 COU

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① AURORA COLONY VINEYARDS, LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): AURORA COLONY VINEYARDS
- Business Location: 1836 SNE FAIRVIEW LANE, DUNDEE YAMHILL OR 97115
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 4248 GALEWOOD ST, LAKE OSWEGO, OR 97035
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-675-4308 503-675-4301
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: TORII MOR WINERY Type of License: WINERY
- Former Business Name: _____
- 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? YAMHILL COUNTY
(name of city or county)
- Contact person for this application: John MOORE 503-675-4308
(name) (phone number(s))
4248 Galewood St, Lake Oswego, OR 97035 - johncmaore@Eschelon.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) Signatures and Date:

① [Signature] Date 7/25/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date JUL 31 2012

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 Chg To Name

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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: M. McClain

Date: 7-31-12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Ketrakul Damronkthum Thai Corner Cuisine ③
 - LLC ④
- Trade Name (dba): Thai Corner Cuisine LLC
- Business Location: 1109 SW 1st Avenue, Suite A Canby Clackamas OR 97013
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1109 SW 1st Avenue, Suite A Canby OR 97013
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Dena Stein Hot Chicks Bento LLC Type of License: Limited On-Premises Sales
- Former Business Name: Hot Chicks Bento LLC
- 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? _____
(name of city or county)
- Contact person for this application: Ketrakul Damronkthum 360-977-2398
(name) (phone number(s))
305 NE 63rd, Unit 6 Vancouver, WA 98665 hellboy10.000@me.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 Ketrakul Date 7/30/12 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 _____

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: M. Zellan

Date: 7-31-12

90-day authority: Yes No

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

① Oswaldo Bibiano ③ _____

② Autenica, Inc. ④ _____

2. Trade Name (dba): UNO MAS

3. Business Location: 2337 NE Glisan St. Portland Multnomah OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2337 NE Glisan St. Portland OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 327-6282
(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: Evelia Niño-Medrano
(manager must fill out an Individual History form)

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

11. Contact person for this application: Oswaldo Bibiano (503) 327-6282
(name) (phone number(s))
2610 NE Saratoga St. Oswaldo_37@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 [Signature] Date 7-30-12 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 _____

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: 7-30-12

Date: M. LeClair

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 Radar Restaurant LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Radar

3. Business Location: 3951 N Mississippi Avenue Portland Multnomah OR 97227
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3951 N Mississippi Avenue Portland OR 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 347-497-1313 n/a
(phone) (fax)

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

7. If yes to whom: n/a Type of License: n/a

8. Former Business Name: n/a

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? City of Portland
(name of city or county)

11. Contact person for this application: Lily Tollefsen 347-497-1313
(name) (phone number(s))
2725 NE 50th Avenue Portland, OR 97213 n/a lilytollefsen@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 7/25/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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: 7/30/12

90-day authority: Yes No

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

* 17360

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

① AUSTIN TIDWELL FUN ONE, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): 101 BAR AND GRILL

3. Business Location: 98141 W. BENHAM LANE, BROOKINGS CURRY OREGON 97415
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. BOX 363 BROOKINGS OREGON 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-469-0637 541-469-5657
(phone) (fax)

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

7. If yes to whom: BLOWIN UP LLC Type of License: FULL ON PREMISES

8. Former Business Name: 101 BAR AND GRILL

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

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

11. Contact person for this application: AUSTIN TIDWELL 541-254-0505
(name) (phone number(s))
BOX 363, 98093 MERRILL LANE, BROOKINGS, OR 541-469-5657 austin@101-auto.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 07/26/2012 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Finney Please call Suzette @ 659-3236 when returned ✓

RECEIVED

Application is being made for:

JUL 10 2012

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 OF LOCATION

165251

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

Grants Pass
(name of city or county)

recommends that this license be:

Granted Denied

By: [Signature] 7/11/12
(signature) (date)

Name: _____

Title: Chief of Police

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7/30/12

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 Zhu Management, Inc

② _____ ④ _____

2. Trade Name (dba): Gooseberries Real Food Market

3. Business Location: 1201 Redwood Ave Grants Pass Os. phone OR 97527
(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: 541-471-2700 541-471-2757
(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: Gooseberries

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

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

11. Contact person for this application: Michelle Storm 541-471-2700
(name) (phone number(s))
13008 Kellenbeck Ave Michelle@gbberries.net
(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 M. Storm Date 7-2-12 Date _____

② _____ Date _____ ③ _____ 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 91N

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?

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: M. Lelland

Date: 7-27-12

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 The Office LLC
- ② ~~Headhunter Holdings LLC (owner)~~
- ③ ~~Shawn Carey (owner)~~
- ④ _____

2. Trade Name (dba): The Office

3. Business Location: 6900 N Interstate Portland Mult. OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 880 1038
(phone) (fax)

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

7. If yes to whom: Alicia Dewey ← Type of License: Full On Premise

8. Former Business Name: Corvus Corone, LLC - tradename: The Saratoga

9. Will you have a manager? Yes No Name: N/A
(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: Shawn Carey
(name) 503 880 1038
(address) (phone number(s)) 6900 N Interstate
(address) (fax number) cypress.management@comcast.net
(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 7/24/12 ③ _____ Date _____
- ② [Signature] Manager of Headhunter Date 7/26/12 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 _____

L 172200
P 5285

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: M. LeClair

Date: 7.27-12

90-day authority: Yes No

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

① 77 Lions LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Rileys Pub

3. Business Location: 5836 SE 92nd Portland Mult. OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4603 SE 160th Ave Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-358-4987
(phone) (fax)

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

7. If yes to whom: Philip & Kathleen Barnes Type of License: Full On-Premise

8. Former Business Name: Rileys Pub

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? MULT / PORTLAND
(name of city or county)

11. Contact person for this application: Erin Wagner 503 358 4987
(name) (phone number(s))
4603 SE 160th Ave Portland 97206 n/a thelionspub@ 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 7/25/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <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 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: _____	ACTIONS <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 _____
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P 35-195*

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 M. DeClaw

Date: 7-27-12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - PACIFIC BREEZE, INC. ③ _____
 - _____ ④ _____
- Trade Name (dba): PACIFIC BREEZE
- Business Location: 11525 SW DURHAM RD, #D3-DS TIGARD WASHINGTON OR 97224
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 11525 SW DURHAM RD, #D3-DS TIGARD OR 97224
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503.639.7988 503.639.7908
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: PACIFIC BREEZE, INC. Type of License: LIMITED ON-PREMISES SALES
- Former Business Name: PACIFIC BREEZE
- Will you have a manager? Yes No Name: HA DOAN
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? TIGARD WASHINGTON
(name of city or county)
- Contact person for this application: TONY SONG 503.888.8742
(name) (phone number(s))
2441 SE 158TH AVE PORTLAND OR 97236 _____
(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 HA Doan Date: 7/27/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

TAN / Full ✓

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: [Signature]

Date: 7-27-12

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

P26984
L16778

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

- ① Andre M. Jehan ③ Andre Grande, Inc
- ② _____ ④ _____

2. Trade Name (dba): Andre Grande, Inc - Pizza Schmizza Tanasbourne

3. Business Location: 18021 NW Evergreen Pkwy #B/C Beaverton OR
(number, street, rural route) (city) (county) (state) Hillsboro 97006

4. Business Mailing Address: PO Box 958 Hillsboro OR 97123
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 320-8899 (A. Jehan) Acctg (503) 899-9187
(phone) (fax) (971) 327-2710

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

7. If yes to whom: same: Andre M. Jehan Type of License: Limited on-Premises

8. Former Business Name: same

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

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

11. Contact person for this application: Andre M. Jehan (503) 320-8899
(name) (phone number(s))
4155 NW 192nd Ave Portland (971) 327-2710 Schmizzagod@aol.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:

[Signature] Date 7-26-12 Date _____
Date _____ 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 _____

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: *DR*

Date: 7-26-12

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 El Burrito Azteca, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): El Burrito Azteca

3. Business Location: 1944 N Rosa Parks Way Portland Multnomah OR 97217
(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: (503)841-6667 _____
(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: Mario Miranda Segovia
(manager must fill out an Individual History form)

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

11. Contact person for this application: Diana Maya Correa _____
(name) (phone number(s))
1944 N Rosa Parks Way Portland OR 97217 _____
(address) (fax number) maya-diana@live.com
(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 * Diana Maya Correa Date Jul 24/12 Date _____
② *[Signature]* Date Jul 24/12 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 CHANGE
- LOCATION NOT PRESENTLY LICENSED*

*Padlock
170630
170631*

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: Patty Rhodes

Date: 7-24-12

90-day authority: Yes No

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

① THE JOSEPH'S INC ③ _____

② _____ ④ _____

2. Trade Name (dba): JOSEPH'S DECI

3. Business Location: 11120 NE HALSEY (number, street, rural route) PORTLAND (city) MULTNOMAH (county) OR (state) 97220 (ZIP code)

4. Business Mailing Address: 3807 SE 154th Ct (PO box, number, street, rural route) WANVOUVER WA (city) WA (state) 98683 (ZIP code)

5. Business Numbers: (503) 789-0684 (phone) (503) 262-8517 (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? PORTLAND (name of city or county)

11. Contact person for this application: MAL JOSEPH JR (name) (503) 789-0684 (phone number(s))

3807 SE 154th Ct (address) (503) 262-8517 (fax number) AAE965@AOC.COM (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: _____ Date 7/24/12 ③ _____ Date _____

① [Signature] _____ Date _____ ④ _____ Date _____

② _____ 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: 7-26-12

90-day authority: Yes No

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

① Federico Rivera ③ _____

② Alberto Rodriguez ④ _____

2. Trade Name (dba): Los Lagos Mexican Restaurant

3. Business Location: 1075 SE Baseline St Hillsboro OR 97123
(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: (503) 747-6844 N/A
(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: Los Lagos Mexican Restaurant

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? Washington County
(name of city or county)

11. Contact person for this application: Federico Rivera (503) 817-7987
(name) (phone number(s))

1155 SW 183 Rd EL BEAVERTON, OR, 97006 N/A DAICVRRGL@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 Federico Rivera Date 7/9/12 ③ JUL 25 2012 Date _____

Alberto Rodriguez Date _____ ④ _____ Date _____

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES	ACTIONS
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership
<input checked="" type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet
<input checked="" 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 type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input 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 checked="" type="checkbox"/> Other: <u>Beer & Wine Delivery Only</u>	

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 Siefkes
Date: 7/26/12
90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① R.R.R.O.R.#2 LLC ③ _____
② R.R.R.O.R.#1, Limited Liability Company
- Trade Name (dba): Red Rooster Restaurants
- Business Location: 1857 NW 1st St Redmond OR 97156
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: Same
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-536-7259
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: Chloe Restaurant
- Will you have a manager? Yes No Name: Kim Kuivasa
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Redmond Oregon
(name of city or county)
- Contact person for this application: Kim Kuivasa 541-788-9820
(name) (phone number(s))
1655 New Henry Pl Redmond OR KKUIAVA@yahw.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 4/17/12 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 _____

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 Siefkes

Date: 7/24/12

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① HOPKINS ENTERPRISE, LLC ③ _____
 ② _____ ④ _____
2. Trade Name (dba): ECO BOUTIQUE & WINE TASTING ROOM
3. Business Location: 905 SE 3rd ST BEND DES OR 97702
 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 3289 Pee Wee Ct BEND OR 97701
 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541 241 4790 NA
 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: NA Type of License: NA
8. Former Business Name: NA
9. Will you have a manager? Yes No Name: Paulina Hopkins
 (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? BEND, DESCHUTES
 (name of city or county)
11. Contact person for this application: Paulina Hopkins 541 241 4790 cell
 (name) (phone number(s))
3289 Pee Wee Ct Bend OR 97701 PCGH@live.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 Paulina Hopkins Date 6.12.12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

X

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: McGill

Date: 7/23/12

90-day authority: Yes No

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

① DIN DIN LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): din din

3. Business Location: 920 NE Glisan Street, First Floor Portland Multnomah OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 920 NE Glisan Street, First Floor Portland OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-544-1350 N/A
(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: Courtney Sproule
(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: Courtney Sproule 971-544-1350
(name) (phone number(s))
900 NE 81st Avenue #114 Portland, OR 97213 N/A courtney@dindinportland.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 6/15/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

X

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: [Signature]

Date: 7/19/12

90-day authority: Yes No

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

① Raven & Rose, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Raven & Rose

3. Business Location: 1331 SW Broadway, Portland, Multnomah County, OR, 97201
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3271 Arden Rd., Hayward, CA, 94545
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____ (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? City of Portland
(name of city or county)

11. Contact person for this application: Lisa Mygrant 510-719-6680
(name) (phone number(s))
15107 NE 117th Cir, Vancouver, WA, 98682 360-314-2002 lisa@ravenandrosepdx.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 7/19/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

