



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES	ACTIONS
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership
<input checked="" type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>97N</u>
<input type="checkbox"/> Private Club	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)	
<input type="checkbox"/> with Fuel Pumps	
<input type="checkbox"/> Brewery Public House (\$252.60)	
<input type="checkbox"/> Winery (\$250/yr)	
<input type="checkbox"/> Other: _____	

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

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

OLCC USE ONLY
 Application Rec'd by: AM
 Date: 8/12/14
 90-day authority: Yes No

#L: 197686
 #P: 164

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Whiskey Dolls PDX LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Whiskey Dolls Game Room

3. Business Location: 317 NW Broadway Portland Multnomah OR 97209
 (number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 317 1770
 (phone) (fax)

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

7. If yes to whom: Secure Holdings LLC Type of License: Type F COM

8. Former Business Name: The Royale Tiger Bar

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: Jim Breedlove 503 317 1770
 (name) (phone number(s))
3510 SW Mount Adams Dr. Portland OR 97239 jl@gracnet.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 Jim Breedlove Date 8/11/14 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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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) *2nd location consumption*
- Other: _____

ACTIONS

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

*Primary
L# 200614*

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *David Green*

Date: *8/14/14*

90-day authority: Yes No

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

① *TeBri Vineyards LLC* ③ _____

② _____ ④ _____

2. Trade Name (dba): *TeBri Vineyards*

3. Business Location: *24880 Orchard Trail Rd, Monroe, OR 97456*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *24880 Orchard Trail Rd, Monroe, OR 97456*
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *541 740 8541 / 541 740 8544*
(phone) (fax)

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

7. If yes to whom: *OLCC* Type of License: *WINERY*

8. Former Business Name: _____

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

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

11. Contact person for this application: *Brian Schater* *541 740 8541*
(name) (phone number(s))
24880 Orchard Trail Rd, Monroe, OR 97456
(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 *GBSchater* Date *6/29/14* ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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 - 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: Rehman

Date: 8/14/14

90-day authority: Yes No

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

- ① Jackson's Corner Inc. ③ _____
- ② _____ ④ _____

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

3. Business Location: 1500 NE Cushing Blvd USA OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 845 NW Delaware Ave Ste 103 Bend, OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

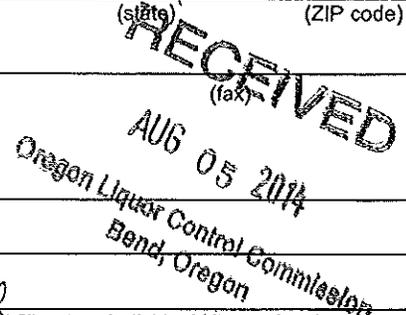
9. Will you have a manager? Yes No Name: Palmer Noble
(manager must fill out an Individual History form)

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

11. Contact person for this application: Aaron Christenson 541-647-2198
(name) (phone number(s))
845 NW Delaware Ave Ste 103 Bend, OR 97701 Jackson's Corner Bend@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 8.1.14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____





OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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- 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: Wenton

Date: 8/14/14

90-day authority: Yes No

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Ana Y Torres Estabien LLC
- ② _____
- ④ _____

2. Trade Name (dba): ESTA BIEN!

3. Business Location: 304 SE 3rd Street Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 304 SE 3rd St Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 598 64 65
(phone) (fax)

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

7. If yes to whom: SABOR A MI Type of License: Beer Wine Restaurant

8. Former Business Name: SABOR A MI

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

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

11. Contact person for this application: MARCOS RODRIGUEZ 541 598 64 65
(name) (phone number(s))
62920 Clyde Lu Bend OR 97701
(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:

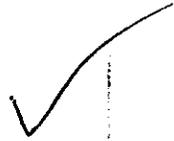
① Ana Torres Date 7-18-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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- 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 CFW

P19237
L202298

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: 8-14

90-day authority: Yes No

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

① Interstate-Rim Management Company, LLC ③ _____

② Empire USA, LLC ④ _____

2. Trade Name (dba): Crowne Plaza Portland-Lake Oswego

3. Business Location: 14811 Kruse Oaks Drive Lake Oswego Clackamas OR 97035
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4501 N. Fairfax Drive, Suite 500 Arlington VA 22203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 703-387-3131 703-543-0603
(phone) (fax)

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

7. If yes to whom: IHC Buckhead LLC, Intercontinental Hotel
DOW LIFE LLC, Grp Res, Inc Type of License: F-COM

8. Former Business Name: Crowne Plaza Portland-Lake Oswego

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 Lake Oswego
(name of city or county)

11. Contact person for this application: Dan Kramer 415-237-6395
(name) (phone number(s))
556 Commercial St., San Francisco CA 94111 415-970-5090 dan@strikeandtechel.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8-12-14 ③ _____ Date _____

② [Signature] Date 8/12/14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

205618

90-DAY AUTHORITY
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APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: J. Brothman

Date: 3/12/14

90-day authority: Yes No

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

① Rush LLC ③ _____

② _____ Breakfast ④ _____

2. Trade Name (dba): Steve's ~~BRF~~ & MORE

3. Business Location: 1125. 14th AdB Sptld. Lane OR. 97454
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 117 S. 14th Sptld. OR. 97477
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-741-0150 541-746-0324
(phone) (fax)

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

7. If yes to whom: Dark Industries, LLC Type of License: FCOM

8. Former Business Name: Goodfellas Lounge

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? Springfield
(name of city or county)

11. Contact person for this application: Steven W Pugh 541-741-0150 541-913-2884
(name) (phone number(s))

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

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7-11-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION



Please Print or Type

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

OLCC L# 204316

Section 1: Complete This Section For All Requests	1. Licensee Name(s): <u>Pokcomm, LLC</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>Sen Yai</u> Type of License: <u>F on-premise</u> <small>(current business name) (O, L, F, etc.)</small>
	3. Business Address: <u>3384 SE Division Street</u> <u>Portland</u> <u>97202</u> <small>(street) (city) (ZIP code)</small>
	4. Mailing Address: <u>3220 SE Milwaukie Ave</u> <u>Portland</u> <u>97202</u> <small>(street) (city) (ZIP code)</small>
	5. Telephone Number: <u>503-206-4422</u> <small>(business) (home)</small>
	6. Check here for a duplicate license certificate <input type="checkbox"/>

Section 2: Change of Trade Name	New Trade Name (dba): _____
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Section 3: Change of Legal Name	1. New Name: <u>Sen Yai, LLC</u> 2. Date of Name Change: <u>12/09/2013</u> 3. Attach a signed copy of legal document(s).
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Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: _____ 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
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Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): _____ 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: Andrew H. Ricker Title: Member/Manager

Licensee Signature: *AR* Date: 8/5/2014

RECEIVED

AUG 08 2014



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

MEDFORD REGIONAL OFFICE
200 N. 10TH ST. MEDFORD, OR 97504

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 type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>CHANGE of PRIVILEGE</u>
<input type="checkbox"/> Private Club	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)	
<input type="checkbox"/> with Fuel Pumps	
<input checked="" type="checkbox"/> Brewery Public House (\$252.60) <u>1st Location</u>	
<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

L#1911629

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: 8/15/14

90-day authority: Yes No

- Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① FIRE CIRKL, LLC ② _____
- Trade Name (dba): FIRE CIRKL
- Business Location: 16110 JONES RD, WHITE CITY JACKSON, OR 97503
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: (SAME)
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541.646.8871 N/A
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: FIRE CIRKL Type of License: BREWERY
- Former Business Name: N/A
- Will you have a manager? Yes No Name: JAMES ROMANO
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? JACKSON COUNTY
(name of city or county)
- Contact person for this application: JAMES ROMANO 541.646.8871
(name) (phone number(s))
16110 JONES RD, WHITE CITY, OR, 97503 N/A james@firecirkl.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 JAMES ROMANO Date 8/12/14 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)
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 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

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

change of location

P46986

L199312

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: E. Vickers

Date: 08.14.2011

90-day authority: Yes No

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

① PASTA PRONTO, INC ③ _____

② _____ ④ _____

2. Trade Name (dba): Pasta Pronto

3. Business Location: 18070 NW Evergreen Parkway Suite 9011 Hillsboro OR 97006
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18070 NW Evergreen Parkway Suite 9011 Hillsboro OR 97006
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-690-8888
(phone) (fax)

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

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

8. Former Business Name: N/A

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

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

11. Contact person for this application: Todd Nickolich 503-519-0587
(name) (phone number(s))
2622 SW Chestnut Ave Portland OR 97201 tnickolich@me.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/1/11 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)
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- Other Public Location
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- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

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

*L# 202602
P# 23722*

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: *8/13/14*

90-day authority: Yes No

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

① *SCC Investment Group, LLC* ③
② _____ ④

2. Trade Name (dba): *Carly's Pizza*

3. Business Location: *877 NE Hogan Dr Gresham Clackamas OR 97030*
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: *503.667.9132*
(phone) (fax)

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

7. If yes to whom: _____ Type of License: *Limited On-Premises*

8. Former Business Name: *Same*

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? *Gresham*
(name of city or county)

11. Contact person for this application: *Chad Tetens* *503.871.8264*
(name) (phone number(s))
19162 S Henrici Rd Oregon City 97045
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date *8/5/14* 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 _____

Handwritten: #27688
#200796

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: *8/14/14*

90-day authority: Yes No

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

- ① ~~CHAMNA SAENGURAIORN~~ ③ ~~PRAPAPEN SAENGURAIORN~~
- ② THAI ORCHID INC ④ _____

2. Trade Name (dba): THAI ORCHID RESTAURANT

3. Business Location: 18070 NW EVERGREEN PARKWAY BEAVERTON OR 97006
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17497 BROOKHURST DR LAKE OSWEGO OR 97034
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 439-6683 503 699-5543
(phone) (fax)

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

7. If yes to whom: SAME Type of License: LIMITED ON

8. Former Business Name: N/A

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

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

11. Contact person for this application: NA SAENGURAIORN 503 704-6997
(name) (phone number(s))

17497 Brookhurst Dr. Lake Oswego 503 699-5543 na@thaichidrestaurant.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① *[Signature]* Date 8-10-14 ③ P. Saengurairorn Date 8-10-14
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

✓

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

#L: 205497
#P: 19560

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:

✓ S-CORP

- 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: 8-14-14

90-day authority: Yes No

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

- ① THAI ORCHID INC ③ CHAMNA SAENGURAIORN
- ② PRAPAPEN SAENGURAIORN ④ _____

2. Trade Name (dba): THAI ORCHID RESTAURANT

3. Business Location: 12070 10075 SW BARBUR BLVD Portland OR 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17497 BROOKHURST DR LAKE OSWEGO OR 97034
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 704-6997 503 699-5543
(phone) (fax)

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

7. If yes to whom: THAI ORCHID INC Type of License: Limited On

8. Former Business Name: SAME as ABOVE

9. Will you have a manager? Yes No Name: CHAMNA SAENGURAIORN
(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: NA SAENGURAIORN 503 704-6997
(name) (phone number(s))
17497 BROOKHURST DR. 503 699-554.3 na@ThaiOrchidRestaurant.co
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8-11-14 ③ _____ Date _____

② P. Saenguraiorn Date 8-11-14 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 _____

#L: 200797
#P: 22087

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: CMU

Date: 8/14/14

90-day authority: Yes No

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

- ① THAI ORCHID INC
- ② ~~PRAPAPEN SAENGURAIORN~~
- ③ ~~CHAMNA SAENGURAIORN~~
- ④ _____

2. Trade Name (dba): THAI ORCHID RESTAURANT

3. Business Location: 18740 WILLAMETTE DR WEST LINN OR 97068
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17497 Brookhurst Dr. Lake Oswego OR 97034
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 699-4195 503 699-5543
(phone) (fax)

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

7. If yes to whom: THAI ORCHID INC Type of License: Limited On.

8. Former Business Name: THAI ORCHID RESTAURANT

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

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

11. Contact person for this application: NA SAENGURAIORN 503 704-6997
(name) (phone number(s))
17497 BROOKHURST DR 503 699-5543 na@ThaiOrchidRestaurant.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 8-11-14
- ② P. Saenguraiorn Date 8-11-14



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ *D*

Date: 8/5

90-day authority: Yes No

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

① MAZ, Inc. _____ ③ _____

② _____ ④ _____

2. Trade Name (dba): Pairing

3. Business Location: 3241 NE Broadway, Portland, Multnomah, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3241 NE Broadway, Portland, Multnomah, OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5034537106
(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? Multnomah
(name of city or county)

11. Contact person for this application: Megan Ziskovsky 503.453.7106
(name) (phone number(s))
3241 NE Broadway (address) (fax number) meg.ziskovsky@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 *Megan Ziskovsky* Date 7/31/14 ③ _____ Date _____
② _____ Date _____ ④ AUG 15 2014 Date _____

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

Limited On-Premises Sales (\$202.60/yr)

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other _____

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 Viciana

Date: 08.15.2014

90-day authority: Yes No

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

① Andrew Neerman Beacon Sound LLC

② _____ ④ _____

2. Trade Name (dba): Beacon Sound

3. Business Location: 3636 b North Mississippi Ave Portland OR 97227

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

4. Business Mailing Address: s/a

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

5. Business Numbers: 503-493-7202

(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? Multnomah

(name of city or county)

11. Contact person for this application: Andrew Neerman 503-493-7202

(name) (phone number(s))

4407 NE 7th Ave Portland 97211 beaconsound@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 Andrew Neerman Digitally signed by Andrew Neerman
DN: cn=Andrew Neerman, o=Beacon Sound, ou=Beacon Sound, email=andrew@beaconsound.com, c=US
Date: 2014.08.15 11:50:52 -0700 Date Aug 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 _____

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: 08-18-14

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: [Signature] 08-18-14
(signature) (date)

Name: CHRIS MERRIFIELD

Title: LIEUTENANT

OLCC USE ONLY

Application Rec'd by: cm

Date: 8/18/14

90-day authority: Yes No

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

① Edward J. Carlyle ③ _____

② Erika H. Carlyle ④ _____

2. Trade Name (dba): Tiller Store

3. Business Location: 27590 Tiller Trail Hwy Tiller, OR 97484
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 55 Tiller, OR 97484
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-825-3727
(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: Tiller Store

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

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

11. Contact person for this application: Edward Carlyle 541-459-1376
(name) (phone number(s))
5310 Greenvalley rd Oakland, OR 97462 541-459-1376
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8-15-14 ③ _____ Date _____

② [Signature] Date 8-15-14 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 _____

*PL 2469
L 205385*

90-DAY AUTHORITY ASAP

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: *ym ole*

Date: *8/15/14*

90-day authority: Yes No

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

- ① JANTHUMMI, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): THAI BBQ

3. Business Location: 4811 SE POWELL BLVD. PORTLAND Mult OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4811 SE POWELL BLVD PORTLAND OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-788-7918
(phone) (fax)

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

7. If yes to whom: Sibella + SIMON CHAIYAHAT Type of License: Limited On-Premises

8. Former Business Name: THAI BBQ

9. Will you have a manager? Yes No Name: THONGCHAI NAMPHOCHAI
(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: THONGCHAI NAMPHOCHAI 503-327-1054
(name) (phone number(s))
4811 SE, POWELL BLVD, PORTLAND OR 97206 Thongchai.8660@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① *[Signature]* Date 8/15/2014 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: CMW

Date: 8/18/14

90-day authority: Yes No

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

- ① Arch Bridge Taphouse LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Arch Bridge Taphouse

3. Business Location: 205 7th St. Oregon City Clackamas OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 205 7th St. Oregon City OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-805-9199
(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? Oregon City
(name of city or county)

11. Contact person for this application: Gene Gligorea 503-805-9199
(name) (phone number(s))
459 Mountain View Ln Oregon City, OR 97045 gligorea@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 8/16/14 ③ _____ Date _____
- ② [Signature] Date 8/16/14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: E. Vicars

Date: 08.19.2014

90-day authority: Yes No

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

① Sebott Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Satellite Dream Pizza

3. Business Location: 6116 S.E. Milwaukie Port. Mult Or 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4620 N.E. Glisan Port. Or 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: René's Cafe

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

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

11. Contact person for this application: Sebastian Malinow 503)230.0699
(name) (phone number(s))
10815 S.W. Southridge Dr. Port. Or. 97219
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/18/14 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 _____

*P27301
L199084*

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: *JF*

Date: *8-15-14*

90-day authority: Yes No

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

- ① K-Hill & Sun LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Godfather's Pizza

3. Business Location: 14200 SW Barrows Road Tigard, Oregon 97223
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8860 SW 69th Ave Portland, OR 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-590-0900
(phone) (fax)

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

7. If yes to whom: K-Hill & Sun LLC Type of License: Limited on premise

8. Former Business Name: n/a

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

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

11. Contact person for this application: Pat Cahill 503-616-8772
(name) (phone number(s))
8860 SW 69th Ave Portland, OR 97223 pcahill@godfathersnw.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 Aug 12, 2014 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

<p>Application is being made for:</p> <p>LICENSE TYPES</p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input checked="" type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____ <p>90-DAY AUTHORITY</p> <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 <p>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		<p>ACTIONS</p> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____ <small>(name of city or county)</small></p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied <p>By: _____ <small>(signature) (date)</small></p> <p>Name: _____</p> <p>Title: _____</p>
		<p>OLCC USE ONLY</p> <p>Application Rec'd by: <u>Dave</u></p> <p>Date: <u>8-19-14</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① LPRR - Lil Pantry LLC - Rogue River ③ _____
 ② _____ ④ _____
- Trade Name (dba): Lil Pantry - Rogue River
- Business Location: 501 East Main St Rogue River Jackson OR 97537
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 233 Rogue River Hwy #259 Grants Pass OR 97527
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-476-0152 541-476-0152
(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: Dale Hurst
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Rogue River
(name of city or county)
- Contact person for this application: Dale Hurst / Jaye Mathisen 541-660-2170 / 541-476-0152
(name) (phone number(s))
233 Rogue River Hwy #259, Grants Pass OR 97527 541-476-0152 dble@lilpantry.com / mrcpu@lilpantry.com
(address) (fax number) (e-mail address)

Dale@LilPantry.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 8/6/14 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____

mrcpu@lilpantry.com



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 checked="" 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>OTW</u>
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L206731

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: _____

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

OLCC USE ONLY

Application Rec'd by: Ewa Nivank

Date: 08.19.2014

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Tri Trinh LLC ③ _____
 ② _____ ④ _____
2. Trade Name (dba): Tri's Shell 122nd
3. Business Location: 3515 SE 122nd Ave Portland Mult. OR 9723
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 12618 SE 147th Ave Happy Valley OR 97086
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 737-5862
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: UPC Petroleum LLC Type of License: off Premises sale
8. Former Business Name: Hai's Shell Station
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: Tri Trinh (503) 737-5862
(name) (phone number(s))
12618 SE 147th Ave Happy Valley, OR 97086 trinhthm@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/19/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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: CMU

Date: 8/19/14

90-day authority: Yes No

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

- ① Beer City Bottle Shop, LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Beer City Bottle Shop

3. Business Location: 4212 N Mississippi Ave Portland Mult. OR 97217
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5145 NE 49th Ave Portland OR 97218
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: None yet
 (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: Pam Adkins 503-957-2390
 (name) (phone number(s))

5145 NE 49th Ave Portland, OR 97218 NA Beercitybottleshops@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 Pam Adkins Date 8/18/14 ③ _____ Date _____

② [Signature] Date 8/19/14 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 _____

Rec'd by Portland
Liquor Licenses

AUG 14 2014

PD ck
1142

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: Quartrons

Date: 08.14.2014 Debt.

90-day authority: Yes No

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

- ① CULMINATION BREWING COMPANY ③ _____
② _____ ④ _____

2. Trade Name (dba): Culmination Brewing Company

3. Business Location: 2117 NE OREGON ST PORTLAND MULTNOMAH OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-353-6368
(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, MULTNOMAH CO.
(name of city or county)

11. Contact person for this application: TOMAS J SWMER
(name) (phone number(s))
1764 SW MARCUS AVE TOMAS@BREWERYCONSULTANTGROUP.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/13/14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

Limited On-Premises Sales (\$202.60/yr)

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other _____

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 Memo Park Flowers Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Portland Florist Shop

3. Business Location: 11807 NE Glisan PHD OR 97220

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

4. Business Mailing Address: 11807 NE Glisan PHD OR 97220

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

5. Business Numbers: 503-257-9165 503-261-1306

(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: Memo Park Flowers

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, City of

(name of city or county)

11. Contact person for this application: Lynne Pohrman 503-756-2944

(name) (phone number(s))

200 Burnham Rd #200 Lynne 1061@juno.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 Lynne Pohrman Date 8/28/14

② _____ Date 8-18-14

RECEIVED

Date _____

Date AUG 20 2014



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership	The City Council or County Commission:	
<input checked="" type="checkbox"/> Commercial Establishment	<input 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 checked="" type="checkbox"/> Other <u>C/TN</u>	<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 type="checkbox"/> Off-Premises Sales (\$100/yr)		Name: _____	
<input type="checkbox"/> with Fuel Pumps		Title: _____	
<input type="checkbox"/> Brewery Public House (\$252.60)		OLCC USE ONLY	
<input type="checkbox"/> Winery (\$250/yr)		Application Rec'd by: <u>[Signature]</u>	
<input type="checkbox"/> Other: _____		Date: <u>08-19-14</u>	
90-DAY AUTHORITY		90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<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			
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]
 - ~~Jessica Galun~~ ³ Schuster Enterprises LLC
 - ~~Chad Eric Schuster~~ ⁴ _____
- Trade Name (dba): Downtown lounge
- Business Location: 1234 main st. Sweet Home OR 97386 (Lin Co.)
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1234 main st Sweet Home OR 97386
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-576-9295
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Manuel Victor Type of License: Full on-premises
- Former Business Name: Downtown lounge Restaurant & Lounge
- Will you have a manager? Yes No Name: Chad Schuster
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Sweet Home (Lin county)
(name of city or county)
- Contact person for this application: Jessica A Galun 503-576-9295
(name) (phone number(s))
1097 42nd Ave Sweet Home OR 97386 jessicagalun@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 Jessica Galun Date 8/11/14 ³ _____ Date _____

² Chad Eric Schuster Date 8/11/14 ⁴ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

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: 8-20-14

90-day authority: Yes No

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

① Four The Love of Wine LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Four The Love of Wine

3. Business Location: 606 SE 148th Ave Suite 2, Portland, Multnomah OR 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 606 SE 148th Ave, Suite 2, Portland, OR 97233
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Charles B. Cowin 973-391-6592
(name) (phone number(s))
221 NW 5th Ave Unit 623, Portland, OR, 97209 cowinb@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 C. Ralph Date 8-14-14 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 97N

*#L: 201719
#P: 46082*

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: 8/20/14

90-day authority: Yes No

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

① ~~HAPPY Valley Corridor~~ ③ Happy Valley Sushi Corporation
② _____ ④ _____

2. Trade Name (dba): Bluefin ocean & Kobe

3. Business Location: 12450 SE 82 Rd. HAPPY VALLEY 97084
(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: 503 659 2253
(phone) (fax)

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

7. If yes to whom: Blue Fin Sushi Bar & Fine Japanese Rest Inc Type of License: F-COM

8. Former Business Name: Bluefin Ocean & Kobe Sushi Bar & Fine Japanese Rest

9. Will you have a manager? Yes No Name: 12450 SE 82, rd.
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Happy Valley OR 97086
(name of city or county)

11. Contact person for this application: Loan P nguyen 503-805-2538
(name) (phone number(s))
loan.p.nguyen@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 8-20-14 ③ [Signature] Date 8-20-14
② [Signature] Date 8-20-14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature) (date)</small> Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <i>David Green</i> Date: <u>8/21/14</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 Marcola Roadhouse, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Marcola Roadhouse

3. Business Location: 92178 Marcola Road Marcola Lane OR 97454
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1574 Coburg Road Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-933-2828 641-550-2282
(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: Barry Rogers
(manager must fill out an Individual History form)

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

11. Contact person for this application: Barry Rogers 541-933-1100
(name) (phone number(s))
1574 Coburg Road #230, Eugene OR 97401 541-550-2282 barry@denkifuro.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 8/13/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____