Reset Form Print Form

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

DEC 18 2013
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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 First Location (at custom crush facility: Pallet Wine Co.)

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: _____

Date: 1/6/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Hoyal Farms, Inc. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Hoyal
3. Business Location: 340 N Fir St. (number, street, rural route) Medford (city) Jackson (county) Oregon (state) 97501 (ZIP code)
4. Business Mailing Address: 3976 Bellinger Lane (PO box, number, street, rural route) Medford (city) Jackson Oregon (state) 97501 (ZIP code)
5. Business Numbers: (541) 732-0804 (phone) (541)732-0725 (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: Lem Babb (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Jackson County (name of city or county)
11. Contact person for this application: David P. Lennon, Esq. (name) 914-238-0582 (phone number(s))
    3922 Bellinger Lane, Medford, OR 97501 (address) 212-202-5336 (fax number) david@lennon-klein.com (e-mail address)

RECEIVED
DEC 18 2013
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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 _____ Jeffrey Hoyal, President Date 12/16/13 ③ _____ Date 1/6/14
② _____ Date _____ ④ _____ Date _____

FAXED: 1/6/14 Mailed: N/A

Reset Form | Print Form

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

DEC 19 2013
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

Application is being made for:

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

ACTIONS
- ☐ Change Ownership
- ☒ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other Second Location

Wine storage and wholesale sales

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: _____

Date: 1/6/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Hoyal Farms, Inc. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Hoyal
3. Business Location: 3976 Bellinger Lane (number, street, rural route) Medford (city) Jackson (county) Oregon (state) 97501 (ZIP code)
4. Business Mailing Address: 3976 Bellinger Lane (PO box, number, street, rural route) Medford (city) Jackson Oregon (state) 97501 (ZIP code)
5. Business Numbers: (541) 732-0804 (phone) (541) 732-0725 (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: Lem Babb (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Jackson County (name of city or county)
11. Contact person for this application: David P. Lennon, Esq (name) 914-238-0582 (phone number(s))
    3922 Bellinger Lane, Medford, OR 97501 (address) 212-202-5336 (fax number) david@lennon-klein.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 _____ Jeffrey Hoyal, President Date 12/16/13 ③ _____ Date 1/6/14

② _____ Date _____ ④ _____ Date _____

RECEIVED
DEC 18 2013
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

FAXED: 1-6-14 Posted

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] 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
- [X] 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 [X] 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: _____

Date: 1/3/14

90-day authority: ☐ Yes [X] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Sand Dollar LLC ③ _____
   ② Brian Poulsen ④ _____
2. Trade Name (dba): Sand Dollar Restaurant Tillamook
3. Business Location: 210 South First Ave, Rockaway Beach, Oregon 97136 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: P.O. Box 254, Rockaway Beach, OR 97136 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503 355 2200 503 355 2205 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes [X] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: Blue Water
9. Will you have a manager? [X] Yes ☐ No Name: Brian Poulsen (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Rockaway Beach (name of city or county)
11. Contact person for this application: Brian Poulsen 425.802.5359 (name) (phone number(s))
    P.O. Box 254, Rockaway Beach, OR 97136 503 355 2205 Bpolsen@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 _____ Date 12-20-2013 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Oregon Liquor Control Commission
PO Box 967
Warrenton, OR 97146

1-800-452-OLCC (6522) • www.oregon.gov/olcc (rev. 03-2011)

Received: 1-3-14

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: H Smother

Date: 1/3/14

90-day authority: ☐ Yes ☒ No

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

① Addictive Behaviors LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Addictive Behaviors

3. Business Location: 26 E 11th Ave (number, street, rural route) Eugene (city) Lane (county) OR (state) 97401 (ZIP code)

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

5. Business Numbers: 541-684-8547 (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: CC G Obsession

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

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

11. Contact person for this application: Brock Sprunger (name) (503) 781-8925 (phone number(s))

4074 Marshall St (address) Eugene OR 97402 (fax number) BrockSprunger@gmail.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 _____ Date 12/30/13 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [1] Full On-Premises Sales ($402.60/yr)
  - [1] Commercial Establishment
  - [ ] Caterer
  - [ ] Passenger Carrier
  - [ ] Other Public Location
  - [ ] Private Club
- [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

Updated address

90-DAY AUTHORITY

[X] 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 [X] 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: DS

Date: 1.4.14

90-day authority: [X] Yes ☐ No

1120 S. Hwy 97 ste 100, Bend, OR 97702 (Same place)

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① 2JB, Inc ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Binky's Suite D
3. Business Location: 1180 S 3rd St (number, street, rural route) Bend (city) Deschutes (county) OR (state) 97702 (ZIP code)
4. Business Mailing Address: 1180 S 3rd St, Ste D, Bend (PO box, number, street, rural route / city) OR (state) 97702 (ZIP code)
5. Business Numbers: 541-706-9386 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes ☐ No
7. If yes to whom: BINKY'S Inc Type of License: L 193556
8. Former Business Name: _____ DS.
9. Will you have a manager? [X] Yes ~~☐ No~~ Name: JUDITH M. PUTAS per phone call with applicant 1.4.14 (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: Judith M. Putas (name) 541-382-6289 (phone number(s))
    PO Box 9358 (address) Bend, OR 97708 541-382-6289 (fax number) judiboll@bendbroadband.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 Judith M Putas Date 12-22-2013 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: 1/3/14

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Luis Francisco Lopez~~ ③ Firenze Wine and Chocolates, LLC
   ② ~~Jody Sue Hale~~ ④ _____
2. Trade Name (dba): Firenze Wine & Chocolates
3. Business Location: 1297 Bay Street (number, street, rural route) Florence (city) Lane (county) Oregon (state) 97439 (ZIP code)
4. Business Mailing Address: same as above (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: N/A Type of License: N/A
8. Former Business Name: N/A
9. Will you have a manager? ☒ Yes ☐ No Name: Jody Hale (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Florence (name of city or county)
11. Contact person for this application: Jody Hale (name) (415)-786-7181 (phone number(s))
    45 West Broadway Unit 101 Eugene, Or 97401 (address) (fax number) jody.svoboda@gmail.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 12-2-2013 ③ _____ Date _____

② [signature] Date 12-2-2013 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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: _____

L: 189048
P: 46179

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other: _____

90-DAY AUTHORITY

[x] 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
- [x] 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: CAC

Date: 12/30/13 DB

90-day authority: ☐ Yes ☐ No

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

① Zafiro Investments, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Rose Bar and Lounge

3. Business Location: 111 SW Ash St. Portland, OR 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 111 SW Ash St. Portland, OR 97204
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-400-8817
(phone) (fax)

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

7. If yes to whom: Liquid Courage, LLC Type of License: Full On-Premises Sales

8. Former Business Name: The Rose Bar and Lounge

9. Will you have a manager? [x] Yes [ ] No Name: Rufino C. Gonzalez
(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: Christopher Cowan 503-939-1661
(name) (phone number(s))

2309 SW 1st Ave. Portland, OR 97201 chrisc0214@hotmail.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 Christ P. Cowan Date 12/30/13 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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

(rev. 08/2011)

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: ~~restaurant~~

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: _____

Date: 12/30/13 J.J.

90-day authority: ☐ Yes ☐ No

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

① TRINH TIEU ③ _____

② _____ ④ _____

2. Trade Name (dba): QUAN NGON 3 MIEN

3. Business Location: 8435 SE Powell BLVD Portland OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8435 SE Powell BLVD Portland OR 97266
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 - 432 - 3414
(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: COM TAM SAI GON

9. Will you have a manager? ☒ Yes ☐ No Name: TRINH TIEU
(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: Thanh le 503 - 432 - 3414
(name) (phone number(s))

1510 NE 61ST AVE Portland OR 97213
(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 Thanh le Date 11/13/13 ③ _____ Date _____

② _____ Date 12/29/13 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: 1/2/14

The City Council or County Commission:

City of Happy Valley
(name of city or county)

recommends that this license be:

☑ Granted ☐ Denied

By: Marylee Walden 1/2/14
(signature) (date)

Name: Marylee Walden

Title: City Recorder

OLCC USE ONLY

Application Rec'd by: [signature]

Date: 12/31/13 DT

90-day authority: ☐ Yes ☐ No

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

① Mediterranean Grill LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Mediterranean Grill Restaurant

3. Business Location: 15910 SE Happy Valley Town Center Dr Happy Valley, Oregon 97086
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 24616 NE 123rd Circle Brush Prairie, WA 98606
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 360 243 0628 Office 503 427 2746 Restaurant
(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? The City of Happy Valley Oregon
(name of city or county)

11. Contact person for this application: Mark Bradley 360 243 0628 Office 425 295 1535 Cell
(name) (phone number(s))

24616 NE 123rd Circle Brush Prairie, WA 98606
(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 12-30-13 ③ [signature] Date 12-30-13

② [signature] Date 12/30/13 ④ _____ Date _____

JAN 02 14

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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: 1-2-14

90-day authority: [ ] Yes [ ] No

Kat

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

① ~~Saithong Khunburan~~ ③ ~~Jo Ann Afebil~~

② ~~Byron Webster~~ ④ Saithong Thai LLC

2. Trade Name (dba): Saithong Thai

3. Business Location: 710 SW 2nd Ave Portland Ok 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 710 SW 2nd Ave Portland Ok 97204
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.973.3347
(phone) (fax)

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

7. If yes to whom: — Type of License: —

8. Former Business Name: K.A.C. Thai Fusion

9. Will you have a manager? [x] Yes [ ] No Name: Saithong Khunburan Webster
(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: Byron & Saithong Webster 503.972.3347
(name) (phone number(s))

1400 NW Marshall St. unit #625 Port Ok, 97209 SaithongThai@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 12/22/13 ③ [signature] Date 12/22/13

② [signature] Date 12/22/13 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

L: 189667
pt# 26181

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 [X] 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: _____

Date: 1/2/14

90-day authority: ❑ Yes ❑ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Salvador Molly's RG, LLC ③ ~~SMRG, Inc.~~
   ② Darrielle Sadle-Ruff ④
2. Trade Name (dba): Salvador Molly's
3. Business Location: 4729 SE Milwaukee Ave, Portland, OR 97202
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2725 SW West Point Ave Portland, OR 97225
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-752-5383 503-546-9082
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: ~~Yummy Garden Restaurant~~ Sub Tac Type of License: Full ON Premises Sale
8. Former Business Name: Yummy Garden
9. Will you have a manager? [X] 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: Darrielle Sadle-Ruff 503-752-5383
    (name) (phone number(s))
    2725 SW West Point Ave Portland, OR 97225 503-297-9631 DRuff@Salvadormollys.
    (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 _____ Date 12/24/13 ③ _____ Date _____

② _____ Date 12/27/13 ④ _____ Date _____

Reset Form | Print Form

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: ~~Convenience Store~~

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: _____

Date: 1-2-14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Joan Mangan~~ ③ Gales Creek Country Store LLC
   ② ~~Glenn Deming~~ ④ _____
2. Trade Name (dba): Gales Creek Country store ~~and Deli~~ 12/31/13
3. Business Location: 8995 NW Gales Creek rd, Gale Creek, Washington, Oregon 97117 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 8995 NW Gales Creek, Gales Creek, Oregon 97117 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 480 203 8889 (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: ~~Gales Creek Country Store~~ LLC ~~and Deli~~ 12/31/13
9. Will you have a manager? ☒ Yes ☐ No Name: Joan Mangan & Glenn Deming (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: Joan Mangan (name) 480 203 8889 (phone number(s))

8995 NW Gales Creek rd; Gales Creek, Or 97117 (address) _____ (fax number) angekoose@hotmail.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 Joan Mangan Date 12/31/13 ③ _____ Date _____

② Glenn Deming Date 12/31/13 ④ _____ Date _____

Reset Form | Print Form

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 _____

49443
179411

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: _____

Date: 1/2/2014

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① SANG LUONG TAN ③ _____
   ② _____ ④ _____
2. Trade Name (dba): THANH THAO MARKET
3. Business Location: 6517 NE SANDY Blvd (number, street, rural route) PORTland (city) _____ (county) ORe (state) 97213 (ZIP code)
4. Business Mailing Address: _____ (PO box, number, street, rural route) _____ (city) _____ (state) _____ (ZIP code)
5. Business Numbers: (503) 284-4129 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: AZVN Wang Type of License: OFF Mem ~~Sole proprietor~~
8. Former Business Name: THANH THAO MARKET
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 ORe (name of city or county)
11. Contact person for this application: SANG LUONG TAN (name) (503) 284-4129 (phone number(s))
    6517 NE SANDY BLVD (address) _____ (fax number) THANHTHAOMARKET@gmail.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 _____ Date 12/16/13 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

P 1344

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.

#191136

Section 1: Complete This Section For All Requests

1. Licensee Name(s): Laura Dingman (as currently licensed)
2. Trade Name (dba): Passport Exchange (current business name) Type of License: O + F (O, L, F, etc.)
3. Business Address: 403 Oak st. (street) Hood River (city), OR (ZIP code) 97031
4. Mailing Address: 2435 Kingsley Rd. (street) Hood River (city), OR (ZIP code) 97031
5. Telephone Number: 541-386-2099 (business) 425-344-6544 (home)
6. Check here for a duplicate license certificate ☐

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).

Section 4: Change to Legal Entity (Corp. or LLC)

1. Entity Name: Passport Exchange, LLC
2. Complete and attach LLC or Corporation Questionnaire.
3. Attach a signed copy of modified lease agreement if applicable.

Section 5: Deletion of Partner(s)

1. Name of Deleted Partner(s): _____
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.

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

Licensee Name: Laura Dingman / Passport Exchange Title: Owner

Licensee Signature: _____ **Date:** 12/23/13

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

P50335
L180861

90-DAY AUTHORITY

[x] 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
- [x] 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: _____

Date: 1/3/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Jai + Jenda, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Mekong Bistro
3. Business Location: 8200 NE Siskiyou St. Ste. 107, 109, 111, Portland, OR 97220
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 8200 NE Siskiyou St. Ste. 107, 109, 111, Portland, OR 97220
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-265-8972 (NONE)
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes [x] No
7. If yes to whom: Stadium 8 LLC Type of License: F-Com
8. Former Business Name: Mekong Bistro
9. Will you have a manager? ☐ Yes [x] No Name: _____
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Multnomah County
    (name of city or county)
11. Contact person for this application: SomJai Wang 503-505-3299
    (name) (phone number(s))
    3105 N.E. 83rd Ave., Portland OR 97220
    (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 Jai Wang Date 1-03-14 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: WMBW

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 Recd by: OAC

Date: 1/3/14

90-day authority: ☐ Yes ☐ No

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

① ~~Benjamin Friesen~~ ③ Forty Five, LLC

② _____ ④ _____

2. Trade Name (dba): Forty Five

3. Business Location: 3936 SE Main St. Portland OR Multnomah Co. OR 97214
(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: 503-860-7781
(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: Benjamin Friesen
(manager must fill out an Individual History form)

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

11. Contact person for this application: Ben Friesen 503-860-7781
(name) (phone number(s))

3936 SE Main St. Portland OR 97214 benfrsn@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 _____ Date 1/2/14 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: D

Date: 1-3

90-day authority: ☐ Yes ☐ No

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

① Regal Cinemas, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Pioneer Place Stadium 6

3. Business Location: 340 SW Morrison St (number, street, rural route) | Portland (city) | Multnomah (county) | OR (state) | 97204 (ZIP code)

4. Business Mailing Address: 7132 Regal Lane (PO box, number, street, rural route) | Knoxville (city) | TN (state) | 37918 (ZIP code)

5. Business Numbers: (503) 295-0909 (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: Pioneer Place Stadium 6

9. Will you have a manager? ☒ Yes ☐ No Name: Frank Giuseppe Dimario
(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: Duke Tufty (name) (503) 517-8137 (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 (address) (503) 273-9135 (fax number) dt@wysekadish.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 _____ Date _____ 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: _____

Date: 1-3

90-day authority: ❑ Yes ❑ No

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

① Regal Cinemas, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Bridgeport Plaza 18

3. Business Location: 7329 SW Bridgeport Road (number, street, rural route) | Tigard (city) | Washington (county) | OR (state) | 97224 (ZIP code)

4. Business Mailing Address: 7132 Regal Lane (PO box, number, street, rural route) | Knoxville (city) | TN (state) | 37918 (ZIP code)

5. Business Numbers: (503) 968-7675 (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: Bridgeport Plaza 18

9. Will you have a manager? ☒ Yes ☐ No Name: Joe William Atchley
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty (name) (503) 517-8137 (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 (address) (503) 273-9135 (fax number) dt@wysekadish.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 _____ Date _____ 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: _____

Date: 1-3

90-day authority: ❑ Yes ❑ No

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

① Eastgate Theatre, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Lloyd Center 10 Cinema

3. Business Location: 1510 NE Multnomah Street | Portland | Multnomah | OR | 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7132 Regal Lane | Knoxville | TN | 37918
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 287-0338
(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: Lloyd Center 10 Cinema

9. Will you have a manager? ☒ Yes ☐ No Name: Raj Gar Wong
(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: Duke Tufty (503) 517-8137
(name) (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 (503) 273-9135 dt@wysekadish.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 _____, VP Date _____ 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: _____

Date: 1-3

90-day authority: ☐ Yes ☐ No

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

① Eastgate Theatre, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Tigard 11 Cinemas

3. Business Location: 11626 SW Pacific Hwy (number, street, rural route) | Tigard (city) | Washington (county) | OR (state) | 97223 (ZIP code)

4. Business Mailing Address: 7132 Regal Lane (PO box, number, street, rural route) | Knoxville (city) | TN (state) | 37918 (ZIP code)

5. Business Numbers: (503) 684-6348 (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: Tigard 11 Cinemas

9. Will you have a manager? ☒ Yes ☐ No Name: Neil Alan Yingling
(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: Duke Tufty (name) (503) 517-8137 (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 (address) (503) 273-9135 (fax number) dt@wysekadish.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 _____ Date _____ ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [x] Additional Privilege
- [x] Other GTN

L# 196144
P# 46712

90-DAY AUTHORITY

[x] 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
- [x] 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: CW

Date: 1/3/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Timothy Neil Ashcroft~~ ③ Mat Enterprises Corp.
   ② ~~Mandy Ching Chuan Chao Ashcroft~~ ④ _____
2. Trade Name (dba): Schmizza Pub & Grub
3. Business Location: 1036 NW Glisan St. Portland, Oregon, 97209
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: P.O. Box 91308, Portland, Oregon 97291
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-4775501
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Gerald A. Howell & Jeffrey G. Smith Type of License: full on premise commercial
8. Former Business Name: Pizza Schmizza Pub+Grub
9. Will you have a manager? [ ] Yes [x] No Name: _____
   (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: Timothy Neil Ashcroft 714-267-9552
    (name) (phone number(s))
    P.O. Box 91308, Portland, OR 97291 tim6228@cox.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 _____ Date 1/3/14 ③ _____ Date _____

② Mandy Ching Ashcroft Date 1/2/14 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other C/TN

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
- [x] 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 SN

Date: 1·3·14

90-day authority: [ ] Yes [x] No

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

① WW1, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Bottle Fuction

3. Business Location: 1883 W. Ida St. Stayton, OR Marion 97383
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 38657 Cascadia Village Sandy, OR 97055
(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? [x] Yes [ ] No

7. If yes to whom: RFS-2 Mingo, LLC Type of License: FOP

8. Former Business Name: RFS

9. Will you have a manager? [x] Yes [ ] No Name: Waylon Wymore
(manager must fill out an Individual History form)

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

11. Contact person for this application: Waylon Wymore 678-201-8828
(name) (phone number(s))

38657 Cascadia Village Sandy, OR 97055
(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 Waylon Wymore Member Date 1-3-2014 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: _____

Date: 1-6

90-day authority: ☐ Yes ☐ No

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

① Ex Novo Brewing Company ③ _____

② _____ ④ _____

2. Trade Name (dba): Ex Novo Brewing Co.

3. Business Location: 1126 SE Division St. Suite 200 (195) Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4415 NE 40th Ave. Portland OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-505-1411
(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: Joel Gregory
(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: Joel Gregory 503-505-1411
(name) (phone number(s))

4415 NE 40th Ave. Portland, OR 97211 joel@exnovobrew.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 _____ Date 12/20/2013 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
DEC 30 2013
REGULATORY FIELD SERVICE
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 CTN

P47432

L179952

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: _____

Date: 1-6-14

90-day authority: ☐ Yes ☐ No

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

① Turn! Turn! Turn!, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Turn! Turn! Turn!

3. Business Location: 8 NE Killingsworth (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97217 (ZIP code)

4. Business Mailing Address: 8 NE Killingsworth (PO box, number, street, rural route) Portland (city) OR (state) 97217 (ZIP code)

5. Business Numbers: 530-680-8086 (phone) _____ (fax)

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

7. If yes to whom: Record Room LLC Type of License: Limited On Premises

8. Former Business Name: Record Room

9. Will you have a manager? ☒ Yes ☒ No Name: ~~Scott Derr~~
(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: Scott Derr (name) (530) 680-8086 (phone number(s))

5657 N. Wilbur Ave, Portland 97217 (address) _____ (fax number) scottderr@gmail.com (e-mail address)

RECEIVED

JAN 08 2014

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission

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 _____ Date 12/23 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 _____

P35876
L186699

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: P

Date: 1-6

90-day authority: ☐ Yes ☐ No

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

① CHEZ MACHIN LLC ③ _____

② DIANE PIERCE ④ _____

2. Trade Name (dba): CHEZ MACHIN

3. Business Location: 3553 SE Hawthorne Blvd - PORTLAND, OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3553 SE Hawthorne Blvd - PORTLAND, OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-736-9381
(phone) (fax)

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

7. If yes to whom: EVELYNE ERVIN & BRUNO GONSARD Type of License: LIMITED ON PREMISE

8. Former Business Name: CHEZ MACHIN

9. Will you have a manager? ☒ Yes ☑ No Name: DIANE PIERCE
(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: DIANE PIERCE 503 750 9020
(name) (phone number(s))

3725 NE WEBSTER - PORTLAND, OR 97211 contact@chezmachin.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 D Pierce Date 1/2/14 ③ RECEIVED JAN 06 2014 Date _____

② _____ Date _____ ④ _____ Date _____

REGULATORY FIELD SERVICES

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: J Brother

Date: 1/16/14

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Sue Hamly, Owner~~ Eugene Coffee Company, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Eugene Coffee Company
3. Business Location: 240 E. 17th St (number, street, rural route) Eugene (city) Lane (county) OR (state) 97401 (ZIP code)
4. Business Mailing Address: PO Box 21240 (PO box, number, street, rural route) Eugene (city) OR (state) 97402 (ZIP code)
5. Business Numbers: 541-344-0002 (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: Sue Hamly (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: Sue Hamly (name) 541-954-5345 (phone number(s))
    ~~3651 Wilshire Lane Eugene, OR 97405~~ PO Box 21240 Eugene 97402 (address) (fax number) eugenecoffeeco@gmail.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 _____ Date 1/16/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

90-DAY AUTHORITY

[x] 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
- [x] Individuals

CITY AND COUNTY USE ONLY

Date application received: 11/15/13

The City Council or County Commission: CITY OF COOS BAY (name of city or county)

recommends that this license be:

[x] Granted [ ] Denied

By: [signature] 12-4-13 (signature) (date)

Name: SUSANNE BAKER

Title: FINANCE DIRECTOR

OLCC USE ONLY

Application Rec'd by: _____

Date: 12/10/13

90-day authority: [x] Yes [ ] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Martin Gonzalez Jr ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Pueblo Nuevo 2 Mexican Restaurant
3. Business Location: 252 S. Broadway (number, street, rural route) Coos Bay (city) Coos (county) OR (state) 97420 (ZIP code)
4. Business Mailing Address: same (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (541) 266-9310 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Sonia Rodarte Type of License: F-COM
8. Former Business Name: Sombrero
9. Will you have a manager? [ ] Yes [x] No Name: — (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Coos Bay (name of city or county)
11. Contact person for this application: Martin Gonzalez (name) (541) 572-0888 (phone number(s))

_____ (address) _____ (fax number) Puebb Nuevo Mexican Restaurant@aol.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 11/15/13 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 C/TN

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: 1/7/14

90-day authority: ☐ Yes ☐ No

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

① KEVIN SAWICKI ② _____

③ _____ ④ _____

2. Trade Name (dba): MISSING TIME RECORDS

3. Business Location: 537 WILLAMETTE ST. EUGENE, LANE COUNTY, OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 537 WILLAMETTE ST. EUGENE, OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-485-1332 _____
(phone) (fax)

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

7. If yes to whom: SHAWN DiFIORE Type of License: OFF-PREMISES SALES

8. Former Business Name: MUSEUM OF UNFINE ART AND RECORDS

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: KEVIN SAWICKI 503 680 1437
(name) (phone number(s))

430 NE 16TH AVE PORTLAND, OR _____ MISSINGTIMERECORDS@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 1/7/14 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: _____

Date: 1/2/14

90-day authority: ☑ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① B@ES LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Cirello's Pizza
3. Business Location: 419 N.W. Circle Blvd Suite F (number, street, rural route) Corvallis (city) Benton (county) Oregon (state) 97330 (ZIP code)
4. Business Mailing Address: 919 NW Circle Blvd Suite F (PO box, number, street, rural route) Corvallis (city) Oregon (state) 97330 (ZIP code)
5. Business Numbers: (541) 754-9199 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: _____ Type of License: Limited On-Premises Sales
8. Former Business Name: Cirello's Pizza
9. Will you have a manager? ☒ Yes ☐ No Name: Eric T. Pugh (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Corvallis, Oregon (name of city or county)
11. Contact person for this application: Eric T. Pugh (name) (541) 243-3362 (phone number(s))
    332 NE Plymouth Circle (address) Corvallis Oregon 97330 (fax number) EricTPugh@gmail.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 Eric T. Pugh Date 11-15-2013 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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: _____

Date: 11/21/14

90-day authority: ☐ Yes ☐ No

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

① MIN-HSIN LIN T HOUSE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): T HOUSE

3. Business Location: 413 SW JEFFERSON AVE. (number, street, rural route) CORVALLIS (city) BENTON (county) OR (state) 97333 (ZIP code)

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

5. Business Numbers: 541 253 3055 (phone) 541 752 4117 (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: MICHAEL JACKSON (manager must fill out an Individual History form)

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

11. Contact person for this application: MICHAEL JACKSON (name) 541-758-3055 (phone number(s))

413 SW JEFFERSON AVE., CORVALLIS (address) 541-752-4117 (fax number) davidl@cmtinc.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 Min-Hsin Lin Date 11/10/2013 ③ _____ Date _____

② _____ Date 11/2/13 ④ _____ Date _____

(1/8/2014) Lanette Clayton - Scan0058.pdf

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: OC

Date: 01-07-14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Aomatsu Restaurant Inc ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Aomatsu Japanese Restaurant
3. Business Location: 122 NW 3rd St (number, street, rural route) Corvallis (city) Benton (county) OR (state) 97330 (ZIP code)
4. Business Mailing Address: 122 NW 3rd St (PO box, number, street, rural route) Corvallis (city) OR (state) 97330 (ZIP code)
5. Business Numbers: 541-752-1410 (phone) 541-757-0273 (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Kuyoung LLC Type of License: Limited On-Premises Sales
8. Former Business Name: Aomatsu Japanese Restaurant
9. Will you have a manager? ☒ Yes ☐ No Name: Saechao Van (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Corvallis, (name of city or county)
11. Contact person for this application: Sung Cho Han (name) 541-760-8205 (phone number(s))
    4351 NW Boxwood Dr Corvallis, OR 97330 (address) 541-757-0273 (fax number) alexhan0108@gmail.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 _____ Date 1-6-2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

90-DAY AUTHORITY

[X] 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 [X] 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: CMG

Date: 1-7-14

90-day authority: [X] Yes ☐ No

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

① Oddo Business LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): R-Haus

3. Business Location: 2140 Rogue River Hwy (number, street, rural route) Grants Pass (city) Josephine (county) OR (state) 97527 (ZIP code)

4. Business Mailing Address: 270 Westwood Dr (PO box, number, street, rural route) Grants Pass (city) OR (state) 97527 (ZIP code)

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

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

7. If yes to whom: Daniel Walters Type of License: Full on-premises Sales

8. Former Business Name: R-Haus

9. Will you have a manager? [X] Yes [ ] No Name: Christopher & Virginia Oddo (manager must fill out an Individual History form)

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

11. Contact person for this application: Christopher Oddo (name) 541-507-7944 (phone number(s))

270 Westwood Dr Grants Pass OR 97527 (address) (fax number) RHaus Now @ 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 Christopher Oddo Date 12/20/13 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: RD
Date: 1-6-14
90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① Silverback Bar & Grill LLC ③ _____
② _____ ④ _____
2. Trade Name (dba): Silverback Bar & Grill
3. Business Location: 1969 S.E. Stephens Roseburg Douglas Oregon 97470 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1969 S.E. Stephens Roseburg OR 97470 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-391-9968 or 541-817-5932 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Anna Carver Type of License: Full on Premesis
8. Former Business Name: The Zen
9. Will you have a manager? ☐ Yes ☒ No Name: Stephen Brown (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Roseburg OR, Douglas Co (name of city or county)
11. Contact person for this application: Stephen Brown (name) 541-391-9968 (phone number(s))
2475 Castle Ave (address) (fax number) Horse.whisper.1970@Gmail.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 Stephen Brown Date 12-20-13 ③ _____ Date _____
② _____ Date 12-20-13 ④ _____ Date _____

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

rev. (8/2009)

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 ($262.60)
- ☐ 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: JW

Date: 1·7·14

90-day authority: ☐ Yes ☐ No

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

① PAUL A. Woolley ③ _____

② _____ ④ _____

2. Trade Name (dba): RUSTY BUCKET BREWING

3. Business Location: 2019 GRIFFIN CR. RD. MEDFORD, JACKSON, OR 97501
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2019 GRIFFIN CR. RD. MEDFORD OR 97501
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 - 840 - 5233 _____
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: PAUL Woolley 541 - 840 - 5233
(name) (phone number(s))

2019 GRIFFIN CR. RD. MEDFORD, OR 97501 WOOLEY67540@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 _____ Date 1/6/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date JAN 6 2014

RECEIVED

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

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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 _____

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: _____

Date: 1/8/14

90-day authority: ☐ Yes ~~☐ No~~

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
   ① SCC Restaurants LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Flinn Steakhouse
3. Business Location: 222 1st AVE WEST (number, street, rural route) Albany (city) LINN (county) OR (state) 97321 (ZIP code)
4. Business Mailing Address: P.O. Box 3043 (PO box, number, street, rural route) Albany (city) OR (state) 97321 (ZIP code)
5. Business Numbers: 702-561-8653 (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? Albany (name of city or county)
11. Contact person for this application: Shawn Vatcoskay (name) 702-561-8653 (phone number(s))
    222 1st Ave Albany, OR 97321 (address) _____ (fax number) flinnsteakhouse@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 _____ Date 1-1-14 ③ _____ Date _____

② _____ Date 1-2-14 ④ _____ Date _____

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

rev. 08/20

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 3rd Location

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: 1/3/2014

90-day authority: ☐ Yes ☒ No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
   ① Angela Estate LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Angela Estate Winery
3. Business Location: 1326 N. Highway 99W (number, street, rural route) Dundee (city) Yamhill (county) Oregon (state) 97115 (ZIP code)
4. Business Mailing Address: 3750 Paris Pike (PO box, number, street, rural route) Lexington (city) KY (state) 40511 (ZIP code)
5. Business Numbers: 859-293-2676 (phone) 859-299-9371 (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: Jessica Endsworth (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Yamhill (name of city or county)
11. Contact person for this application: Amy Parker (name) 859-293-2676 (phone number(s))

3750 Paris Pike Lexington, Ky 40511 (address) 859-299-9371 (fax number) amy.parker@gainesway.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 _____ Date 12-30-13 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
JAN 07 2014
SALEM REGIONAL OFFICE

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: 1/7/14
90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① RMM LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Scoreboard Tavern
3. Business Location: 920 S.E. Stephens Roseburg Douglas OR 97470 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 920 SE Stephens Roseburg OR 97470 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-672-2599 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: IKA L.L.C. Type of License: Full on premises/off Premises
8. Former Business Name: Scoreboard Tavern
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 Roseburg (name of city or county)
11. Contact person for this application: Richard Merlino (name) 541-430-1405 (phone number(s))
    ~~920~~ RM 915 SE Terrace Dr. Roseburg OR 97470 (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 _____ Date 1-1-14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

90-DAY AUTHORITY

[X] 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 [X] 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: 1.7.2014

90-day authority: ☐ Yes ☐ No

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

① BLACKEVE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 12th STREET PUB & GRUB

3. Business Location: 2795 12th ST. SE (number, street, rural route) SALEM (city) MARION (county) OR (state) 97302 (ZIP code)

4. Business Mailing Address: 8752 REDSTONE AVE SE (PO box, number, street, rural route) SALEM (city) OR (state) 97306 (ZIP code)

5. Business Numbers: 503-581-8068 (phone) N/A (fax)

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

7. If yes to whom: NO LIMITZ NORM LLC Type of License: Full on Premise.

8. Former Business Name: 12th STREET PUB & GRUB

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

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

11. Contact person for this application: DEBORAH McBEE (name) 503-910 8374 (phone number(s))

8752 REDSTONE AVE SE SALEM OR 97306 (address) N/A (fax number) copperjohns@comcast.net (e-mail address)

RECEIVED
JAN 07 2014
SALEM REGIONAL OFFICE

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 _____ Date 1-6-14 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] (signature) 1/6 (date) 01-03-14

Name: CHRIS MERIFIELD

Title: LIEUTENANT

OLCC USE ONLY

Application Rec'd by: CM

Date: 1/3/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Eifert Entertainment Incorporated ③ _____
   ② [illegible] ④ _____
2. Trade Name (dba): Country Club Tavern
3. Business Location: 194 N Old Pacific Hwy (number, street, rural route) Myrtle Creek (city) Douglas (county) OR (state) 97457 (ZIP code)
4. Business Mailing Address: 466 Corona Loop Rd (PO box, number, street, rural route) Roseburg (city) OR (state) 97471 (ZIP code)
5. Business Numbers 541-378-7925 (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: Sweet Dixie
9. Will you have a manager? ☑ Yes ☑ No Name Cathi L Eifert (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Douglas County (name of city or county)
11. Contact person for this application: Cathi L Eifert (name) 541-378-7925 (phone number(s))
    466 Corona Loop Rd (address) Roseburg OR 97471 (fax number) cathiwho@gmail.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 Cathi L Eifert Date 1-3-14 ③ _____ Date _____

② [signature] Date 1-3-14 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] 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
- [x] 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 [x] 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: 1/8/14

90-day authority: [ ] Yes [X] No

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

① JAMES MURRAY VERVOON ③ _____

② _____ ④ _____

2. Trade Name (dba): JIMMY'S ON 11TH

3. Business Location: 2406 W. 11TH AVE. (number, street, rural route) EUGENE (city) LANE (county) OR (state) 97402 (ZIP code)

4. Business Mailing Address: 2406 W. 11TH AVE. (PO box, number, street, rural route) EUGENE (city) OR (state) 97402 (ZIP code)

5. Business Numbers: 458-205-1932 (phone) _____ (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: ASTORIA BAR

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

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

11. Contact person for this application: JAMES MURRAY VERVOON (name) 458-205-1932 (phone number(s))

P.O. BOX 271 CHESHIRE OR, 97419 (address) _____ (fax number) jmvervoon@gmail.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 1/8/14 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: L. Shepard

Date: 1/8/14

90-day authority: ☑ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Beaver Greens, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Greens at Redmond
3. Business Location: 2575 SW Greens Blvd Redmond OR 97756 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2575 SW Greens Blvd Redmond OR 97756 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-923-0694 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: The Greens at Redmond LLC Type of License: Limited
8. Former Business Name: The Greens at Redmond
9. Will you have a manager? ☒ Yes ☐ No Name: Craig Meloth (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Redmond (name of city or county)
11. Contact person for this application: Randy Shipley (name) 541-923-0694 (phone number(s))
    2575 SW Greens Blvd Redmond OR 97756 (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 Randall Shipley Date 1/7/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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

(rev. 03/2011)

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

L: 180026
P: 38567

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [x] Greater Privilege
- [ ] Additional Privilege
- [x] Other GW

90-DAY AUTHORITY

[x] 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 [x] 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: AC

Date: 1/7/14

90-day authority: ☐ Yes ☐ No

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

① ~~Gustavo Avalos~~ ③ ~~Jose Felix Gonzalez Lopez~~

② ~~Ramon Rendon~~ GAV ④ Troutdale Indoor Soccer Center, LLC

2. Trade Name (dba): ~~Troutdale Indoor Soccer Center, LLC~~ Troutdale Indoor Sports

3. Business Location: 819 NW Corporate Dr. Troutdale, Multnomah OR 97060
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2216 SE 120th Ave. Portland, OR 97216
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 421-0552
(phone) (fax)

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

7. If yes to whom: ~~Back to Back Sports~~ KJK Mepleen LLC Type of License: Limited On-Premises Sales

8. Former Business Name: ~~Back to Back Sports~~ KJK Mepleen Inc

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

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

11. Contact person for this application: Gustavo Avalos (503) 421-0552
(name) (phone number(s))

2216 SE 120th Ave. Portland, OR 97216
(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 _____ Date 12-19-13 ③ _____ Date 12-19-13

② _____ Date 12-19-13 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] Change Ownership
- [ ] New Outlet
- [x] Greater Privilege
- [x] Additional Privilege
- [ ] Other _____

L# 197021
P# 43743

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 [x] 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: 1/7/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Saul J Pompeyo ③ Ristorante di Pompeyo Inc.
   ② ~~Rubi A. Avila~~ ④ _____
2. Trade Name (dba): Ristorante di Pompello
3. Business Location: 177 E Columbia River HWY (number, street, rural route) Troutdale (city) Muttnomah (county) OR (state) 97060 (ZIP code)
4. Business Mailing Address: 177 E Columbia River HWY (PO box, number, street, rural route) Troutdale (city) OR (state) 97060 (ZIP code)
5. Business Numbers: 503 667 2480 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Ristorante di Pompello Inc Type of License: Limited on-Premises Sales
8. Former Business Name: " " "
9. Will you have a manager? [ ] Yes [x] No Name: _____ (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Troutdale (name of city or county)
11. Contact person for this application: Saul J Pompeyo (name) 503 319 0318 (phone number(s))
    1795 SE Paloma Ave Gresham OR (address) _____ (fax number) grhmsaul@Hotmail.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 _____ Date 1/6/2014 ③ _____ Date _____

② _____ Date 1/6/2014 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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: 1/06/13

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Paul Hooson ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Viewpoint Restaurant and Lounge
3. Business Location: 8102 NE Killingsworth PDX OR 97218
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 8102 NE Killingsworth PDX OR 97218
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 971-717-4441
   (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: The Viewpoint Restaurant + Lounge
9. Will you have a manager? ☒ Yes ☐ No Name: Kenyatta Black
   (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: Paul Hooson 971-717-4441
    (name) (phone number(s))
    8102 NE Killingsworth clintonmarket1@gmail.com
    (address) (fax number) (e-mail address)

RECEIVED
JAN. 06 2014
REGULATORY FIELD SERVICES
Oregon Liquor Control Commission

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 12/02/13 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: _____

Date: 1-9-14

90-day authority: ☐ Yes ☐ No

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

① NORTHWEST SPIRITS LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): WEST SLOPE LIQUOR

3. Business Location: 8765 SW CANYON LN PORTLAND WASHINGTON OR 97225
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-297-5118 (STORE) 503-297-7660 (FAX)
(phone) (fax)

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

7. If yes to whom: KAMLESH MINHAS Type of License: LIQUOR AGENCY 1216

8. Former Business Name: WEST SLOPE LIQUOR

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: KAMLESH MINHAS 360-600-1511
(name) (phone number(s))

8765 SW CANYON LN, PORTLAND OR 97225 360-834-7730 westslopeliquor@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 _____ Date 1-3-2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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
- [X] 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 [X] 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: CW

Date: 1/8/14

90-day authority: ❑ Yes ❑ No

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

① Bassotto Gelateria LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Bassotto Gelateria Cafe

3. Business Location: 1760 NE Dekum Street (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97211 (ZIP code)

4. Business Mailing Address: 3273 N Arlington Pl. (PO box, number, street, rural route) Portland (city) OR (state) 97217 (ZIP code)

5. Business Numbers: 503 997 9941 (phone) _____ (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? [ ] Yes [X] 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: Donald Graybill Hill III (name) 503 997 9941 (phone number(s))

3273 N Arlington Pl. Portland OR 97217 (address) _____ (fax number) don@bassottopdx.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 Donald G. Hill III Date 01/08/2014 ③ _____ Date _____

② Amy Hill Date 1-8-14 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] Commercial Establishment
  - [ ] Caterer
  - [ ] Passenger Carrier
  - [ ] Other Public Location
  - [ ] Private Club
- [x] 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

- [x] Change Ownership
- [ ] New Outlet
- [x] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

L# 183966
P# 43677

90-DAY AUTHORITY

[x] 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
- [x] 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: _____

Date: 12/6/14

90-day authority: ☐ Yes ☐ No

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

① BOARS HEAD, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): DEVAKI'S DELI - SANDY

3. Business Location: 37357 Hwy 26 SANDY, CLACKAMAS, OR 97055
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 37357 Hwy 26, SANDY, OR 97055
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-668-3200
(phone) (fax)

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

7. If yes to whom: DEVAKI'S DELI SANDY LLC Type of License: LIMITED ON-PREMISES SALES

8. Former Business Name: Devaki's Deli Sandy

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

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

11. Contact person for this application: GILBERT URCIEL 503-680-0565
(name) (phone number(s))

19333 S. AUBURN DR. OREGON CITY, OR 97045 URcielgi@yahoo.co
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date _____ ③ _____ Date 12-30-13

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 _____

P45521

L187941

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: P

Date: 1-7

90-day authority: ☐ Yes ☐ No

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

① Super King, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Super King Buffet

3. Business Location: 5015 SE 82nd Avenue, Portland, OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 5-3-774-7775
(phone) (fax)

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

7. If yes to whom: Xdavid, Inc. Type of License: Limited On-Premises Sale

8. Former Business Name: Super King Buffet

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 Wei 503-775-2720
(name) (phone number(s))

7059 SE Powell Blvd, Portland, OR 97206 503-774-5338 liwei@lawofficeofliwei.com
(address) (fax number) (e-mail address)

RECEIVED
JAN 07 2014
REGULATORY FIELD SERVICES
Oregon Liquor Control Commission

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 _____ Date 12-13-13 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: WMBW ($275.00 / yr)

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: P

Date: 1-7

90-day authority: ☐ Yes ☐ No

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

① Michael Walcott ③ _____

② _____ ④ _____

2. Trade Name (dba): Tread Water

3. Business Location: 4058 SE Pardee Street (number, street, rural route) | Portland (city) | Multnomah (county) | OR (state) | 97202 (ZIP code)

4. Business Mailing Address: same as above (PO box, number, street, rural route) | (city) | (state) | (ZIP code)

5. Business Numbers: 971-235-2478 (phone) | none (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: 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? Portland (name of city or county)

11. Contact person for this application: Michael Walcott (name) | 971-235-2478 (phone number(s))

4058 SE Pardee Street Portland, OR 97202 (address) | none (fax number) | michaelwalcott4@msn.com (e-mail address)

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

RECEIVED

JAN 07 2014

REGULATORY FIELD SERVICES

Applicant(s) Signature(s) and Date:

① _____ Date 12/31/2013 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

P# 48566
L# 185500

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 [x] 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: CAC

Date: 1/7/14

90-day authority: ❑ Yes ❑ No

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

① Kodiak Ent., Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Historic Willamette General Store

3. Business Location: 1720 Willamette Falls Dr West Linn, Clackamas OR 97068
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1720 Willamette Falls Dr West Linn, OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-908-1720
(phone) (fax)

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

7. If yes to whom: Kodiak Ent., Inc. Type of License: Limited On-Premise and Off Premise

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Ryan Dato
(manager must fill out an Individual History form)

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

11. Contact person for this application: Ryan Dato 503-908-1720
(name) (phone number(s))

1720 Willamette Falls Dr West Linn OR 97068 503-908-1721 ryandato@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 Ryan Dato Date 11/8/13 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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: 1/7/14

90-day authority: ❑ Yes ❑ No

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

① ~~Salvador Sergio Lopez~~ CL ③ La Bonita Inc.

② Joaquin Lopez CL ④ _____

2. Trade Name (dba): La Bonita

3. Business Location: 2839 Ne Alberta ST Portland Multnomah Oregon 97211 ✓
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2839 Ne Alberta ST Portland Multnomah Oregon 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-281-3662 503-281-4820
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Salvador Lopez
(manager must fill out an Individual History form)

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

11. Contact person for this application: Salvador Sergio Lopez 503-750-1983
(name) (phone number(s))

16510 Sw Blanton St Beaverton OR 97007 labonita2839@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 _____ Date 11-22-13 ③ _____ Date _____

② _____ Date 9/23/13 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] (signature) 12-31-13 (date)

Name: CHRIS MERRIFIELD

Title: LIEUTENANT

OLCC USE ONLY

Application Rec'd by: 1/9/14

Date: CM

90-day authority: ☐ Yes ☐ No

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

① GILLIAN ROSE SEITZ ③ _____

② _____ ④ _____

2. Trade Name (dba): "GILLIROSE VINEYARD"

3. Business Location: 15845 ST. HWY 38, ELKTON DOUGLAS ORE. 97436
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. BOX 542 ELKTON OR 97436
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-584-2434
(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? DOUGLAS COUNTY (name of city or county)

11. Contact person for this application: GILLIAN SEITZ (name) 541-584-2434 (phone number(s))

PO BOX 542 ELKTON OR 97436 (address) (fax number) gillian@rconnects.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 Gillian R Seitz Date 01-11-2013 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: Brewery

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: _____

Date: 1-9-14

90-day authority: ☐ Yes ☐ No

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

① Marcus Becker ③ _____

② Flyboy Brewing LLC ④ _____

2. Trade Name (dba): Flyboy Brewing

3. Business Location: 15630 SW Boones Ferry Road, Lake Oswego, OR ~~Suite 1A~~ 97035
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5352 SW Sequoia Dr Tualatin OR 97062
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-544-3768 ~ ?
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Marcus Becker 503-544-3768
(name) (phone number(s))

5352 SW Sequoia Dr Tualatin OR 97062
(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 Marcus Becker Date 1-7-14 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: CM

Date: 1/9/14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ANDREW TURNER ③ _____
   ② Northwest Bounty LLC ④ _____
2. Trade Name (dba): NORTHWEST BOUNTY, LLC
3. Business Location: 23732 S. LEISURE LANE BEAVERCREEK CLACK. OR 97004
   (number, street, rural route) (city) (county) (state) (ZIP code)
   23732 ↗
4. Business Mailing Address: (SAME AS ABOVE)
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-975-3853
   (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: ANDREW TURNER
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? CLACKAMAS
    (name of city or county)
11. Contact person for this application: ANDREW TURNER 503-381-9898
    (name) (phone number(s))
    23732 S. LEISURE LN BEAVERCREEK, OR 97004 ANDREW@NORTHWESTBOUNTY.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 _____ Date 1/8/14 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: _____

L:190463

P: 2505

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: CAC

Date: 1/9/14

90-day authority: ☐ Yes ☐ No

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

① Dooley Ham ③ _____

② _____ ④ _____

2. Trade Name (dba): D and D's Dickey PRAirie STORE 97038

3. Business Location: 16560 S Ramsby RD Molalla clackamas OR ~~97017~~
(number, street, rural route) Ramsby (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-829-7654
(phone) (fax)

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

7. If yes to whom: Jon & Tim Dilworth Type of License: OFF-premises

8. Former Business Name: Dickey prairie store

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? Molalla Oregon
(name of city or county)

11. Contact person for this application: Dooley Ham 503-829-7654
(name) (phone number(s))

30406 S Grays Hill RD Colton OR 97017
(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 _____ Date 1/1/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____