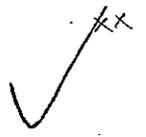




OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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: 3/14/14

90-day authority: Yes No

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

- ① HERO ENTERPRISES, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): BIG TOWN HERO

3. Business Location: 1545 NE SANDY BLVD. PORTLAND MULTNOMAH, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6979 SE LAKE ROAD PORTLAND OR 97267
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-228-8778 4376 503-228-8778
(phone) (fax)

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

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

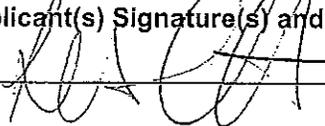
8. Former Business Name: _____

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: LESLIE HWA 503-228-4376
(name) (phone number(s))
6979 SE LAKE ROAD, PORTLAND, OR 97267 503-228-8778 leslie@bth.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 03-13-2014 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

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: CAE

Date: 3/14/14

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. TRAIAN SASU
2.
3. Bucegi LLC
4.

2. Trade Name (dba): HOME BASE COFFEE

3. Business Location: 2620 SE POWELL PORTLAND U.S.A. OREGON 97202

4. Business Mailing Address: THE SAME AS ABOVE

5. Business Numbers: (503) 208-5422 N/A

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: LILIKOI COFFEE SHOP

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

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

11. Contact person for this application: TRAIAN SASU (503) 208-5422
7665 SW 67th AVE PORTLAND - OR 97223 TRAIAN@OLCC.ORG

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 3/14/2014

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 OTN

P: 50310
L: 189869

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: 3/13/14

90-day authority: Yes No

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

- ① Neighborhood Gents LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Road Runner Pizza

3. Business Location: 3570 SE Division Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3570 SE Division Portland OR 97202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 232 3004 N/A
(phone) (fax)

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

7. If yes to whom: Mufos Table LLC Type of License: F-Com

8. Former Business Name: The Roadrunner Cafe

9. Will you have a manager? Yes No Name: Sean Cogan
(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: Eli Johnson 503 869 0607
(name) (phone number(s))
3331 E. Burnside Portland OR 97214
(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 3.13.14 ③ _____ Date _____
- ② [Signature] Date 3/13/14 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: Wholesale Malt Beverage

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 3-11-14

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① A+B IMPORTS INC ③ _____

② _____ ④ _____

2. Trade Name (dba): A+B IMPORTS INC

3. Business Location: 3182 NW 26TH AVE PORTLAND MULT OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5501 1ST AVE SEATTLE WA 98108
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 206-332-1995
(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: SAMANTHA AGEE + DAN GINSBURG 206-332-1995
(name) (phone number(s))
5501 1ST AVE S SEATTLE, WA 98108 SAMANTHA@A-RIMPORTS.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 3/11/2014 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 _____

L# 190435
P# 51464

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: 3/13/14

90-day authority: Yes No

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

① EL CHINO TAQUERIA LLC ③

② _____ ④

2. Trade Name (dba): El Chino Taqueria LLC

3. Business Location: 3002 SW CORNELIUS PASS RD Hillsboro OR 97123
(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) 259-2223 (503) 259-2222
(phone) (fax)

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

7. If yes to whom: TASTE OF MEXICO LLC Type of License: F-Comm

8. Former Business Name: CAROLINA TAQUERIA TASTE OF MEXICO + MORE

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

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

11. Contact person for this application: Jorge Luis Reyes (503) 419-8482
(name) (phone number(s))
2364 NE Thomas St Hillsboro OR 97124
(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 3-12-2014 Date _____

② [Signature] Date 3/12/14 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 OTN

Pa639
L183876

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: 3-14-14

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 Scim's Molalla, INCORPORATED ③ _____

② _____ ④ _____

2. Trade Name (dba): Scim's Molalla

3. Business Location: 110 S. Molalla Ave Molalla CLATSOP OR 97038
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 29570 SW Valley St #31 Wilsonville OR 97070
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-860-0564
(phone) (fax)

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

7. If yes to whom: MAR-LYN HORNES, INC Type of License: Full on-premises

8. Former Business Name: LOWE BLANCH TAXEN

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 Molalla
(name of city or county)

11. Contact person for this application: Ryan Govro 503-860-0564
(name) (phone number(s))
29570 SW Valley St #31 Wilsonville, OR 97070 Rgovro@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 3-9-14 ③ _____ Date _____

② _____ Date _____ ④ MAR 14 2014 Date _____

RECEIVED



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 _____

P: 49614
L: 180004

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: CLC

Date: 3/17/14

90-day authority: Yes No

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

① TRPI LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Tavins Pub ✓

3. Business Location: 102 NE Russell St Portland OR 97212
(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: 503-719-4890
(phone) (fax)

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

7. If yes to whom: Tavins Pub LLC Type of License: Full on-Premises ✓

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: Trevor Parrish 360-670-9431
(name) (phone number(s))
102 NE Russell St Tparrish70@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 2/13/14 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 _____

PREM # 5560

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: *17 MAR 14*

90-day authority: Yes No

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

① Provolt Country Store LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Provolt Country Store LLC

3. Business Location: 14299 Williams Hwy Grants Pass, Jackson, Oregon 97527
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14299 Williams Hwy Grants Pass Oregon 97527
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (505) 717-5559 _____
(phone) (fax)

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

7. If yes to whom: Ruth Kealher Type of License: Off-Premises Sales

8. Former Business Name: Provolt 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? Jackson County, Oregon
(name of city or county)

11. Contact person for this application: Ronald Tracy Archey 505-717-5559
(name) (phone number(s))
14299 Williams Hwy, Grants Pass OR 97527 ProvoltLLC@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. **RECEIVED**

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 3/10/2014 ③ _____ Date MAR 11 2014

② *[Signature]* Date 3/10/2014 ④ _____

REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



<p><u>Application is being made for:</u></p> <p>LICENSE TYPES</p> <p><input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p>90-DAY AUTHORITY</p> <p><input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority</p> <p>APPLYING AS:</p> <p><input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p align="center">(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ (signature) _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p align="center">OLCC USE ONLY</p> <p>Application Rec'd by: <u>Cal</u></p> <p>Date: <u>3/17/14</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

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

① 503 Uncorked LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 503 Uncorked

3. Business Location: 16079 SW Railroad St Sherwood Washington OR 97140 ✓

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

4. Business Mailing Address: PO Box 2 Sherwood OR 97140

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

5. Business Numbers: 503-849-0432 cell phone

(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: Debra A Wilson

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Debra Wilson 503-849-0432

(name) (phone number(s))

16320 SW Willow Dr Sherwood OR 97140 503uncorked@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 Debra A. Wilson Date 3/14/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	The City Council or County Commission: _____
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	_____ (name of city or county)	recommends that this license be:
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	By: _____ (signature) _____ (date)
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	Name: _____	Title: _____
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	OLCC USE ONLY	
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>2nd Location</u>	Application Rec'd by: <u>AW</u>	Date: <u>3/17/14</u>
<input type="checkbox"/> Private Club		90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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) <u>TASTING ROOM</u>			
<input type="checkbox"/> Other _____			
90-DAY AUTHORITY			
<input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority			
APPLYING AS:			
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals

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

① MIMOSA ESTATE, LLC ② _____

2. Trade Name (dba): MIMOSA ESTATE

3. Business Location: 158 GAERKY CREEK RD MEDFORD OREGON 97520
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2206 CRESTBROOK LN MEDFORD OREGON 97504
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 690 4350 NONE
(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: L-BRINN JORGAN
(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: LUCAS BRINN JORGAN 541 690 4350
(name) (phone number(s))
2206 CRESTBROOK LN MEDFORD 97504 BRINN@CLUTAWA-WINES.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 2/28/14 ② _____ Date _____
③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$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:

Tigard

(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: 3/17/14

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 Happy Growler LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Tapphoria

3. Business Location: 13815 SW Pacific Hwy Suite 40 Tigard Clackamas OR 97223
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13815 SW Pacific Hwy Suite 40 Tigard OR 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-515-7472
(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? Tigard
(name of city or county)

11. Contact person for this application: THEODORE NICHOLSON 503-515-7472
(name) (phone number(s))
2927 TOLKIEN LN, LAKE OSWEGO, OR 97034 TED_NICHOLSON@Junio.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 3/17/2014 ③ _____ Date _____

② [Signature] Date 3/17/2014 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Reset Form

Print Form

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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>1st Co-ownership</u>
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192486

90-DAY AUTHORITY <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals	OLCC USE ONLY Application Rec'd by: <u>AW</u> Date: <u>3-18-14</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Z Hawk LLC ③ _____
 ② _____ ④ _____
2. Trade Name (dba): Z Hawk Winery and Vineyard
3. Business Location: 340 N. Fir Medford Jackson OR 97501
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2335 N. PHOENIX RD. Medford OR 97504
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 559-269-6775 _____
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Z Hawk Winery and Vineyard LLC Type of License: Winery
8. Former Business Name: Z Hawk Winery and Vineyard
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? Medford, OR
(name of city or county)
11. Contact person for this application: Ross M. Allen 559-269-6775
(name) (phone number(s))
2335 N. PHOENIX RD. Medford OR 97504 RoscoAllen@Fastmail.FM
(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 3/17/14 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 _____

*PD8597
L183824*

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *JP*

Date: *3-19-14*

90-day authority: Yes No

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

① *Dora Wells / Minjae II, LLC* ③
② _____ ④ _____

2. Trade Name (dba): *Tobacco Express*

3. Business Location: *12963 SW Pacific Hwy Tiford OR 97223*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *12963 SW Pacific Hwy Tiford OR 97223*
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *503-443-4919*
(phone) (fax)

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

7. If yes to whom: *Minjae LLC* Type of License: *ORS 471.186 OFF PREMISES SALES*

8. Former Business Name: *Minjae LLC Tobacco Express*

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? *Tiford - Washington Co.*
(name of city or county)

11. Contact person for this application: *Dora Wells* *503-443-4919 - 360852-6449*
(name) (phone number(s))
12963 SW Pacific Hwy Tiford OR 97223
(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 *3-3-14* ③ **RECEIVED** Date _____
② _____ Date _____ ④ *MAR 18 2014* Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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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 197113
 P 23722

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>M. J. Chan</u> Date: <u>3.18.17</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① SCC Investment Group, LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Carly's
- Business Location: 877 NE Hogan Dr. Bresham Mult, OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 19162 S Hennei Rd Oregon City, OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-667-9132
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: X-M-Wells, LLC Type of License: LOP
- Former Business Name: Carly's
- Will you have a manager? Yes No Name: Chad Teters
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Bresham/Multnomah
(name of city or county)
- Contact person for this application: Chad Teters 503-871-8964
(name) (phone number(s))
19162 S. Hennei Rd Oregon City, OR 97045
(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] MEMBER Date 3/17/14 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____





OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ *P*

Date: 3-19

90-day authority: Yes No

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

① Sugar cube wines LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Rose and Fern wines

3. Business Location: 3115 NE Sandy Blvd Suite 1 Portland Multnomah OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 12475 Portland OR 97212
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 206.218.3573
(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: Kelly M. Ovelly & Stephen Upchurch
(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: Kelly Ovelly 206.218.3573
(name) (phone number(s))
2303 NE 12th Ave #4 PDX 97212 Kelly@RoseandFernwines.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 3/3/14 ③ MAR 18 2014 Date _____
② _____ Date _____ ④ _____ Date _____

RECEIVED

REGULATORY FIELD SERVICES
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 _____

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: 3/17/14

90-day authority: Yes No

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

- ① Lenin Jimenez Cocina Group LLC
- ② Pedro Flores

2. Trade Name (dba): La Cocina

3. Business Location: 3939 NE Martin Lutherking Portland OR 97212
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1326 SW 12th Ave Suite 200 Portland OR 97201
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-278-5414 888-472-0735
(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: Millet Vargas
(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: Lenin Jimenez 503-601-9102
(name) (phone number(s))
1326 SW 12th Ave 200 Portland OR 97201 lenin@lacocinafdx.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 3-17-14 ③ _____ Date _____
- ② [Signature] Date 3-17-14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



<p>Application is being made for:</p> <p>LICENSE TYPES</p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____		<p>ACTIONS</p> <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 _____	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p>(name of city or county)</p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<p>90-DAY AUTHORITY</p> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<p>OLCC USE ONLY</p> <p>Application Rec'd by: <u>CM</u></p> <p>Date: <u>3/18/14</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals			

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

① Therrien Restaurant Group, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Silver Moon Creperie

3. Business Location: 4220 N. Mississippi Ave. Portland Multnomah OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-889-0195
(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: Honey Pot Bakery

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: Christopher Therrien 603-377-6565
(name) (phone number(s))
430 N. Failing St. PHd 97227 chris@silvermooncreperie.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 3-17-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION



Please Print or Type

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

P# 25268 L# 195085

Section 1: Complete This Section For All Requests

1. Licensee Name(s): Trio Club, Inc
(as currently licensed) FOO-HONG FOONG

2. Trade Name (dba): Trio club Type or License: CF-COM
(current business name) (O, L, F, etc.)

3. Business Address: 909 E Burnside St
(street) PDX, OR 97214 (city) (ZIP code)

4. Mailing Address: _____ (street) _____ (city) _____ (ZIP code)

5. Telephone Number: (503) 234-5003 (business) (503) 957-5838 (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: Trio Club, Inc.

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: FOO HONG FOONG Title: president

Licensee Signature: [Signature] Date: 3/10/14



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: CSE

Date: 3/18/14

90-day authority: Yes No

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

① ~~SPENCER STERLING WHITTED~~ ② HOLDEN WINE COMPANY LLC

② _____ ④ _____

2. Trade Name (dba): HOLDEN WINE COMPANY

3. Business Location: 6012 Bonita Rd #A501, Lake Oswego, OR 97035
(number street rural route) (city) (state) (ZIP code)

4. Business Mailing Address: 6142 BONITA RD, LAKE OSWEGO OR 97035
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (460) 773-0112
(phone) (fax)

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

7. If yes to whom: STERLING WHITTED Type of License: WINERS

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? CLACKAMAS
(name of city or county)

11. Contact person for this application: STERLING WHITTED (460) 773-0112
(name) (phone number(s))
2703 SE DIVISION ST #3 STERLINGWHITTED@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 12/14/13 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 2nd LA

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: CAE

Date: 3/18/14

90-day authority: Yes No

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

① ~~SPEIKER STERLING WHITED~~ ③ HOLDEN WINE COMPANY LLC

2. Trade Name (dba): HOLDEN WINE COMPANY

3. Business Location: 35803 S HWY # 213 CLACKAMAS OR 97038
(number street rural route) (city) (state) (ZIP code)

4. Business Mailing Address: 6142 BONITA RD, LAKE OSWEGO OR 97035
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (460) 773-0112
(phone) (fax)

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

7. If yes to whom: MAX 35803 ~~STERLING WHITED~~ Type of License: WINERS

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? CLACKAMAS
(name of city or county)

11. Contact person for this application: STERLING WHITED (460) 773-0112
(name) (phone number(s))
2703 SE DIVISION ST #3 STERLINGWHITED@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 12/14/13 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: 3-18-14

The City Council or County Commission:

Douglas
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: [Signature] 5160 3-18-14
(signature) (date)

Name: CHRIS MEMMILLER

Title: LIEUTENANT

OLCC USE ONLY

Application Rec'd by: cm

Date: 3/18/14

90-day authority: Yes No

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

① South County Bar and Grill LLC

② _____ ③ _____

2. Trade Name (dba): The Club Bar & Grill

3. Business Location: 172 Old Pacific Hwy (Mtle Creek) (Douglas) (Oregon) 9745
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 33 Riddle OR 97469
(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: Country Club Tavern

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

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

11. Contact person for this application: Casey McMillen (541) 580-1274
(name) (phone number(s))

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

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 3/16/14 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: 3-20

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① PIZZA SMITH BRIDGEPORT LLC ③
 ② _____ ④ _____
- Trade Name (dba): PIZZA SMITH
- Business Location: 7331 SW BRIDGEPORT RD. SUITE 250 TIGARD OR 97224
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 9700 SW CAPITOL HWY SUITE 250 PORTLAND OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 595-1361 503 595-1365
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: N/A Type of License: N/A
- Former Business Name: ROMY
- Will you have a manager? Yes No Name: CRAIG M. BASHTEL
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? TIGARD
(name of city or county)
- Contact person for this application: CRAIG M. BASHTEL 503 595-1361
(name) (phone number(s))
9700 SW CAPITOL HWY SUITE 250 503 595-1361 CRAIG@PASTRY.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 Craig M. Bashstel Date 3-17-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ *P*

Date: 3-20

90-day authority: Yes No

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

2. Trade Name (dba): B Street Coffee House

3. Business Location: 2190 W Burnside Suite A Portland Mult. OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2190 W Burnside Suite A Portland OR 97210
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-222-2441
(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: Caitlin Morrison
(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: Caitlin Morrison 310-562-4483
(name) (phone number(s))
business address
(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 Caitlin Morrison Date 3-18-14 ③ _____ Date _____
 ② _____ Date _____ ④ _____ 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 checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input 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: CAO

Date: 3/19/14

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Rose Valley Enterprises LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Ballroom Galactica
- Business Location: 618 SE Alder St ✓ Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 2425 NW Johnson St Portland OR 97210
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (503) 701-4653
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: Benjamin Ford Sala
(manager must fill out an Individual History form) ✓
- What is the local governing body where your business is located? Portland
(name of city or county)
- Contact person for this application: Sarah R. Brandenburg
(name) (phone number(s))
2425 NW Johnson St pdx 97210 Sarahrose@ballroomgalactica.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 Sarah R. Brandenburg Date 3/19/14 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 Rec'd by: [Signature]

Date: 3/19/14

90-day authority: Yes No

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

① Roman Shurko ③ _____

② _____ ④ _____

2. Trade Name (dba): Rent Ice generator In Portland

3. Business Location: 6950 SW Hampton, Tigard Washington, OR 97223
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11418 SW Bull Mountain Rd, #223, Tigard, OR 97224
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 1 971 506 - 1338
(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? Tigard
(name of city or county)

11. Contact person for this application: Roman Shurko (971) 506-1338
(name) (phone number(s))
11418 SW Bull Mountain Rd, #223, Tigard, OR 97224
(address) (fax number) (e-mail address)
roman.shurko@hotmail.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 [Signature] Date 3/19/2014 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 _____

*#=194028
#P=51809*

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: OM

Date: 3/19/14

90-day authority: Yes No

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

① Matt Lagasse Prendiamo, LLC ③

② Misty Lagasse ④

2. Trade Name (dba): Blend Coffee

3. Business Location: 2710A N. Killingsworth St. Portland Multnomah Oregon 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 21901 NE Larkspur Ln Fairview OR 97024
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-473-8616 N/A
(phone) (fax)

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

7. If yes to whom: Prendiamo, LLC Type of License: Limited On Premises Sales

8. Former Business Name: Blend Coffee

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: Matt Lagasse 971-506-4432
(name) (phone number(s))
Same as business mailing matt@prendiamocoffee.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 Matt Lagasse Date 3-19-2014 ③ Date _____

② _____ Date _____ ④ Date _____