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: LS

Date: 7/22/14

90-day authority: ☐ Yes ☒ No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
   ① Richard Roy ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Steens Mountain Brewing Company
3. Business Location: 150 West Washington Street (number, street, rural route) Burns (city) Harney (county) OR (state) 97720 (ZIP code)
4. Business Mailing Address: 150 West Washington Street (PO box, number, street, rural route) Burns (city) OR (state) 97720 (ZIP code)
5. Business Numbers: 541-589-1159 (phone) n/a (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? Burns (name of city or county)
11. Contact person for this application: Richard Roy (name) 541-589-1159 (phone number(s))
    974 N. Court Ave Burns, OR 97720 (address) n/a (fax number) steensmountainbrewing@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Richard Roy Date 6/18/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
JUL 14 2014
Oregon Liquor Control Commission
Salem, Oregon

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [ ] Limited Liability Company [x] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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: LS

Date: 7/22/14

90-day authority: ☑ Yes ☐ No

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

① STACEY LYNN PUCKETT ③ _____

② _____ ④ _____

2. Trade Name (dba): BIG BEAR LODGE

3. Business Location: 171 HINES LOGGING ROAD, HINES, HARNEY, OREGON 97738
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 1425, HINES, OR 97738
(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: KMG, LLC Type of License: FULL ON-PREMISIS SALES

8. Former Business Name: BIG BEAR LODGE

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? HINES
(name of city or county)

11. Contact person for this application: STACEY LYNN PUCKETT 541-480-8475
(name) (phone number(s))

PO BOX 1425 541-573-2755 puckettandson@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 Stacey Puckett Date Jul 10, 2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- ☐ Change Ownership
- ☐ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other. CLOC

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L202588

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: 7/18/14

90-day authority: ☐ Yes ☐ No

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

① ~~Stephen Gonzales~~ ③ *Savvy Wine Buys LLC

② _____ ④ _____

2. Trade Name (dba): Savvy Wine Buys

3. Business Location: 23751 SW Elderberry Ln. (number, street, rural route) West Linn (city) Clackamas (county) OR (state) 97068 (ZIP code)

4. Business Mailing Address: P.O. Box 80143 (PO box, number, street, rural route) Portland (city) OR (state) 97280 (ZIP code)

5. Business Numbers: 971-207-3914 (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? West Linn Clackamas (name of city or county)

11. Contact person for this application: Stephen Gonzales (name) 503-975-1834 (phone number(s))

P.O. Box 80143 Portland OR 97280 (address) _____ (fax number) Stepheng157@me.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 7-17-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 7/21

90-day authority: [ ] Yes [ ] No

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

① Hano's Bakery, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): House of Bread

3. Business Location: 16230 SW Pacific Hwy, #140, Tigard, OR 97224 (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: 503-596-2791 (phone) n/a (fax)

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

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

8. Former Business Name: n/a

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

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

11. Contact person for this application: Terri Evetts (name) 503-596-2791 (phone number(s))

16230 SW Pacific Hwy, #140, Tigard (address) (fax number) housoofbreadtigard@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 7/5/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
JUL 21 2014
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: CM

Date: 7-21-14

90-day authority: ☐ Yes ☐ No

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

① 10 Speed Mead Company LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Hi-Wheel Wine & Mead Co.

3. Business Location: 6719 NE 18th Ave, Portland, Multnomah, Oregon 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2106 NE Liberty St, Portland, Multnomah, Oregon 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 706-7092
(phone) (fax)

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

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

8. Former Business Name: n/a

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

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

11. Contact person for this application: Ken Bonnin, Jr
(name) (phone number(s))

2106 NE Liberty St, Portland, Oregon 97211 ken@hiwheelwines.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 7/15/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

NO ☒ 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: 7-21-14

90-day authority: ☐ Yes ☐ No

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

① ~~Rui Yin Lei~~ ③ Hama Sushi, LLC

② _____ ④ _____

2. Trade Name (dba): Hama Sushi

3. Business Location: 4232 NE Sandy Blvd (number, street, rural route) Portland (city) (county) OR (state) 97213 (ZIP code)

4. Business Mailing Address: 4029 SE 125th PL (PO box, number, street, rural route) Portland (city) OR (state) 97236 (ZIP code)

5. Business Numbers: 5032491021 (phone) (fax)

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

7. If yes to whom: _____ Type of License: exp 2012

8. Former Business Name: Hama Sushi

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? _____ (name of city or county)

11. Contact person for this application: Rui Yin Lei (name) 5035019790 (phone number(s))

4029 SE 125th PL, Portland OR 97236 (address) (fax number) xinxin.lin@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 7/14/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: E. Vicars

Date: 07-21-2014

90-day authority: [ ] Yes [ ] No

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

① ~~Timothy John Clark~~ ③ _____

② Four Sports LLC ④ _____

2. Trade Name (dba): FOUR SPORTS LLC

3. Business Location: 832 SE GRAND AVE PORTLAND MULTNOMAH OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 405 2343
(phone) (fax)

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

7. If yes to whom: _____ Type of License: EXP 6/2014

8. Former Business Name: GRAND CAFE

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

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

11. Contact person for this application: TIM CLARK 503-405-2343
(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 _____ Date _____ ③ _____ Date 7/21/14

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [✓] 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: R. Hancock

Date: 7/18/14

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Salud Raw Foods LLC ③ _____
   ② _____ RAW FOOD ④ _____ Per applicant
2. Trade Name (dba): Salud ~~Live Kitchen & Juice Bar~~
3. Business Location: 431 NW Franklin Ave, Bend, Deschutes, OR 97702 (number, street, rural route) Suite # 150 (city) (county) (state) (ZIP code)
4. Business Mailing Address: Same (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 5416785368 (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? [x] Yes [ ] No Name: Corrine O'Shea (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Bend (name of city or county)
11. Contact person for this application: Corrine O'Shea (name) 5416109384 (phone number(s))
    19594 century dr. Bend, OR 97702 (address) (fax number) saludrawfood@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 6/24/14 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: 07-21-14
90-day authority: ☐ Yes ☑ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   (1) ~~Les Gutches~~ The Retreat Day Spa LLC
   (2) ~~Jeff Megy~~ (3)
2. Trade Name (dba): The Retreat Day Spa & Salon
3. Business Location: 777 NW 9th St. #200 (number, street, rural route) Corvallis (city) Benton (county) Oregon (state) 97330 (ZIP code)
4. Business Mailing Address: 777 NW 9th St. #200 (PO box, number, street, rural route) Corvallis (city) Or. (state) 97330 (ZIP code)
5. Business Numbers: 541-738-7328 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: ~~Debi Day~~ The Retreat Day Spa Type of License: Limited On-Premises Sales
8. Former Business Name: The Retreat Day Spa & Salon Inc. Salon LLC
9. Will you have a manager? ☑ Yes ☐ No Name: Sarah Larson (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Corvallis (name of city or county)
11. Contact person for this application: Sarah Larson (name) 541-231-5771 (phone number(s))
    5520 NW HWY 99 Corvallis, Or. 97330 (address) 541-207-3523 (fax number) sarah@glhroesports.com (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Applicant(s) Signature(s) and Date:
(1) _____ Date 7/20/2014 (3) _____ Date _____
(2) _____ Date 7/20/14 (4) _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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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 [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-21-14

90-day authority: ☐ Yes ☐ No

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

① Evergreen Curling Club ③ _____

② _____ ④ _____

2. Trade Name (dba): Evergreen Curling Club

3. Business Location: 10950 SW 5th Street Suite #155, Beaverton, Washington, OR 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 10950 SW 5th Street Suite #155, Beaverton, Washington, OR 9700
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 360-213-9268 (cell)
(phone) (fax)

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

7. If yes to whom: Evergreen Curling Club Type of License: Limited On-Premises Sales

8. Former Business Name: N/A

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

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

11. Contact person for this application: Craig Webster
(name) (phone number(s))

2509 E 29th St. Vancouver, WA 98661 N/A craigw@iinet.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 R Webster Date 7/10/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Master File

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: 7/7/14

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

recommends that this license be: ☒ Granted ☐ Denied

By: Tim Knapp 7-9-14 (signature) (date)

Name: TIM KNAPP

Title: MAYOR

OLCC USE ONLY

Application Rec'd by: Cara Vicari

Date: 7/16/2014

90-day authority: ☐ Yes ☐ No

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

① Neighbor Dudes, LLC ③ (Master File)

② _____ ④ _____

2. Trade Name (dba): Neighbor Dudes

3. Business Location: 9740 SW Wilsonville RD Suite 200 Wilsonville, Clackamas OR 97070
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 33896 E Walls RD Hermiston, Oregon 97838
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-314-8547
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Janna Coleman 541-314-8547
(name) (phone number(s))

33896 E Walls Rd Hermiston, OR 97838 541-567-9202 Jannamonkey@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 Janna Coleman Date 6-12-2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

90 DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

q Granted q Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CW

Date: 7/15/14

90 day authority: q Yes q No

Lattered Yes app in pending 7-7-14

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

☒ Sylvan Stop & Go Inc ☐ _____

☐ _____ ☐ _____

2. Trade Name (dba): Sylvan Stop & Go

3. Business Location: 1850 S.W. Skyline Blvd / Suite #4 / Port. OR. 97221 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1850 S.W. Skyline Blvd / Suite #4 / Port. OR. 97221 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 939-1579 (phone) 503 482-0297 (fax)

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

7. If yes to whom: N/A Type of license: N/A

8. Former Business Name: N/A

9. Will you have a manager? ☒ Yes ☐ No Name: Heather & Michael McMahon (manager must fill out an Individual History form)

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

11. Contact person for this application: Sandra J McMahon 971-235-4647 (name) (phone number(s))

18706 Van Fleet Ave - Sandy OR 97055 / 503482-0297 / mcmahonfour@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:

☐ Sandra J. McMahon Date 7-7-14 ☐ _____ Date _____

☐ _____ Date _____ ☐ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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90-DAY AUTHORITY

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

APPLYING AS:

☒ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-17-14

90-day authority: ☐ Yes ☐ No

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

① InnVentures IVI, LP ③ _____

② _____ ④ _____

2. Trade Name (dba): Homewood Suites Hotel

3. Business Location: 15525 NW Gateway Ct. (number, street, rural route) Beaverton (city) Washington (county) OR (state) 97005 (ZIP code)

4. Business Mailing Address: PO Box 58990 (PO box, number, street, rural route) Seattle (city) WA (state) 98138 (ZIP code)

5. Business Numbers: 503-614-0900 (phone) _____ (fax)

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

7. If yes to whom: Promus Hotels LLC Type of License: I (Limited On-Premises Sales)

8. Former Business Name: Homewood Suites Hotel

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

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

11. Contact person for this application: Dan Kramer (name) 415-237-6395 (phone number(s))

Strike & Techel - 556 Commercial St., San Francisco CA 94111 (address) (fax number) dan@strikeandtechel.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① xx _____ Date 7/14/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

JUL 16 2014

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: P

Date: 7-17

90-day authority: ☐ Yes ☐ No

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

The ① Portland Playhouse ③ _____

② _____ ④ _____

2. Trade Name (dba): Portland Playhouse

3. Business Location: 602 NE Prescott St. | Portland | Multnomah | OR | 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 602 NE Prescott St. | Portland | OR | 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-488-5822
(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: Brian Weaver
(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: Brian Weaver | 206-419-9190
(name) (phone number(s))

4307 N Commercial Ave. Portland OR 97217 | brian@portlandplayhouse.org
(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 Brian W Date 7/11/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 7-16-14

90-day authority: [ ] Yes [ ] No

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

① CMC Entertainment LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): STADIUMS

3. Business Location: 16065 SE. McLaughlin Milwaukie Clackamas ORE. 97267
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 100 Kerr Parkway #29 Lake Oswego, OR 97035
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-915-9530
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Christopher McKennett 503-915-9530
(name) (phone number(s))

100 Kerr Parkway #29 Lake Oswego, OR 97035
(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 7/16/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [X] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: [ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Ewoi Vicarr

Date: 7/17/2014.

90-day authority: [ ] Yes [ ] No

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

① FILIPINO AMERICAN ASSOCIATION OF PORTLAND & VICINITY, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): Filipino American Association of Pltd + Vicinity

3. Business Location: 8917 SE STARK ST, PORTLAND MULT OR 97216
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1212 SE 282ND AVE GRESHAM OR 97080
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-250-2865 503 665 0792
(phone) (fax)

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

7. If yes to whom: N/A Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? [X] Yes [ ] No Name: FRED ASA
(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: FRED ASA 503-250-2865
(name) (phone number(s))

1212 SE 282ND AVE 5036650792 PIDOASA@YAHOO.COM
(address) GRESHAM OR 97080 (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 7/10/14 _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-17

90-day authority: ☐ Yes ☐ No

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

① Aimbridge Concessions, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Press NW at Doubletree by Hilton Tigard

3. Business Location: 9575 SW Locust St, Washington County, Tigard, OR 97223-6677
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2500 N. Dallas Parkway, Suite 600, Plano, TX 75093
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-624-9000 (phone) 503-968-8184 (fax)

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

7. If yes to whom: N/A Type of License: N/A

8. Former Business Name: Phoenix Inn

9. Will you have a manager? [x] Yes [ ] No Name: Jeremiah Joseph Raymer
(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: Terry Neuman c/o Bluebonnet Consulting, Inc. 972-960-0033 x110
(name) (phone number(s))

6350 LBJ Freeway, suite 262, Dallas, TX 75240 972-960-1511 tneuman@bluebonnetconsulti
(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 7-11-14 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: Distillery Retail Outlet

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: 7-17

90-day authority: ☐ Yes ☐ No

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

① Eastside Distilling, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Eastside Distilling

3. Business Location: 3956 N. Mississippi Ave., Portland, Multnomah, OR 97227
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1512 SE 7th Ave. Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-926-7063
(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: Julie Bohn 503-936-1069
(name) (phone number(s))

1512 SE 7th Ave., Portland, OR 97214 julie@eastsidedistilling.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 6-11-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
JUL 17 2014
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 CTN

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#28565

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: 7-17-14

90-day authority: ☐ Yes ☐ No

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

① Ramesh Prasad Neupane ③ Dinesh Kumar Bista

② _____ ④ _____

2. Trade Name (dba): K & T Market & Deli

3. Business Location: 2731 NE Glisan St Portland Mult OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: ~~Same~~ 4835 SW Oleson Rd #B5 Portland, Oregon 97225
(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: Chi Sung + Myung Ja Kang Type of License: ~~OLCC~~ off Premise

8. Former Business Name: K & T Market ~~& Deli~~

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: Dinesh Kumar Bista 650-270-0910
(name) (phone number(s))

4835 SW Oleson Rd #B5 Portland, OR 97225 bistadinesh200321@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 07/16/2014 ③ _____ Date _____

② _____ Date 07/16/2014 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 4TN

L# 200711
P# 36608

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: 7-17-14

90-day authority: ☐ Yes ☐ No

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

① ESS EN CY, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): SHELL GAS STATION & MINI MART

3. Business Location: 1002 MOLALLA AVE OREGON CITY CLACKAMAS OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1002 MOLALLA AVE OREGON CITY, OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-655-7106
(phone) (fax)

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

7. If yes to whom: Lila & CRAIG BUBNA Type of License: OFF-PREMISES WITH PUMPS

8. Former Business Name: ~~BUBNA MARKETS~~ Shell Gas

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? OREGON CITY
(name of city or county)

11. Contact person for this application: SCOTT CALE 951-743-5202
(name) (phone number(s))

14914 SE DONLEY LN HAPPY VALLEY, OR 97086 SCOTTCALE1@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 _____ Date 7/15/14 ③ _____ Date _____

② _____ Date 7/15/14 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Erika Vicars

Date: 7/17/2014.

90-day authority: ☐ Yes ☐ No

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

① Eagle Creek Inn LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Eagle Creek Inn

3. Business Location: 25960 SE Eagle Creek Road (number, street, rural route) Eagle Creek (city) Clackamas (county) OR (state) 97022 (ZIP code)

4. Business Mailing Address: 25960 SE Eagle Creek Road (PO box, number, street, rural route) Eagle Creek (city) OR (state) 97022 (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: Eagle Creek Inn

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? Eagle Creek Clackamas County (name of city or county)

11. Contact person for this application: Bryan Mitchell (name) 503 781-3269 (phone number(s))

19200 S Mosier RD Oregon City OR 97045 (address) 503 631-8295 (fax number) lizmitch5@aol.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 07/09/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Reset Form | Print Form

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DRAFT

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY — N/A

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L Brown

Date: 7/17/2014

90-day authority: ☐ Yes ☒ No

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

① Eagle Crest Golf, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Eagle Crest Golf

3. Business Location: ~~1590 Mountain Quail Drive~~ 1522 Clive Faith Road — Redmond (city) Deschutes (county) OR (state) 97756 (ZIP code)
(number, street, rural route)

4. Business Mailing Address: P.O. Box 1215 — Redmond (city) OR (state) 97756 (ZIP code)
(PO box, number, street, rural route)

5. Business Numbers: ~~(855) 682-4786~~ 541-548-9301 (phone) _____ (fax)

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

7. If yes to whom: Eagle Crest Resort Development LLC Type of License: F-COM, O

8. Former Business Name: _____

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

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

11. Contact person for this application: Jeffrey D. Hern (name) (503) 796-2919 (phone number(s))

1211 SW 5th Avenue, St. 1900, Portland, OR 97204 (address) (503) 796-2900 (fax number) jhern@schwabe.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5-22-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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

(rev. 08/2011)

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY N/A

■ 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. Brown

Date: 7/20/2014

90-day authority: ☒ Yes ☐ No

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

① Walgreen Co. (Master File) ③ _____

⑤ _____ ④ _____

2. Trade Name (dba): Walgreens #15674

3. Business Location: 223 NE Franklin Street (number, street, rural route) Bend (city) Deshutes (county) OR (state) 97701 (ZIP code)

4. Business Mailing Address: Joan Petrowski-Licensing (PO box, number, street, rural route) PO Box 901 (city) Deerfield (state) IL (ZIP code) 60015

5. Business Numbers: 847-527-4274 (phone) 847-368-6691 (fax)

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

7. If yes to whom: N/A Type of License: N/A

8. Former Business Name: N/A

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

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

11. Contact person for this application: Joan Petrowski (name) 847-527-4274 (phone number(s))

PO Box 901 (address) 847-368-6691 (fax number) joan.petrowski@walgreens.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① John Mann Date 7/14/14 ③ _____ Date _____

John Mann, Asst 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)
  - ☐ 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: JSmothers

Date: 7/17/14

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① PAISANO ~~EEE~~ INC. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Beppe + Gianni's Trattoria
3. Business Location: 1646 E. 19 ST Eugene Lane Or 97403
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1646 E 19 ST Eugene Or 97403
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541 683-6661
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: PAISANO 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? Eugene (name of city or county)
11. Contact person for this application: Beppe Macchi 541-683-6661
    (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 Beppe Macchi Date 7-16-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: [ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [illegible]

Date: 7/18/14

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Phillip Barry~~ Block Olive, LLC ② N/A
   ③ ~~Maggie Barry~~ ④ N/A
2. Trade Name (dba): The Duck Bar & Grill
3. Business Location: 1795 W 6th Ave (number, street, rural route) Eugene (city) Lane (county) Oregon (state) 97402 (ZIP code)
4. Business Mailing Address: 40 Daniel Dr. (PO box, number, street, rural route) Eugene (city) Oregon (state) 97404 (ZIP code)
5. Business Numbers: (541) 359-7850 (phone) N/A (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Greg Farrell Type of License: Full On-premises
8. Former Business Name: Duck Inn Bar and Grill
9. Will you have a manager? [x] Yes [ ] No Name: Phillip Barry (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Eugene (name of city or county)
11. Contact person for this application: Phillip Barry (name) (541) 359-7850 (phone number(s))
    40 Daniel Dr. Eugene, OR 97404 (address) N/A (fax number) p.barry.duck@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date Jul 18, 2014 ③ _____ Date _____

② Maggie Barry Date Jul 18, 2014 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: 7·14·14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Shoot Out Team Sportsplex LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Shoot Out Team Sportsplex
3. Business Location: 3501 Portland Rd NE, Salem, OR 97303 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 8110 S Vale Garden Road, Canby, OR 97013 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-585-7539 (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: Cynthia A Gillespie (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Salem, Oregon (name of city or county)
11. Contact person for this application: Cindy Gillespie 971-998-3806 (name) (phone number(s))
    8110 S Vale Garden Road, Canby, OR 97013 (address) (fax number) ccbc.gillespie@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Cynthia A Gillespie Date 7/10/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED OREGON LIQUOR CONTROL COMMISSION JUL 11 2014 SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

APPLYING AS:
☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY
Date application received: _____
The City Council or County Commission: _____ (name of city or county)
recommends that this license be: ☐ Granted ☐ Denied
By: _____ (signature) (date)
Name: _____
Title: _____

OLCC USE ONLY
Application Rec'd by: _____
Date: 7/22/2014
90-day authority: ☑ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① Old Wheeler Hotel, LLC ② _____
③ _____ ④ _____
2. Trade Name (dba): Old Wheeler Hotel
3. Business Location: 495 Nehalem Blvd (number, street, rural route) Weler (city) Tillamook (county) OR (state) 97147 (ZIP code)
4. Business Mailing Address: PO Box 1 (PO box, number, street, rural route) Wheeler (city) OR (state) 97147 (ZIP code)
5. Business Numbers: 503-368-6000 (phone) 503-368-4590 (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 Wheeler (name of city or county)
11. Contact person for this application: Kathleen B. Brown (name) 503-368-6000 (phone number(s))
PO Box 1 (address) Wheeler 503-368-4590 (fax number) oldwheelerhotel@gmail.com (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Applicant(s) Signature(s) and Date:
① Kathleen B Brown Date _____ 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 _____

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: SP

Date: 7.23.14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① THE CAFE ON HAWK CREEK INC. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): THE CAFE ON HAWK CREEK
3. Business Location: 4505 SALEM AVE (number, street, rural route) NESKOWIN (city) Tillamook (county) OR (state) 97149 (ZIP code)
4. Business Mailing Address: P.O. BOX 839 (PO box, number, street, rural route) NESKOWIN (city) OR (state) 97149 (ZIP code)
5. Business Numbers: (503) 392-4400 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: THE CAFE ON HAWK CREEK INC Type of License: LIMITED ON PREMISE
8. Former Business Name: THE CAFE ON HAWK CREEK
9. Will you have a manager? ☒ Yes ☐ No Name: GENIE ULLRICH (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Tillamook County. (name of city or county)
11. Contact person for this application: GENIE ULLRICH (name) (503) 812-2847 (phone number(s))
    P.O. BOX 839 NESKOWIN OR 97149 (address) _____ (fax number) genie.ullrich@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Genie Ullrich Date 6/15/14 ③ _____ Date _____

② [signature] Date 7/14/14 ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
JUL 18 2014
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P 39452

L 203057

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: 7-21

90-day authority: ☐ Yes ☐ No

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

① Baby Doll Pizza, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Baby Doll Pizza

3. Business Location: 2835 SE Stark Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-459-4450
(phone) (fax)

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

7. If yes to whom: Baby Doll Pizza, Inc. Type of License: Premise Limited On Sales

8. Former Business Name: _____

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

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

11. Contact person for this application: Travis Miranda 973-229-0769
(name) (phone number(s))

318 SE 28th Ave Ptld OR 97214 travis.miranda@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 T. Miranda Date 7/8/17 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 _____

#L204569
#P327

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: 7/21/14

90-day authority: ☐ Yes ☐ No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
   ① Freito Trading + Distribution LLC ② _____ ③ _____ ④ _____
2. Trade Name (dba): Burnside Market + Deli
3. Business Location: 10128 E Burnside St (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97216 (ZIP code)
4. Business Mailing Address: 10128 E Burnside (PO box, number, street, rural route) Portland (city) OR (state) 97216 (ZIP code)
5. Business Numbers: (503) 254-8829 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Sung Jung Corporation Type of License: Off-Premises
8. Former Business Name: N/A
9. Will you have a manager? ☒ Yes ☐ No Name: Tyrone De Freitas (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: Tyrone De Freitas (name) (503) 997-7905 (phone number(s))
    4625 SE Harrison St., Milwaukie, OR 97222 (address) _____ (fax number) tma.defreitas@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 7/21/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [X] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 7-22

90-day authority: ☐ Yes ☐ No

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

① Kyra's Bake Shop LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Kyra's Bake Shop

3. Business Location: 599 A Street (number, street, rural route) Lake Oswego (city), Clackamas (county), OR (state) 97034 (ZIP code)

4. Business Mailing Address: 460 Fifth Street (PO box, number, street, rural route) Lake Oswego (city) OR (state) 97034 (ZIP code)

5. Business Numbers: 503 212 2919 (phone) 503 212 2978 (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: Kyra Bussanich (manager must fill out an Individual History form)

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

11. Contact person for this application: Kyra Bussanich (name) 503 212 2978 (phone number(s))

3010 Elena Road (address) Lake Oswego OR 97034 (fax number) 503 212 2978 (e-mail address) kyra@kyrasbakeshop.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 7/14/14 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: Ewa Vicars

Date: 7/22/2014

90-day authority: ☐ Yes ☐ No

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

① The Civic Taproom and Bottle Shop, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Civic Taproom and Bottle Shop

3. Business Location: 621 SW 19th Ave, Portland, Multnomah, Oregon, 97205
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: BOX 436, Portland, OR 97207
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 703 9639
(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: Spencer Raymond
(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: Spencer Raymond 503 703 9639
(name) (phone number(s))

1105 SW 18th Ave Apt 3 swraymond@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 7/22/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [ ] Limited Liability Company [x] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-21-14

90-day authority: [ ] Yes [ ] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Mario Altamirano Vela ③ _____
   ② _____ ④ _____
2. Trade Name (dba): El Papalote
3. Business Location: 1015 ~~N~~ S. Molalla Av. #102 Oregon City OR 97045
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Same Above
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-305 7146.
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [x] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? [ ] Yes [x] No Name: _____
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Oregon City
    (name of city or county)
11. Contact person for this application: Mario Altamirano Vela 503 754 2904
    (name) (phone number(s))
    3214 SE 146th place Vancouver WA 98683 mavela-1006@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 _____ Date 7/21/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] Change Ownership
- New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other GLOC

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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 [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-15-14

90-day authority: [ ] Yes [ ] No

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

① Next Step Enterprises, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Silver Dollar Pizza II

3. Business Location: 19 NW Fifth Avenue (number, street, rural route) Portland (city) Multnomah (county) Oregon (state) 97209 (ZIP code)

4. Business Mailing Address: 17 Grouse Terrace (PO box, number, street, rural route) Lake Oswego (city) OR (state) 97035 (ZIP code)

5. Business Numbers: 503 241 3465 (phone) _____ (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Philip S. Olsen (name) 503 704 5346 (phone number(s))

17 Grouse Terrace (address) 503 243 1421 (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 Philip S Olsen Date 7/15/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 7/23/2014 (CW)

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Covey Ridge Vineyard LLC ② _____ ③ _____ ④ _____
2. Trade Name (dba): Winery Wineworks Sunswept Vineyard
3. Business Location: 9200 NE Abbey Road (number, street, rural route) Carlton (city) Yamhill (county) Or (state) 97111 (ZIP code)
4. Business Mailing Address: 41940 NW Covey Lane (PO box, number, street, rural route) Banks (city) Or (state) 97106 (ZIP code)
5. Business Numbers: 954-673-2188 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: Abbey Winery Warehouse Type of License: Winery
8. Former Business Name: _____
9. Will you have a manager? ☑ Yes ☐ No Name: James J. Allen (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Yamhill County, Or (name of city or county)
11. Contact person for this application: James J. Allen (name) 954-673-2188 (phone number(s))
    41940 NW Covey Lane, Banks, Or 97106 (address) _____ (fax number) _____ (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
JUL 23 2014
SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① [signature], Exec. Mgr. Date 6/24/14 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 _____

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 7/23/2014 (Cen)

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Vinearchy LLC, ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Mellen Meyer
3. Business Location: 28005 NE Bell Road (number, street, rural route) Newberg (city) Yamhill (county) OR (state) 97132 (ZIP code)
4. Business Mailing Address: 2414 NE 59th Avenue (PO box, number, street, rural route) Portland (city) OR (state) 97213 (ZIP code)
5. Business Numbers: 208-995-9566 (phone) NA (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: Robert Mellen Rowett III (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Newberg, Yamhill County (name of city or county)
11. Contact person for this application: Robert Mellen Rowett III (name) 208-995-9566 (phone number(s))
    2414 NE 59th Ave Portland OR (address) NA (fax number) mellenmeyer@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 5/12/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
JUL 22 2014
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: SD

Date: 7.23.14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Urban Park Concessionaires INC ② _____
   ③ _____ ④ _____
2. Trade Name (dba): Silver Falls Recreation Company
3. Business Location: ~~20024 Silver Falls Hwy SE Sublimity~~ Marion Oregon 97385
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2150 Main Street, Ste 5 Red Bluff, CA 96080
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 530-529-1512 530-529-4511
   (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: Derek Ridgway
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? State of Oregon
    (name of city or county)
11. Contact person for this application: Michele Silva Lane 530-529-1512
    (name) (phone number(s))
    2150 Main Street, Ste 5 Red Bluff, CA 96080
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 6/24/14 ② _____ Date _____ ③ _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
JUL 07 2014
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: SD

Date: 7.23.14

90-day authority: ☐ Yes ☐ No

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

① Urban Park Concessionaires INC ③ _____

② _____ ④ _____

2. Trade Name (dba): Silver Falls Recreation Company

3. Business Location: 20022 Silver Falls Hwy SE Sublimity Marion Oregon 97385
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2150 Main Street, Ste 5 Red Bluff, CA 96080
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 530-529-1512 530-529-4511
(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: Derek Ridgway
(manager must fill out an Individual History form)

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

11. Contact person for this application: Michele Silva Lane 530-529-1512
(name) (phone number(s))

2150 Main Street, Ste 5 Red Bluff, CA 96080
(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 Lanel Pitts Date 6/24/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION
JUL 07 2014
SALEM REGIONAL OFFICE

Reset Form | Print Form

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-21-14

90-day authority: ☐ Yes ☐ No

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

① Chipotle Mexican Grill, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Chipotle Mexican Grill

3. Business Location: 21332 SW Langer Farms Pkwy, Ste 118 Sherwood Washington OR 97140
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1401 Wynkoop Street, Suite 500 Denver CO 80202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (303) 222-2524 (phone) (303) 390-5620 (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: ~~Bernarda Ambrosio~~ Eran Robinson
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jeffrey D. Hern (name) (503) 796-2919 (phone number(s))
1211 SW Fifth Ave., Ste. 1900, Portland, OR 97204 (address) (503) 796-2900 (fax number) jhern@schwabe.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 7/17/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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JUL 21 2014
FIELD SERVICES
Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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L#202386

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-24-14

90-day authority: [ ] Yes [ ] No

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

① Arellano's Market LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Arellano's Sports Bar

3. Business Location: 12085 SW Hall Blv Suite 130 Tigar Washington Or 97223
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12085 SW Hall Blvd Suite 120 Tigard Or 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 941-9749 (phone) 503-941-9975 (fax)

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

7. If yes to whom: Arellano's Market LLC Type of License: OFF-Premises Sales

8. Former Business Name: Arellano's Market

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

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

11. Contact person for this application: Omar Arellano (971) 645-6825
(name) (phone number(s))

12085 SW Hall Blvd #120 Tigard Or (503) 941-9975
(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 Omar Arellano Date 7-21-14 ③ _____ Date _____

② [signature] Date 7-21-14 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 _____

P 2462
L199895

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:

q Granted q Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 7-24

90 day authority: q Yes q No

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

☐ B. PATARIA, INC. ☐ _____

☐ _____ ☐ _____

2. Trade Name (dba): Shorty's Corner

3. Business Location: 42600 SE Highway 26, SANDY CLACKMAS OR 97055
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 42600 SE Highway 26 SANDY OR 97055
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: SHARON'S PANTRY INC. Type of License: OFF ~~ABE~~ PREMISES SALES

8. Former Business Name: Shorty's Corner

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? CLACKMAS COUNTY
(name of city or county)

11. Contact person for this application: PARYL M. POLLEY 503-288-0148
(name) (phone number(s))

1924 NE 45th AVE PORTLAND OR 97213 503-288-0148
(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:

B. PATARIA INC. by Edward K. Pataria PRESIDENT Date 7-21-14 _____ Date _____

☐ _____ Date _____ ☐ _____ Date _____