



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: [Signature]

Date: 9/4/2014

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 Smoke This, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Smoke This

3. Business Location: 61249 S. Hwy 97, #20 Bend Deschutes OR 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 61249 S. Hwy 97, #20 Bend OR 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-385-5776 541-385-5776
(phone) (fax)

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

RECEIVED

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

8. Former Business Name: _____ AUG 28 2014

9. Will you have a manager? Yes No Name: Lisa Jones Oregon Liquor Control Commission
(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: Lisa Jones
(name) 541-419-2776
(phone number(s))
934 E. Creek View Dr. Sisters, OR 541-385-5776 jones.lisa@live.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 8-28-14 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)
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- 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: K.O.

Date: 9-4-14

90-day authority: Yes No

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

① Seismic Banking Provisions LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Epicenter/Aftershock

3. Business Location: 3901 Brooke Dr. Klamath Falls Klamath OR 97603
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3901 Brooke Dr. Klamath Falls OR 97603
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-273-0700
(phone) (fax)

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

7. If yes to whom: Faultline LLC Type of License: Full on Premises Sales

8. Former Business Name: Still Epicenter/Aftershock

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

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

11. Contact person for this application: Donald Marquart 509-302-7586 cell
(name) (phone number(s))
3901 Brooke Dr. Klamath Falls OR don.epicenter@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 Donald Marquart 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 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) <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: E. Nicars

Date: 09/03/2014

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Meteorite Brewery LLC
 ② _____ ④ _____

2. Trade Name (dba): OREGON CITY BREWERY

3. Business Location: 1401 WASHINGTON ST, OREGON CITY, CLATSOP, OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 704 Summit St, Oregon City, OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-201-5091
(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: CRAIG MORROW
(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: CRAIG MORROW 503-201-5091
(name) (phone number(s))
704 Summit St, Oregon City, OR 97045 ctm714@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 Craig Morrow Date 9-2-14 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input 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 checked="" type="checkbox"/> Change Ownership <input 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 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>AD</u> Date: <u>9/3/2014</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input 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]
 - Avenue A Tavern LLC ③
 - _____ ④
- Trade Name (dba): Beach n Brew
- Business Location: 405 Avenue A, Seaside, Clatsop, OR 97138
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 42894 Old Highway 30, Astoria, OR 97103
(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: Merrylime Museum and Taverns Inc. Type of License: full commercial
- Former Business Name: Beach n' Brew
- Will you have a manager? Yes No Name: Jeanne Windsor
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Seaside, Clatsop County
(name of city or county)
- Contact person for this application: Jeanne Windsor 503-741-0290
(name) (phone number(s))
42894 Old Highway 30 jwindsorcompany@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 8/27/14 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

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APPLYING AS:

Limited Partnership

Corporation

Limited Liability Company

Individuals

P15080
L191119

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: 9-3-14

90-day authority: Yes No

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

① Epic Restaurants, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): The Sixth Street Bistro & Loft

3. Business Location: 509 Cascade Ave. Hood River, OR Hood River County 97031

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

4. Business Mailing Address: PO Box 352 Hood River, OR 97031

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

5. Business Numbers: 541-386-5737

(phone) (fax)

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

7. If yes to whom: Epic Restaurants, Inc Type of License: Full on-premise sales

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? Hood River / Hood River County

(name of city or county)

11. Contact person for this application: Stacie Creasy 541-386-5737

(name) (phone number(s))

509 Cascade Ave. Hood River, OR stacie@sixthstreetbistro.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:

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

[Signature] Date 8-1-14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION

P 9214



Please Print or Type

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

P 2452 L198274

Section 1: Complete This Section For All Requests

1. Licensee Name(s): BABA DALIP, LLC
(as currently licensed)

2. Trade Name (dba): BARTON FOOD MART Type of License: D
(current business name) (D: L, F, etc.)

3. Business Address: 24802 Se Hwy 224 BORING, OR 97009
(street) (city) (ZIP code)

4. Mailing Address: 15642 Se BOLLAM DR CLACKAMAS, OR
(street) (city) (ZIP code) 97015

5. Telephone Number: 503 637 3069 503 658 6878
(business) (home)

6. Check here for a duplicate license certificate

Section 2: Change of Trade Name

New Trade Name (dba): _____

Section 3: Change of Legal Name

1. New Name: _____

2. Date of Name Change: _____

3. Attach a signed copy of legal document(s)

Section 4: Change to Legal Entity (Corp. or LLC)

1. Entity Name: TOOR & GUPTA INC.

2. Complete and attach LLC or Corporation Questionnaire.

3. Attach a signed copy of modified lease agreement if applicable.

Section 5: Deletion of Partner(s)

1. Name of Deleted Partner(s): _____

2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: PRASHANT GUPTA Title: Member

Licensee Signature: [Signature] Date: SEP 2, 2014



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 CLT
- 4 PRIV

P48877
L201728

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OM

Date: 9/2/14

90-day authority: Yes No

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

- ① Grandpa-Hamlet Inc ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Verdigris

3. Business Location: 1315 NE Fremont St. Portland Mult. OR 97212
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1315 NE Fremont St. Portland OR 97212
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.432.0253 N/A
(phone) (fax)

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

7. If yes to whom: Bishop Creek Farms Inc of License: WY

8. Former Business Name: Urban Wineworks

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

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

11. Contact person for this application: Kristina Nunn 503.432.0253
(name) (phone number(s))

3314 NE 46th Ave. Portland, OR 97213 kristinathenunn@icloud.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 8/23/14 ③ _____ Date _____
- ② [Signature] Date 8/23/14 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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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 Owner~~
- Greater Privilege
- Additional Privilege
- Other New address

C1602

P50167

L203344

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: 9-2

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 Maiphai LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Maiphai Thai

3. Business Location: 108 SW Pine Street, Portland, Oregon 97204
(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: 503-241-2691
(phone) (fax)

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

7. If yes to whom: Faye Douangchit Type of License: Full on-

8. Former Business Name: Faye Douangchit - DBA Maiphai Thai

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

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

11. Contact person for this application: Faye Douangchit 971-313-1419
(name) (phone number(s))
1013 SW 176th Terrace, Beaverton, OR 97006 tdouangchit@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 Faye Douangchit Date 8/21/14 ③ SEP 02 2014 Date _____

② _____ Date _____ ④ REGULATORY FIELD SERVICES 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)
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- 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: 9/2/14

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] WUS Kitchen, INC.
 - ① ~~Chang Chien Tsai~~
 - ② ~~Gunny Ian Wu Tam Wu~~
 - ③ ~~Per Shan Jeung Wu~~
 - ④ ~~Li-Li Sing Hui Chang~~
2. Trade Name (dba): Wu's Kitchen
3. Business Location: 15930 SW Regatta Ln. Beaverton (Washington County) OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97006
4. Business Mailing Address: 16080 SW Loon Dr Beaverton OR 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-579-8899
(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: Li-Li Sing Hui Chang
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Beaverton (Washington County)
(name of city or county)
11. Contact person for this application: Chang-Chien Tsai 503-522-9480
(name) (phone number(s))
16080 SW Loon Dr Beaverton 97007 tsai9999@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 Chang-Chien Tsai Date 8-28-14
- ② Gunny Ian Wu Date 8-28-14
- ③ Per Shan Jeung Wu Date 8-28-14
- ④ Li-Li Chang Date 8-28-14



LIQUOR LICENSE APPLICATION

Application is being made for:

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

Date: 8/28/14 CW

90-day authority: Yes No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① Dilger, Paul D. ② _____
 ③ _____ ④ _____

2. Trade Name (dba): Running Deer Vineyards

3. Business Location: 3855 Riverside Dr S, Salem, Marion, OR 97306
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3855 Riverside Salem OR 97306
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 858 9291
(phone)

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? _____
(name of city or county)

11. Contact person for this application: Paul Dilger 503 858 9251
(name) (phone number(s))

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

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 AUG 28 2014

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 Paul Dilger Date 8/28/14 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: [Signature]

Date: 9-2-14

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① IL Buishie Pizzate
 ② _____
2. Trade Name (dba): Pleology Pizzeria
3. Business Location: 7695 Nyberg St. Tualatin Oregon 97062
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 70 SW Century Dr. St. 100-364 Bend, Or 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: N/A yet starting constructi
(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: Jack Caudle
(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: Renee Bouma 925-577-3474
(name) (phone number(s))
70 SW Century Dr St. 100-364 Bend, Or 97702 reneebouma
(address) (fax number) (e-mail address) @me.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 Renee Bouma Date July 10, 14 ③ **RECEIVED** Date _____

② [Signature] Date 7/10/14 ④ _____ Date _____

SEP 02 2014
 REGULATORY FIELD SERVICES
 Oregon Liquor Control Commission



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LICENSE TYPES

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 - 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 CHANGE LOCATION

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: 9/2/14

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 GABRIELLA J. SALAS ③ _____

② _____ ④ _____

2. Trade Name (dba): THE G SPOT

3. Business Location: 24099 REDWOOD HWY · KERBY, JOSEPHINE · OR
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 925 CAVE JUNCTION, OR 97523
(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? JOSEPHINE CO.
(name of city or county)

11. Contact person for this application: GABRIELLA J. SALAS 541.415.0451
(name) (phone number(s))
PO BOX 925 · CAVE JUNCTION, OR 97523 gabi.salas13@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 [Signature] Date 9-21-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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- 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: K.O.

Date: 9-29-14

90-day authority: Yes No

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

① Coyote Quick Stop LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Coyote Quick Stop LLC

3. Business Location: 305 North F Street Lakeview, Lake, OR 97630
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 305 North F St Lakeview OR 97630
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 947 2236 541 947 5788
(phone) (fax)

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

7. If yes to whom: Jason L Thomas Type of License: Liquor

8. Former Business Name: Coyote Quick Stop DBA

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? Lakeview, Lake Co.
(name of city or county)

11. Contact person for this application: Jason Thomas 541 947 2236
(name) (phone number(s))
305 North F St. Lakeview 541 947 5788 Coyotequickstop@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 7/17/14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

