

RECEIVED

FEB 13 2014



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

PLEASE PRINT OR TYPE

Application is being made for:		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 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:		The city council or county commission: (name of city or county) recommends that this license be: Granted <input type="checkbox"/> Denied <input type="checkbox"/>	
ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other: <u>Make Location</u>		By: _____ (signature) _____ (date) Name: _____ Title: _____	
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>ay</u> Date: <u>2/18/14</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

① Frank n Steve's Monster Growlers LLC

② _____

2. Trade Name (dba): Frank n Steve's Monster Growlers

3. Business Location: 950 SE 6th 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: 541-450-3980
(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: N/A

9. Will you have a manager? Yes No Name: Frank Male
(manager must fill out an individual history form)

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

11. Contact person for this application: Frank Male 541-450-3980
(name) (phone number)

2124 Sleepy Hollow Loop, Grants Pass, OR 97527
(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 2-1-14 ① _____ Date _____

② _____ Date 2-1-14 ① _____ Date _____

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" 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 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 checked="" type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	
90-DAY AUTHORITY <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 For Limited On-Premises Only APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		Date application received: _____ The City Council or County Commission: <u>Baker City</u> <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature)</small> <small>(date)</small> Name: _____ Title: _____	
		OLCC USE ONLY Application Rec'd by: <u>J. Marquardt</u> Date: <u>Feb. 19, 2014</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Expires <u>May 20, 2014</u>	

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① The Lone Pine Cafe, LLC.
 ② _____ ③ _____
2. Trade Name (dba): The Lone Pine
3. Business Location: 1825 Main St. Baker City Baker County OR 97814
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1825 Main St. Baker City OREGON 97814
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503/528 2810
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Molly Regsdale Type of License: limited on-premises
8. Former Business Name: Chameleon Cafe
9. Will you have a manager? Yes No Name: AARON SCHIERMAN
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Baker County
(name of city or county)
11. Contact person for this application: Aaron Schierman 503/528.2810
(name) (phone number(s))
1825 Main St Baker City, OR 97814 thelonepinecafe@gmail
(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 11/6/13 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

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 _____

RECEIVED

JAN 31 2014

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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: CMG

Date: 2/11/14

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 Jijing Wu Inc. ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Toyko

3. Business Location: 144 SE 7 St. bp joeshipe. OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 120 SW 14 St. Grants Pass OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 778 1450 (phone) (741) 218 3488 (fax)

6. Is the business at this location currently licensed by OLCC? Yes No W30

7. If yes to whom: China Buffet Type of License: limited sale

8. Former Business Name: China Buffet

9. Will you have a manager? Yes No Name: Wu Jijing *CP mgdpeera Bulvaleet
(manager must fill out an Individual History form)

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

11. Contact person for this application: Wu Jijing (name)
934 NW Valley View Dr. (address) 541 778 1450 (phone number(s))
bulvaleet@yahoo.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 J Wu Date 1/21/14 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
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 - 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 OLCC

P 283
196938
196935 196934

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: Kat Hand

Date: 2-18-14

90-day authority: Yes No

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

- ① Warren Technology Center, LLC. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Historic Springdale Pub & Eatery

3. Business Location: 32302 E Columbia River Highway Corbett Multnomah Oregon 97019
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 840 Estacada Oregon 97023
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-695-2676 (phone) (fax)

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

7. If yes to whom: Springdale Pub, LLC Type of License: Full on, Limited on, off premise

8. Former Business Name: Historic Springdale Pub & Eatery

9. Will you have a manager? Yes No Name: Jim Warren
(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: Jim Warren 503-502-6333
(name) (phone number(s))
PO Box 840 Estacada, Or 97023 503-630-6824 jimw@cascadeaccess.com
(address) (fax number) (e-mail address)

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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 2-6-14 ③ FEB 18 2014 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 CITA

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

244611
482076

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: CM

Date: 2/14/14

90-day authority: Yes No

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

① ~~Uriel Estrada~~ ③ ~~El Rancho to Alegre~~

② ~~Alicia Estrada~~ ④ ~~JMC~~

2. Trade Name (dba): El Rancho Alegre

3. Business Location: 4265 SW Cedar Hills Blvd Beaverton OR 97005

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

4. Business Mailing Address: 4265 SW Cedar Hills Blvd Beaverton, OR 97005

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

5. Business Numbers: 503-641-8985 503-619-0033

(phone) (fax)

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

7. If yes to whom: Salsa Market INC Type of License: OFF-

8. Former Business Name: Salsa Market

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

(manager must fill out an

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

(name)

11. Contact person for this application: Uriel Estrada 503 0485

(name) (pl) (number(s))

4265 SW Cedar Hills Beaverton OR 97005 503-619-0033

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

laretto - add "SW" to 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 Uriel Estrada Date 2-12-14 Date _____

② Alicia Estrada Date 2/12/14 Date FEB 14 2014

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

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

Rec'd by Portland
Liquor Licenses

FEB 12 2014

PD: 100⁰⁰ MS
3340

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: 2/13/14

90-day authority: Yes No

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

- ① KOI D STREET INC. _____ ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Koi Fusion

3. Business Location: 3040 SE Division St. Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8174 SW Durham Rd. Portland OR 97224
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 997 6654
(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: TBD
(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: Boáz Kwon 503.997.6654
(name) (phone number(s))
8174 SW Durham Rd. Portland, OR 97224 503.213.5860 koifusionpdx@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 2/12/14 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

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

P205
L187067

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: 2-13-14

90-day authority: Yes No

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

① WHITNEY BROTHERS, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): MAGIC INN

3. Business Location: 619 SE 122 PORTLAND MULT. OR 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 620 NE KELLY AVE. GRESHAM OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 661 1552 CELL 503 314 5811 503 661 1552
(phone) (fax)

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

7. If yes to whom: MAGIC INN POLAR RING LLC Type of license: FULL-ON-PREMISES

8. Former Business Name: Magic Inn

9. Will you have a manager? Yes No Name: STEVEN J. HOPKINS
(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: STEVEN J HOPKINS 503 661 1552
(name) (phone number(s))
620 NE KELLY GRESHAM OR 97030 503 661 1552 stevehopkins@prodigy.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 Steven Hopkins Date 1-20-14 ③ **RECEIVED** 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 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 checked="" type="checkbox"/> Winery (\$250/yr) <i>primary location</i> <input type="checkbox"/> Other:	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other Custom Cr.
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90-DAY AUTHORITY
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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: *2/14/14*

90-day authority: Yes No

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

① Camp Creek Cellars, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Camp Creek Cellars

3. Business Location: 520 Commercial St, Ste G Eugene Lane Oregon 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 555 Stonegate Street Eugene Oregon 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (206) 999-6836
(phone) (fax)

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

7. If yes to whom: J Scott Cellars Type of License: Winery

8. Former Business Name: _____

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

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

11. Contact person for this application: Robert Barnes (206) 999-6836
(name) (phone number(s))
555 Stonegate Street, Eugene, OR 97401 thebugeye@comcast.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 1/29/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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FEB 07 2014



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

MEDFORD REGIONAL OFFICE

Application is being made for:

LICENSE TYPES

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 - 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

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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: AW

Date: 2/14/14

90-day authority: Yes No

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

① McIntire Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Schmizza Pub&Grub

3. Business Location: 1350 Plaza Blvd ste. D Central Point Jackson OR 97502
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 958 Pumpkin Ridge Eagle Point OR 97524
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-879-3000 541-879-3001
(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: _____

8. Former Business Name: Relax Sports Bar

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

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

11. Contact person for this application: Ryan McIntire 541-941-0795
(name) (phone number(s))
958 Pumpkin Ridge 541-879-3001 pzalvr@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:

① [Signature] Date 2/14/14 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"/> Cafeter <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 type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other: _____
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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: J Brothers
 Date: 2/14/14
 90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① October 17 LLC ② _____
 ③ _____ ④ _____

2. Trade Name (dba): Bijou Metro

3. Business Location: 43 W Broadway Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 492 E 13 Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 686 3229 541 686 2458
(phone) (fax)

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

7. If yes to whom: First National Tap House, LLC Type of License: F-COM

8. Former Business Name: First National Tap House / Bijou Metro

9. Will you have a manager? Yes No Name: Jamie Hosler
(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: Jamie Hosler 541-543-1586
(name) (phone number(s))
PO Box 10694 Eugene OR 97440 barounevelstein@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 2/14/14 Date _____
 ② _____ 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 _____

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: CAO

Date: 2/12/14

90-day authority: Yes No

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

① Karam Lebanese Cuisine Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Karam Lebanese Cuisine M.M

3. Business Location: 515 SW 4th Ave Portland Multnomah OR 97204
(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) 223-0830
(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: Midolin Mossa (503) 382-9464
(name) (phone number(s))
16226 NE San Rafael Dr. wadie.khoury@yahoo.com
(address) (fax number) (e-mail address)
Portland, OR 97230

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 WA Date 02/17/14 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: Cal

Date: 2/12/14

90-day authority: Yes No

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

① Pierre Boubros ③ _____

② _____ ④ _____

2. Trade Name (dba): Tarboush Lebanese Bistro

3. Business Location: 5663 NE Gisan St. Portland OR 97215 Multnomah
(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) 235-3277 (503) 235-3274
(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: Pierre Boubros (503) 915-6264
(name) (phone number(s))
3257 SE Hawthorne Blvd (503) 235-3274 pierrebtr@protonmail.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 02/17/14 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 CITN

L# 181234
P# 49578

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: CMW

Date: 2/18/14

90-day authority: Yes No

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

① New Chinese Garden Restaurant Corporation ③ _____

② _____ ④ _____

2. Trade Name (dba): New Chinese Garden Restaurant

3. Business Location: 228 W B Street Rainier Columbia OR 97048

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

4. Business Mailing Address: 8410 SE Ramona Street, Apt. C Portland OR 97266

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

5. Business Numbers: (503) 556-4028

(phone) (fax)

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

7. If yes to whom: Lucky Town Restaurant Inc Type of License: Limited on prem.

8. Former Business Name: Lucky Town Restaurant

9. Will you have a manager? Yes No Name: Feng Ling Chan

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Rainier, Columbia

(name of city or county)

11. Contact person for this application: Feng Ling Chan (503) 929-0086

(name) (phone number(s))

8410 SE Ramona Street, Apt. C, Portland, OR 97266 fenglingchan1@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 Feng Ling Chan Date Feb 10 2014 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: [Signature]

Date: 2.12.14

90-day authority: Yes No

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

- ① Kombucha Mama LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Kombucha Mama

3. Business Location: 1125 NE 2nd Street Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1125 NE 2nd Street Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-306-6329
(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: Jamie Danek
(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: Mike Beshore 717-798-2657
(name) (phone number(s))
1125 NE 2nd St, Bend, OR 97701 mike@kombuchamama.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 2/5/14 ③ _____ Date _____
 ② [Signature] Date 2/5/14 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 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:	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>ELC</u> Date: <u>2/19/2014</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
APPLYING AS: <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① SUNG WOOK CHUN ③ _____
 ② BY CORPORATION ④ _____

2. Trade Name (dba): STOP-N-GO

3. Business Location: 1625 N. ROOSEVELT SEASIDE OR 99138
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 20322 102ND AVE SE KENT WA 98031
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-738-8800
(phone) (fax)

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

7. If yes to whom: MARWEST INC Type of License: OFF PREMISES SALES

8. Former Business Name: STOP N GO CONVENIENCE (beer + wine)

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? SEASIDE
(name of city or county)

Contact person for this application: SUNG W CHUN 425-681-1353
(name) (phone number(s))
20322 102ND AVE SE KENT WA 98031 prekman@63@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 Sung Wook Chun Date 2-9-14 ③ _____ Date _____

② _____ Date _____ ④ _____
 Oregon Liquor Control Commission
 P.O. Box 967
 Warrenton, OR 97146 (774 062011)

Received: 2-13-14



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 type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <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: SD
 Date: 2-20-14
 90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① BTH Cantor, LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): NACH-O GROWLER
- Business Location: 3812 Center St. NE Salem Marion OR 97301
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 31750 S Goodtime Rd Molalla OR 97038
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 930-0420 (TBD) 503 990 6589
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____ Vacant
- 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? Salem
(name of city or county)
- Contact person for this application: Davina Phillips 702-281-3827
(name) (phone number(s))
31750 S Goodtime Rd, Molalla OR 97038 davina.marie@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 24 JAN 14 ③
 ② [Signature] Date 24 JAN 14 ④

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 Date FEB 19 2014

SALEM REGIONAL OFFICE



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 _____

L# 196625
P# 559

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: CM

Date: 2/18/14

90-day authority: Yes No

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

- ① BUU MA ③ _____
- ② KHANTHUU NGUYEN ④ _____

2. Trade Name (dba): J & S GROCERY

3. Business Location: 2415 N WILLIAMS AVE PORTLAND MULT 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) 281-6269
(phone) (fax)

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

7. If yes to whom: KHAN NGUYEN Type of License: OFF-PREMISES SALES

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: BUU MA (503) 805-1671
(name) (phone number(s))

(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 02/18/14 ③ _____ Date _____
- ② [Signature] Date 02/18/14 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 _____

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: DAO

Date: 2/18/14

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 Uzbekistan Restaurant, LLC

② _____ ④ _____

2. Trade Name (dba): Uzbekistan Restaurant LLC

3. Business Location: 18488 E. Burnside St. Portland, OR 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18488 E. Burnside St. Portland, OR 97233
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-328-6057 (phone) (503) 328-8678 (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 - Multnomah
(name of city or county)

11. Contact person for this application: Vitaliy Pechenyuk 503-380-9038
(name) (phone number(s))
18517 SE Lincoln St. #1X 903-328-8678 uzbekgill@gmail.com
(address) (city) (state) (ZIP code) (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 2-18-14 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: CAO

Date: 2/19/14

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 BTU LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): BTU NH

3. Business Location: 5846 NE Sandy Blvd. Portland Multnomah OR 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4310 SE Rural St. Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 917-470-1175
(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: TBD
(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: Chris Bogart 917-470-1175
(name) (phone number(s))
4310 SE Rural St. Portland OR 97206
(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 Nathan H Date 2/19/14 ③ _____ Date _____
② Chris Bogart Date 2/19/14 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: CM

Date: 2/19/14

90-day authority: Yes No

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

① PREYMAN'S GENERAL LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): PREYMAN'S GENERAL

3. Business Location: 2625 SE HASTINGS - RETAIL SPACE 'A' PORTLAND, OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 380 NW 13th AVE #200 PORTLAND, OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-492-1374
(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? MULTNOMAH County / PORTLAND City of
(name of city or county)

11. Contact person for this application: Steve Prens 503-492-1374
(name) (phone number(s))

(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 2-18-14 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 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: _____	ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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L# 187310
P# 38022

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: CMK

Date: 2/19/14

90-day authority: Yes No

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

① Li Huang ③ _____

② _____ ④ _____

2. Trade Name (dba): Nick's double up dell

3. Business Location: 8028 se powell blvd #101 portland or 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12103 se Turley Pl Happy Valley or 97086
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-774-6425
(phone) (fax)

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

7. If yes to whom: Li Huang Type of License: Limited on - premises license

8. Former Business Name: Same

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: Li Huang 503-453-6503
(name) (phone number(s))
12103 se Turley Pl Happy Valley OR 97086 annlihuang@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 2/18/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____