



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership	The City Council or County Commission:	
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet	_____	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	City of <u>Prairie City</u>	(name of city or county)
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	recommends that this license be:	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Private Club		By: _____	(signature) (date)
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		Name: _____	
<input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)		Title: _____	
<input type="checkbox"/> with Fuel Pumps			
<input type="checkbox"/> Brewery Public House (\$252.60)			
<input type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
90-DAY AUTHORITY		OLCC USE ONLY	
<input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		Application Rec'd by: <u>J. Marquardt</u>	
APPLYING AS:		Date: <u>Jan. 21, 2014</u>	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Individuals	Expires _____	

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ① Gregory T. Armstrong ③ _____
 - ② Marla L. Armstrong ④ _____
2. Trade Name (dba): Prairie Drug and Hardware & Gifts
3. Business Location: 124 W Front Prairie City Grant OR 97869
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: P.O. Box 217 Prairie City OR 97869
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-620-3739 541-
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: PRAIRIE DRUG & HARDWARE Type of License: "O" w/ TASTING
8. Former Business Name: Prairie Drug and Hardware
9. Will you have a manager? Yes No Name: Vonnie Anderson
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Prairie City
(name of city or county)
11. Contact person for this application: Greg Armstrong 541-602-6429
(name) (phone number(s))
711 NW 42 ST DuWay, OR 97869 WA greg@leasdrug.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 1-4-14 ③ _____ Date _____

② [Signature] Date 1-10-14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 1/17/14

90-day authority: Yes No

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

- ① Jose Luis Mendez Reyes
- ② _____

2. Trade Name (dba): La Mixteca Taqueria

3. Business Location: 1601 NE 223 Ave Fairview (26) OR 97024
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1601 NE 223 Ave Fairview OR 97024
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 912-3624
(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? Fairview OR 97024
(name of city or county)

11. Contact person for this application: Jose Luis Mendez (503) 473-9886
(name) (phone number(s))
1601 NE 223 Ave Fairview OR 97024 JLW15M5@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 [Signature] Date 05-05-13 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

#L: 1891091
#P: 24433

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: 1/17/14

90-day authority: Yes No

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

① Thuy Truong ③ _____

② _____ ④ _____

2. Trade Name (dba): Junior's II Grocery

3. Business Location: 139 SW Broadway Portland Multnomah OR 97205

(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) 223-1912

(phone) (fax)

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

7. If yes to whom: Tam Nguyen / Nao Luu Type of License: OFF-Premises Sales

8. Former Business Name: Junior's II Grocery

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

(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: Thuy Truong (503) 853-2896

(name) (phone number(s))

3570 NE 218th AVE Fairview OR 97024 truongdtt@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 1/17/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P45076
U83986

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: 1-17-14

90-day authority: Yes No

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

- ① GALLARDO INC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): LA MONTANA III

3. Business Location: 8349 SW TONKA ST TUALATIN WASHINGTON OR 97062
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8349 SW TONKA ST TUALATIN OR 97062
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-707-6980
(phone) (fax)

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

7. If yes to whom: URIEL ESTRADA El Ranchito Alegre Inc Type of License: LIMITED ON-PREMISES SALES OFF

8. Former Business Name: EL RANCHITO ALEGRE INC

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

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

11. Contact person for this application: ENRIQUE CHANEZ
(name) (phone number(s))

2629 SUNSET DR FOREST GROVE OR 97116
(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 12/26/13 ③ _____ Date _____
- ② Vivichona Gallardo Date 12/26/13 ④ _____ Date _____

RECEIVED

JAN 13 2014

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES	ACTIONS
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>47N</u>
<input type="checkbox"/> Private Club	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)	
<input type="checkbox"/> with Fuel Pumps	
<input type="checkbox"/> Brewery Public House (\$252.60)	
<input type="checkbox"/> Winery (\$250/yr)	
<input checked="" type="checkbox"/> Other: <u>WMBW - Wholesaler Malt Beverage and Wine (\$275)</u>	

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____
(name of city or county)

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 1-17-14

90-day authority: Yes No

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

① Anheuser-Busch, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Western Beverage

3. Business Location: 18300 NE Portal Way Portland OR 97230
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: One Busch Place/Secretary (202-1) St. Louis MO 63118
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 314-765-6565 314-577-7646
(phone) (fax)

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

7. If yes to whom: Morgan Distributing INC Type of License: WMBW #328862

8. Former Business Name: Morgan Distributing

9. Will you have a manager? Yes No Name: Matthew R. Michener
(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: Lydia Thomas 314-765-6565
(name) (phone number(s))

One Busch Place/Secretary (202-1) St. Louis, MO 63118 314-577-0776 Lydia.Thomas@Anheuser-Busch.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 1/14/14 ③ _____ Date _____
Katherine M. Barrett, Secretary

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)
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- 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 _____

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L185145

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: 1/13/14

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Natividad Silva
- ② _____
- ③ Aroma Mexican Rest, LLC
- ④ _____

2. Trade Name (dba): Aroma Mexican Restaurant

3. Business Location: 311 SE 17th Ave. Hillsboro OR 97123
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11507 SE 47th Ave. Milwaukie, OR 97222
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-810-9474
(phone) (fax)

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

7. If yes to whom: Luis Zaragoza Type of License: full on-premises

8. Former Business Name: Aroma Mexican Restaurant

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

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

11. Contact person for this application: Natividad Silva 503-810-9474
(name) (phone number(s))

11507 SE 47th Ave. Milwaukie, OR 97222 silvanat@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 Natividad Silva Date 1/9/14
- ② _____ Date _____
- ③ _____ Date _____
- ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:
LICENSE TYPES: Full On-Premises Sales, Commercial Establishment, etc.
ACTIONS: Change Ownership, New Outlet, etc.
CITY AND COUNTY USE ONLY: Date application received, City Council or County Commission.
OLCC USE ONLY: Application Rec'd by, Date, 90-day authority.

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
1 ANJALINE Inc. 3
2 4

2. Trade Name (dba): B21
3. Business Location: 2007 NB Broadway Portland OR-97232
(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: 503-935-0000
(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: SELF
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sonia Kahlem 503-935-0000
(name) (phone number(s))
2007 NB Broadway Portland OR-97232
(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 Sonia Kahlem Date Dec 8-13
2 Date JAN 16 2014 Date

RECEIVED



OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION

Please Print or Type

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

#195569

Section 1: Complete This Section For All Requests	1. Licensee Name(s): <u>ORCHID INVESTMENT COMPANY</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>108 BAR N GRILL</u> Type of License: <u>F-COM</u> <small>(current business name)</small> <small>(O, L, F, etc.)</small>
	3. Business Address: <u>10845 NE HALSEY ST PORTLAND 97220</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	4. Mailing Address: <u>10908 SE KNAPP ST PORTLAND 97266</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	5. Telephone Number: <u>503-255-8833</u> <u>503-705-3271</u> <small>(business)</small> <small>(home)</small>
	6. Check here for a duplicate license certificate <input type="checkbox"/>

Section 2: Change of Trade Name	New Trade Name (dba): _____
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Section 3: Change of Legal Name	1. New Name: <u>BLEU POINTE CORPORATION</u> 2. Date of Name Change: <u>01/01/2014</u> 3. Attach a signed copy of legal document(s).
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Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: _____ 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
--	---

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

Licensee Name: THUYDUNG THIP LE Title: PRESIDENT
 Licensee Signature: [Signature] Date: 12/26/2013



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: JD

Date: 1-16-14

90-day authority: Yes No

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

① Dean Pottle ③ _____
② _____ ④ _____

2. Trade Name (dba): Dean's Scene Homebrewery

3. Business Location: 4714 NE Fremont St Portland Multnomah Or 97213
(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: 503-319-2517
(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? Portland
(name of city or county)

11. Contact person for this application: Dean Pottle 503-319-2517
(name) (phone number(s))
4714 NE Fremont St. _____
(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 Dean Pottle Date 1/16/14
② _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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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: <u>City of Burns</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Dawna Wenzel</u> 1/13/14 <small>(signature) (date)</small> Name: <u>Dawna Wenzel</u> Title: <u>City Clerk</u>	OLCC USE ONLY Application Rec'd by: <u>L. Shepard</u> Date: <u>1/16/14</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Dead Run, Inc ③
 - _____ ④
- Trade Name (dba): Figaro's Pizza Pub
- Business Location: 673 W Monroe Burns Harney OR 97720
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1100 N Diamond Ave Burns OR 97720
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-573-5500 541-573-1276
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Todd & Verita Bigelow Type of License: Full ON Premises
- Former Business Name: Meat Hook Steak House
- Will you have a manager? Yes No Name: Peter Runnels
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Burns, County of Harney
(name of city or county)
- Contact person for this application: Peter D. Runnels 541-589-1550 (cell)
(name) (phone number(s))
1100 N Diamond Ave Burns OR 97720 figaros@centuritel.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 Peter D. Runnels Date 1/12/14 ③ _____ Date _____

② Cheryl R. Runnels Date 1/12/14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: ACC

Date: 1.16.14

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

1. Ently or Individuals applying for the license: (See SECTION 1 of the Guide)

① Selma Salcido ② _____

③ Jose Salcido ④ _____

2. Trade Name (dba): EL Pique Taqueria

3. Business Location: 289 E Ellendale Suite 401 Dallas OR 97338
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 289 E Ellendale Suite 401 Dallas OR 97338
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-385-7884 (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: Jose Salcido
(manager must fill out an Individual History form)

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

11. Contact person for this application: Selma Salcido 503-917-1423
(name) (phone number(s))
289 E Ellendale Suite 401 elpiquetaqueria@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.
OREGON LIQUOR CONTROL COMMISSION

Applicant(s) Signature(s) and Date:

① Selma Salcido Date 1/16/2014

② Salcido Date 1/16/14



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____
(name of city or county)

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: David Green

Date: 1/22/14

90-day authority: Yes No

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

① Bennett Vineyards & Wine Company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Bennett Vineyards & Wine Company LLC

3. Business Location: 25974 Hwy 36, Cheshire, Lane OR 97419
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 26049 Clearingside Dr, Junction City, OR 97448
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 760-214-8304, 541-998-3551
(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? Lane County
(name of city or county)

11. Contact person for this application: Melvin Bennett 760-214-8304
(name) (phone number(s))
26049 Clearingside Dr, Junction City, OR 97448 meandmelisab@aol.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 1-16-14 ③ _____ Date _____

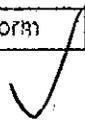
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Reset Form

Print Form



Application is being made for: LICENSE TYPES, ACTIONS, CITY AND COUNTY USE ONLY, 90-DAY AUTHORITY, APPLYING AS:
Application Rec'd by: [Signature]
Date: 1-21-14
90-day authority: [] Yes [] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
1. BISTRO 214 LLC
2. Trade Name (dba): BISTRO 214
3. Business Location: 53 NE Roberts Ave Gresham OR 97030
4. Business Mailing Address: 1715 SE Liberty Ave Gresham OR 97080
5. Business Numbers: 503-442-1193
6. Is the business at this location currently licensed by OLCC? [] Yes [X] No
7. If yes to whom: LUCK E 13 LLC Type of License: full on premise
8. Former Business Name: LUCK E 13
9. Will you have a manager? [X] Yes [] No Name: Katherine Belknap
10. What is the local governing body where your business is located? Gresham
11. Contact person for this application: Katherine Belknap 503-442-1193
1715 SE Liberty Ave Gresham 97080 bistro-214@yahoo.com

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Applicant(s) Signature(s) and Date:
1. K. Belknap Date 1/21/14
2. Date



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

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

① Poppys Market and Deli LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Poppys Market and Deli

3. Business Location: 2718 E 2nd St The Dalles Wasco Oregon 97058
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 515 Dufur Oregon 97021
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-298-5222 _____
(phone) (fax)

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

7. If yes to whom: Ben McGurdy NCO, LLC Type of License: Off-premises sales - Inact 12-31-13

8. Former Business Name: NCO Inc - DBA Poppys Mini Mart

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 Dalles
(name of city or county)

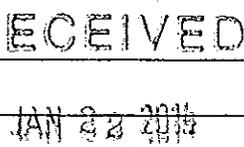
11. Contact person for this application: Benjamin L Turner 541-993-5002
(name) (phone number(s))
PO Box 515 Dufur Oregon 97021 benturner55@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Ben Turner Date 12-24-13 ③ **RECEIVED** Date _____

② _____ Date _____ ④ _____ Date _____





OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CAO

Date: 1/21/14

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① HERGALY GROUP INC ③ _____

② _____ ④ _____

2. Trade Name (dba): Taqueiros Mexican Grill

3. Business Location: 17218 SE POWELL BLVD SUITE B PORTLAND OR 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17218 SE POWELL BLVD SUITE B PORTLAD OR 97236
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: ADRIANA RYDER 503 957 8000
(name) (phone number(s))
2536 SE ELLIOTT DR GRESHAM OR 97080 503 980 7940 503 957 8000
(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 1/21/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

*L# 196312
P# 24505*

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CMW

Date: 1/22/14

90-day authority: Yes No

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

① Rajesh Patel - The Bronx Eatery LLC ③

② Sonal Patel ④

2. Trade Name (dba): The Bronx Eatery - Going to change the name to The Bronx Bar

3. Business Location: 23705 NE Sandy blvd. Wood Village Mult. OR 97060
(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: 503 489-6555 503 661-1308
(phone) (fax)

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

7. If yes to whom: The Bronx Eatery - Rajesh Patel Type of License: Limited On-Premises

8. Former Business Name: Bronx Eatery

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

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

11. Contact person for this application: Raj Patel 503 810-5866
(name) (phone number(s))
23705 NE Sandy blvd. Wood Village, OR 97060 503 661-1308 raj1015@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 [Signature] Date Jan 14, 2014 ③ Date _____

② [Signature] Date 1/22/14 ④ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Oregon Liquor Control Commission
Salem, Oregon

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: 1/22/14

90-day authority: Yes No

RECEIVED

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

① Aviano RDM, LLC

③

② _____

④

AUG 21 2013

2. Trade Name (dba): Coyote Ranch Pub

3. Business Location: 2522 SE Jesse Butler Circle, Suite 16 Redmond Deschutes Oregon 97756
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541.990.8365 541.526.0281
(phone) (fax)

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

7. If yes to whom: Coyote Ranch Pub, LLC Type of License: Full On-Premises

8. Former Business Name: Coyote Ranch Pub

9. Will you have a manager? Yes No Name: Daniel K. Brawn
(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: Daniel K. Brawn 541.990.8365
(name) (phone number(s))
932 Kouns Drive NW Albany, Oregon 97321 541.928.6394 danielbrawn@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 8.15.13 ③ _____ Date _____

② _____ Date 8.15.13 ④ _____ Date _____

