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OREGON LIQUOR CONTROL COMMISSION
CHANGE OF INFORMATION APPLICATION

Please Print or Type

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

Section 1: Complete This Section For All Requests	1. Licensee Name(s): <u>LMNO, INCORPORATED</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>RENNER'S GRILL AND SUBURBAN ROOM LOUNGE</u> Type of License: <u>FCOM</u> <small>(current business name)</small> <small>(O, L, F, etc.)</small>
	3. Business Address: <u>7819 SW CAPITOL HIGHWAY - PORTLAND, OREGON 97219</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	4. Mailing Address: <u>7819 SW CAPITOL HIGHWAY - PORTLAND, OREGON 97219</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	5. Telephone Number: <u>(503) 246-9097</u> <u>(503) 360-3910 (MOBILE)</u> <small>(business)</small> <small>(home)</small>
	6. Check here for a duplicate license certificate <input type="checkbox"/>

Section 2: Change of Trade Name	New Trade Name (dba): <u>RENNER'S GRILL</u>
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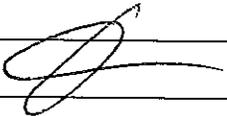
Section 3: Change of Legal Name	1. New Name: <u>FIVE-STAR HOSPITALITY GROUP, INCORPORATED</u> 2. Date of Name Change: <u>JULY 22, 2014</u> 3. Attach a signed copy of legal document(s). ✓
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Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>FIVE-STAR HOSPITALITY GROUP, INCORPORATED</u> 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable. ✓
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Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): <u>N/A</u> 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: MARSHALL MEADOWS Title: OWNER/OPERATOR/PRESIDENT/CEO

Licensee Signature:  Date: JULY 24, 2014



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

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

Date: 7-24-14

90-day authority: Yes No

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

① Finigan Restaurants LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Groaning Board

3. Business Location: 3500 SW River Parkway Portland, Multnomah, OR 97239
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17725 Hillside Drive West Linn, OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: none at this time
(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: Soho Asian Bistro

9. Will you have a manager? Yes No Name: Amelia Finigan
(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)

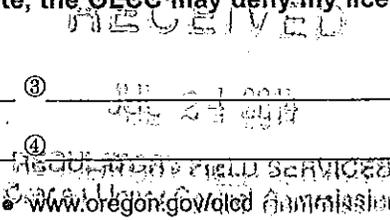
11. Contact person for this application: Veronica Roth-Finigan 503-706-4542
(name) (phone number(s))
17725 Hillside Drive West Linn, OR 97068 vrothfin@aol.com
(address) (fax number) (e-mail address)

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 Veronica Roth-Finigan Date 7-16-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____





OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other *Move to another location inside Washington Square.*

*P52863
L205280*

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

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

- ① ~~Sumo Naito~~ ③ *Naito Corporation*
- ② ~~Sumo Naito~~ ④ _____

2. Trade Name (dba): *Made In Oregon*

3. Business Location: *9589 SW Washington Square Road Space B05 Tigard, OR 97223*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *13625 NE Jamett St., Portland, OR 97230*
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *503-517-4300* (phone) *503-517-4399* (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: *Jilani Morrison*
(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: *Dick Lee* (name) *503-517-4357* (phone number(s))
13625 NE Jamett St. Portland, OR 97230 (address) *503-517-4399* (fax number) *dlee@MadeinOreg.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 *7/23/14* ③ _____ Date _____
- ② *[Signature]* Date *7/22/14* ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____
 The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 7/25/14

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership Corporation Limited Liability Company Individuals

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

① Ben Hammet B side Bottle shop LLC

② _____ ④ _____

2. Trade Name (dba): B side Bottle shop

3. Business Location: 5812 E Burnside Portland Clatsop Oregon 97215
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3970 SE Francis PDX OR 97202
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 501 9395
 (phone) (fax)

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

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

8. Former Business Name: N/A

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

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

11. Contact person for this application: Ben Hammet 503 501 9395
 (name) (phone number(s))
3970 SE Francis, PDX, OR 503 233 1017 weekendsurfex@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 Ben Hammet Date 4/23 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 07/25/2014

90-day authority: Yes No

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

- ① Doory World LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Jackpot Deli

3. Business Location: 3709 N Lombard St. Portland Multnomah OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12555 SW Night Heron Ln Beaverton OR 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-477-6603
(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: Park-Song Sunwha 503-442-4031
(name) (phone number(s))
12555 SW Night Heron Ln Beaverton OR 97007 suskiboss503@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 07/16/14 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

 (name of city or county)

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: (Signature)

Date: 7-28-14

90-day authority: Yes No

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

① Aurelio A Velasquez Jimenez ③ _____

② Carmela Abilon Mendora ④ _____

2. Trade Name (dba): Tienda Guatemala

3. Business Location: 595 N Pacific Hwy Bldg A Ste 110 Woodburn OR 97071
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 568 Ogle St Woodburn OR 97071
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 902 0906
(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? Woodburn
(name of city or county)

11. Contact person for this application: Aurelio Velasquez Jimenez 503 890 1524
(name) (phone number(s))
568 Ogle St Woodburn OR 97071
(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 07/17/14 ③ _____ JUL 1 Date 14

② CAM Date 07/17/14 ④ _____ Date _____

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

X

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	The City Council or County Commission: _____	
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet	_____	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	(name of city or county)	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	recommends that this license be:	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Private Club		By: _____	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		(signature) (date)	
<input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)		Name: _____	
<input type="checkbox"/> with Fuel Pumps		Title: _____	
<input type="checkbox"/> Brewery Public House (\$252.60)			
<input type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
90-DAY AUTHORITY		OLCC USE ONLY	
<input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		Application Rec'd by: <u>[Signature]</u>	
APPLYING AS:		Date: <u>7/22/14</u> <u>mary</u>	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Individuals		

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① MUHAMMAD N SIKANDAR
 ② _____ ④ _____
- Trade Name (dba): GoldSmoke Plus
- Business Location: 17510 SE STARK ST GRESHAM OR 97233
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: SAME AS ABOVE
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 971-271-8652
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? MULTNOMAH
(name of city or county)
- Contact person for this application: MUHAMMAD N SIKANDAR 971-340-3020
(name) (phone number(s))
17510 SE STARK ST GRESHAM OR 97233
(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 M. S. Sikandar Date 07/21/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 7/24/14

90-day authority: Yes No

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

① BAO WOLF BAKERY & BISTRO LLC

② _____ ④ _____

2. Trade Name (dba): BAO WOLF BAKERY & BISTRO

3. Business Location: 1366 NW GALVESTON BEND DESCHUTES OR. 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1366 NW GALVESTON BEND OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-977-1188
(phone)

RECEIVED

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

7. If yes to whom: _____ Type of License: JUL 24 2014

8. Former Business Name: _____ Oregon Liquor Control Commission

9. Will you have a manager? Yes No Name: ANDREW DUEBER Bend, Oregon
(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: ANDREW DUEBER 541-977-1188
(name) (phone number(s))
707 NW SONORA DR BEND OR. ANDREW.DUEBER@GMAIL
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/16/14 ② _____ Date _____

③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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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: ED
 Date: 7/25/14
 90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① CNT ENTERPRISES LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): RED FOX BAKERY
- Business Location: 328 NE EVANS ST McMinnville Yamhill OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: SAME AS ABOVE
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-434-5098
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: CHRISTINA L BUCK
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? McMinnville / Yamhill county
(name of city or county)
- Contact person for this application: CHRISTINA BUCK 503-434-5098
(name) (phone number(s))
328 NE EVANS ST Redfoxbakery@comcast.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/22/14 ③
 ② [Signature] Date 7/23/14 ④

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 Date _____

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

PAID
75

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other:	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>C/TN</u>	CITY AND COUNTY USE ONLY Date application received: <u>6-17-14</u> The City Council or County Commission: <u>City of Albany</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted / <input type="checkbox"/> Denied By: <u>Stewart Taylor</u> <u>7-10-14</u> <small>(signature) (date)</small> Name: <u>Stewart Taylor</u> Title: <u>Finance Director</u>
90-DAY AUTHORITY <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		OLCC USE ONLY Application Rec'd by: <u>[Signature]</u> Date: <u>07-24-14</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Southern Oregon Elmer's LLC ③
 ② _____ ④
- Trade Name (dba): YELLOW FLAMINGO #3
- Business Location: 119-1100
(number, street, rural route) Southern Hwy SE Albany Linn OR 97321
(city) (county) (state) (ZIP code)
- Business Mailing Address: 858 NE A St Grants Pass OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-928-7262 541-928-6396
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: AJ's Here + Bailey's type of License: Limited On-Premise
- Former Business Name: AJ's
- Will you have a manager? Yes No Name: Shelly Matkison
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Albany
(name of city or county)
- Contact person for this application: David Thomason 541-441-1366
(name) (phone number(s))
858 NE A Street Grants Pass OR 97526 541-474-0194 southernoregelmers.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 David Thomason Date 6-17-14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 7-28-14

90-day authority: Yes No

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

- ① Michael Jung - Pips & Bounce Inc ③ _____
- ② Eugene Jung ④ _____

2. Trade Name (dba): Pips & Bounce

3. Business Location: 833 SE Belmont St. Portland Multnomah Oregon 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 833 SE Belmont St. Portland Oregon 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-928-4664
(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: Michael Jung 503-360-3881
(name) (phone number(s))
10815 NW Jordan Lane mikejung@mac.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 7/25/14 ③ _____ Date _____
- ② [Signature] Date 7/25/14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7-29-14

90-day authority: Yes No

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

① NW Seasons Market, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): NW Seasons Market - Grant Park

3. Business Location: 3200 NE Broadway Portland Multnomah OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2004 N Vancouver Ave Portland OR 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 459 4817 n/a
(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: Jon Rich
(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: Gina Freschner 503 459 4817
(name) (phone number(s))
2004 N Vancouver Ave n/a ginaf@newseasonsmarket.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 7/17/14 ③ **RECEIVED** Date _____

② _____ Date _____ ④ _____ Date _____

JUL 29 2014



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7-29-14

90-day authority: Yes No

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

① NEW Seasons Market, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): NEW Seasons Market - Nyberg River

3. Business Location: 7103 SW Nyberg St. Tualatin Washington OR 97062
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2004 N Vancouver Ave Portland OR 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5034594817 n/a
(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: Scott Weseman
(manager must fill out an Individual History form)

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

11. Contact person for this application: Gina Fleschner 5034594817
(name) (phone number(s))
2004 N Vancouver Ave ginaf@newseasonsmarket.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 7/17/14 ③ _____

② _____ Date _____ ④ _____

RECEIVED

JUL 29 2014



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 *47N*
- Lesser Priv. *47N*

#200969
#P. 45366

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: *7/28/14*

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Sauce Enterprises LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Dickeys BBQ

3. Business Location: 2036 Main St Suite B Forest Grove Washington OR 97116
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3820 NE Medow LN Hillsboro OR 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-475-7302
(phone) (fax)

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

7. If yes to whom: Izgara Restaurant Type of License: Full On-Premise

8. Former Business Name: Izgara Restaurant

9. Will you have a manager? Yes No Name: None Hired as of yet
(manager must fill out an Individual History form)

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

11. Contact person for this application: George Womack 503-475-7302
(name) (phone number(s))
3820 NE Meadow LN Hillsboro OR 97124 gwomack58@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 *George A. Womack* Date 7-25-2014 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ *P*

Date: 7-28

90-day authority: Yes No

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

- ① Juxin LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Chongqing Huoguo

3. Business Location: 8230 SE Harrison St. #315-320 Portland Multnomah OR 97216
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8230 SE Harrison St. #315-320 Portland OR 97216
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 626-689-1199
(phone) (fax)

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

7. If yes to whom: Purple Onion Type of License: Full On-Premises Sales: Commercial Est.

8. Former Business Name: Purple Onion

9. Will you have a manager? Yes No Name: Huijun Zhu
(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: Huijun Zhu
(name) (phone number(s))
9211 NE 15th Ave. C320, Vancouver, WA 98665 joezhu939@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 *Huijun Zhu* Date 7/24/14 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	The City Council or County Commission:
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input checked="" type="checkbox"/> Winery (\$250/yr) (Custom Crush) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other: _____	_____	_____
90-DAY AUTHORITY <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		(name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		By: _____ (signature) _____ (date) Name: _____ Title: _____	
		OLCC USE ONLY	
		Application Rec'd by: <u>OLCC</u>	
		Date: <u>7/29/2014</u> <u>CLC</u>	
		90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

① Flaneur Wines LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Flaneur Wines

3. Business Location: 801 N Scott Street Carlton Yamhill Oregon 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 417 Newberg OR 97132
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 202.374.0828 _____
(phone) (fax)

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

7. If yes to whom: KK Wine Co. Type of License: WYNC

8. Former Business Name: N/A

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

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

11. Contact person for this application: Alyssa McTimpeny 503-778-5469
(name) (phone number(s))
1300 SW Fifth Avenue, Suite 2400 503-778-5299 alyssamctimpany@dwt.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] Attorney-in-Fact Date 7/23/14 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 JUL 25 2014



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

Full On-Premises Sales (\$402.60/yr)
 Commercial Establishment
 Caterer
 Passenger Carrier
 Other Public Location
 Private Club
 Limited On-Premises Sales (\$202.60/yr)
 Off-Premises Sales (\$100/yr)
 with Fuel Pumps
 Brewery Public House (\$262.60)
 Winery (\$250/yr)
 Other GROWER/SALES PRIVILEGE

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: 7/29/2014 (COU)

90-day authority: Yes No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① CARTER VINEYARD, LLC ① _____
 ② _____ ② _____
 2. Trade Name (dba): CARTER VINEYARD
 3. Business Location: 236 NORTH KUTCH ST., CARLTON, YAMHILL, OREGON 97111
(number, street, rural route) (city) (county) (state) (ZIP code)
 4. Business Mailing Address: PMB 270-25 NW 23RD PLACE, STE 6 PORTLAND, OR 97210
(PO box, number, street, rural route) (city) (state) (ZIP code)
 5. Business Numbers: 503 827 4086 503 827 8007
(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: LAUREN M. CARTER
(manager must fill out an Individual History form)
 10. What is the local governing body where your business is located? YAMHILL CO., CITY OF CARLTON
(name of city or county)
 11. Contact person for this application: JACK CARTER 707 938 5480
(name) (phone number(s))
777 2ND ST, EAST, SONOMA, CA 95476 503 827 8007 JCARTER43@COMCAST-NET
(address) (fax number) (e-mail address)
- I understand that if my answers are not true and complete, the OLCC may deny my license application.
- Applicant(s) Signature(s) and Date:
 ① Nach Carter Date 7/6/2014 ③ _____ Date JUL 25 2014
 ② _____ Date _____ ③ _____

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

\$25.00
MAR 27 2014
R#2.145397

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY
 Date application received: 3-27-14
 The City Council or County Commission:
City of Brookings
 (name of city or county)
 recommends that this license be:
 Granted Denied
 By: Ron Hedenskiog (signature) _____ (date)
 Name: Ron Hedenskiog
 Title: Mayor

OLCC USE ONLY
 Application Rec'd by: [Signature]
 Date: 5/20/14
 90-day authority: Yes No

1. Entity or Individuals applying for the license: (See SECTION 1 of the Guide)
 ① OZ Industries LLC ② _____ ③ _____
2. Trade Name (dba): The Vista Pub
3. Business Location: 1009 Chitco Ave Brookings Curry OR 97415
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 6852 Brookings OR 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-813-1138 541-813-1159
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: OZ Industries LLC Type of License: Limited On-Premise
8. Former Business Name: _____
9. Will you have a manager? Yes No Name: Raymond Ross
(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: Raymond Ross 702-439-2696
(name) (phone number(s))
PO Box 6852 541-813-1159 gr@raymondross.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
 ① [Signature] Date 3-14-14 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: AM

Date: 7/29/14

90-day authority: Yes No

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

① Sonny Parmar Hari Baba LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 82nd Market

3. Business Location: 8635 SE 82nd ave Happy Valley Clackamas OR 97266-97086
(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: 5038882563
(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? Happy Valley
(name of city or county)

11. Contact person for this application: Sonny Parmar 5038882563
(name) (phone number(s))
12625 se powell blvd #10 sonnyparmar@outlook.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 7/10/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

Patna
L195199

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: JA

Date: 7-30-14

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Guang Feng Chinese Restaurant LLC
 ② _____ ④ _____
2. Trade Name (dba): Guang Feng Chinese Restaurant
3. Business Location: 17940 NE Elisan St., Portland, Multnomah Oregon 97230
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 5719 SE 134th Ave Portland OR 97236
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-605-2568
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Rong Cheng Inc Type of License: Limited On-premises sales
8. Former Business Name: New Garden Restaurant
9. Will you have a manager? Yes No Name: Oscar Zhaojun Yang
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Portland, Multnomah County
(name of city or county)
11. Contact person for this application: Dandan Zhang, CPA 503-432-8839
(name) (phone number(s))
8733 SE Division St, Ste 207 503-200-1947 ustaxreturn@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/30/14 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: 7.30.14

90-day authority: Yes No

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

- 1 Joel Sheley 3 David Meyer Gateway Brewing Inc
2 Karen Sheley 4 Tracy Meyer

2. Trade Name (dba): Gateway Brewing Inc

3. Business Location: 114 NE 133rd Ave Portland Multnomah OR 97230

4. Business Mailing Address: 114 NE 133rd Ave Portland OR 97230

5. Business Numbers: 503-975-9103 ha

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

7. If yes to whom: Type of License:

8. Former Business Name:

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

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

11. Contact person for this application: Karen Sheley 503-957-2522
114 NE 133rd Ave Portland NA karen.sheley@gmail.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 Joel Sheley Date 7/14/2014
2 Karen J Sheley Date 7/14/2014



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

✓

Application is being made for:

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

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: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>H. Smother</u> Date: <u>7/30/14</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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- Entity or Individuals applying for the license; [See SECTION 1 of the Guide]
 - Bok ki Lee
 - Mizpah, LLC
- Trade Name (dba): Tokyo Tonkatsu
- Business Location: 201 W Broadway Eugene, OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 458 205 - 8096
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Bok ki Lee Type of License: Limited LLA
- Former Business Name: Tokyo Tonkatsu
- Will you have a manager? Yes No Name: Diana Lee (Kyung Sooh Lee)
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Lane County Eugene
(name of city or county)
- Contact person for this application: Diana 541 321 - 2941
(name) (phone number(s))
3176 Kentwood Dr Eugene, OR 97401 Ksoon715@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date _____ ② _____ Date _____

③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

①

Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____
90-DAY AUTHORITY <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		OLCC USE ONLY Application Rec'd by: <u>OLCC</u> Date: <u>7/30/14</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals		

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① DAO kai, He ③ _____
 ② Shi ting, Zhou ④ _____
- Trade Name (dba): Human Gardens Grants pass
- Business Location: 929 NE D street Josephine OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 929 NE D street Grants pass OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-474-7333 _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: Human Gardens
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Grants pass OR
(name of city or county)
- Contact person for this application: DAO kai, He 626-679-0227
(name) (phone number(s))
827 NE A street #5 Grants pass 1979417941@OLCC.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 23/6/14 ③ _____

② [Signature] Date 22/6/14 ④ _____

RECEIVED
Date JUN 25 14

MEDFORD REC'D OFFICE
OREGON LIQUOR CONTROL COMMISSION

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



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

JUL 28 2014

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

**MEDFORD REGIONAL OFFICE
CITY AND COUNTY USE ONLY**

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7/30/14

90-day authority: Yes No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① Wimer Restaurant LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Wimer Restaurant

3. Business Location: 8005 E. EVANS CK. Rd. Rogue River Jackson OR 97537
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8005 E EVANS CK Rd Rogue River OR 97537
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-582-8945
(phone) (fax)

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

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

8. Former Business Name: The Wimer Way Cafe

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

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

11. Contact person for this application: Larry Shivers 541-582-8945
(name) (phone number(s))
8005 E EVANS CK Rd Rogue River OR 97537
(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 Larry Shivers Date 7-20-14 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 _____

CLM

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L. Brown

Date: 7/30/2014

90-day authority: Yes No

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

① Deschutes County ③ _____

② _____ ④ _____

2. Trade Name (dba): Deschutes County Fair & Expo Center

3. Business Location: 3800 SW Airport Way, Redmond, Deschutes County, OR 97756
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-548-2711 541-923-1652
(phone) (fax)

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

7. If yes to whom: Premier Services Group Type of License: F-PL

8. Former Business Name: _____

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

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

11. Contact person for this application: Dan Despotopulos 541-548-2711
(name) (phone number(s))
3800 SW Airport Way, Redmond, OR 97756 541-923-1652
(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 7-21-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: AP

Date: 7-31-14

90-day authority: Yes No

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

- ① Flight 19 Films LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): WellKrafted

3. Business Location: 23121 Bland Circle West Linn Clackamas OR 97068
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19363 Willamette Drive #117 West Linn OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 805-907-3134 888-754-0320
(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: John Parenteau 805-907-3134
(name) (phone number(s))
23121 Bland Circle, West Linn, OR 97068 sales@wellkrafted.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 7/24/2014 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____

RECEIVED

JUL 31 2014

REGULATORY PUBLIC 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 UTN

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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: AS

Date: 7-21-14

90-day authority: Yes No

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

- ① Muscadine LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Muscadine

3. Business Location: 1465 NE Prescott Dr Portland OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3635 SE 69th Ave Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.341.7365
(phone) (fax)

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

7. If yes to whom: Paper Hat INC. Type of License: Full on Premises

8. Former Business Name: Tiga

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: Laura Rhoman 503.341.7365
(name) (phone number(s))
3635 SE 69th Ave P.O. OR 97206 laurarhoman@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 7/29/14 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____