



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: ~~NONPROFIT PRIVATE CLUB~~

NO

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: _____

Date: 9/25

90-day authority: Yes No

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

① THAO DO ③ _____

② MARY NGUYEN ④ _____

2. Trade Name (dba): VIETFAN CLUB MUSIC'S #1

3. Business Location: 1820 NE 40TH AVE PORTLAND OR 97212
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1474 N. 28TH ST. WASHOUGAL, WA 98671
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: N/A

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

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

11. Contact person for this application: THAO DO 503-970-3357
(name) (phone number(s))
1474 N. 28th St, Washougal, WA 98671 tho_97223@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 Thao Do Date 9/16/2014 ③ _____ Date _____

② Mary Nguyen Date 9/20/2014 _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

*License # 194980
Premises # 49978*

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: 9-25-14

90-day authority: Yes No

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

① GJLG, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Portland City Market

3. Business Location: 2224 N. LOMBARD, PORTLAND OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5002 SE WOODWARD ST., PORTLAND OR 97206
Gordial (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 539 1671 or 360 977 3796 - Jaswinder
(phone) (fax)

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

7. If yes to whom: SUE C. BAN Type of License: CFF PREMISES SALES

8. Former Business Name: CIGARETTE PLUS

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: GURDIAL SINGH VIRK 503 539-1671
(name) (phone number(s))
10794 SE BURN LOOP, PORTLAND, OR 97086
(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 GJLG, INC Date 9-24-14 ③ _____ Date _____
Sue C. Ban - President

② GURDIAL SINGH VIRK Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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- Private Club
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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: [Signature]

Date: 8-20-14

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 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)

6. Is the business at this location currently licensed by OLCC? Yes No Rec'd by Portland Liquor Licenses

7. If yes to whom: _____ Type of License: SEP 15 2014

8. Former Business Name: Memo Park Flowers PD 10000 [Signature]
ch 1891

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 **RECEIVED** Date _____
② _____ Date 8-18-14 AUG 20 2014 Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	The City Council or County Commission: _____
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	(name of city or county)	recommends that this license be:
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	By: _____ (signature) _____ (date)
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	Name: _____	Title: _____
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	OLCC USE ONLY	
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>2nd Lic</u>	Application Rec'd by: <u>OLCC</u>	Date: <u>9/25/2014</u> <u>ca</u>
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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: _____			
90-DAY AUTHORITY			
<input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority			
APPLYING AS:			
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ① A.R.B. Enterprises, LLC ③ _____
 - ② _____ ④ _____
2. Trade Name (dba): Sufi Cellars
3. Business Location: 34200 SW Bald Peak Rd Hillsboro, Washington, OR 97123
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 34200 SW Bald Peak Rd Hillsboro OR 97123
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 939-3617
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: _____, pe 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? Washington County
(name of city or county)
11. Contact person for this application: Vicki Abtin (503) 939-3617
(name) (phone number(s))
34200 SW Bald Peak Rd, Hillsboro OR 97123 vickiabtin@msh.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 Vicki Abtin Date 9-23-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

start date 10/1/14



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- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other:

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other: prem ext.

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: LS

Date: 9/3/14

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 Rat Hole Brew Pub, LLC ② _____
③ _____ ④ _____

2. Trade Name (dba): Rat Hole Brew Pub

3. Business Location: 384 SWS Upper Terrace Dr. #08 Bend Deschutes OR 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 22440 McArdle Rd Bend OR 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.389.2739
(phone) (fax)

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

7. If yes to whom: Susan Toepfer & Albert Toepfer type of License: F-Com & BP

8. Former Business Name: Rat Hole Brewing

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

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

11. Contact person for this application: Leslie Keele 541.508.9090
(name) (phone number(s))
22440 McArdle Rd. Bend, OR 97702 LPKeele@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 Leslie G. Keele Date 9-5-14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

RECEIVED

AUG 24 2014

Oregon Liquor Control Commission
Bend, Oregon



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

COPY

Application is being made for:

LICENSE TYPES

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: LS

Date: 9/24/14

90-day authority: Yes No

Applicant
9/24/14

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 Three Creeks Production LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Three Creeks Brewing Co. (brewpub will continue to operate, trade name used at new facility)

3. Business Location: 265 E. Barclay Drive Sisters Deschutes OR 97759
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 721 Desperado Court Sisters OR 97769
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

RECEIVED

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

AUG 26 2014

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

8. Former Business Name: _____ Oregon Liquor Control Commission
Bend, Oregon

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

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

11. Contact person for this application: Wade Underwood 541-549-1963/541-977-7800
(name) (phone number(s))
721 desperado ct, sisters, or 97769 541-549-1981 wade@threecreeksbrewing.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 9-20-14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① La Consentida Inc. ③ _____
 ② _____ ④ _____

2. Trade Name (dba): La Consentida Carniceria La Consentida

3. Business Location: 2221 Lancaster Dr. NE Salem Marion Oregon 97305
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2221 Lancaster Dr. NE Salem Oregon 97305-1224
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503)881-7038 (503) 385-3570
(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: Filiberto Escobar
(manager must fill out an Individual History form)

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

11. Contact person for this application: Natalia Caballero Lopez (503) 798-9991
(name) (phone number(s))
2221 Lancaster Dr NE Salem Or. (503) 982-5885
(address) (fax number)

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 Natalia Caballero Lopez Date 04/22/2014 ③ _____ Date _____
 ② Jesse Olaru Date 04/22/2014 ④ _____ Date _____

natalia.caballero@yahoo.com
RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 SEP 22 2014



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

2



Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
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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 _____

L262832

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 SCHMIZZA INTERNATIONAL, INC. ② _____

③ _____ ④ _____

2. Trade Name (dba): PIZZA SCHMIZZA PUB AND GRUB

3. Business Location: 415 SW MONTGOMERY ST. PORTLAND MULTNOMAH, OR, 97201
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1500 LIBERTY ST, SE, SALEM, OR, 97302
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-473-8119 503-363-5364
(phone) (fax)

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

7. If yes to whom: ANDRE GRANDE, INC. Type of License: FULL ON-PREMISES

8. Former Business Name: BUND ONION PIZZA PIZZA SCHMIZZA PUB & GRUB

9. Will you have a manager? Yes No Name: ADAM MABANE
(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: MICHAEL MILLS 503-873-7691
(name) (phone number(s))
P.O. Box 1307, SILVERTON, OR 503-873-7691 mm@olcc.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/23/14 ② _____

③ _____ Date _____ ④ _____

RECEIVED

Date _____

SEP 23 2014

Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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: 9-23-14

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 Portland Hospitality, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Batter, Griddle & Drinkery

3. Business Location: 4425 NE Fremont St. Portland, Multnomah, Oregon 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 844 N 27th Ave. Cornelius, Oregon 97113
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-351-9218 _____
(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: NA

9. Will you have a manager? Yes No Name: Daniel J Cogan
(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: Daniel J Cogan 503-351-9218
(name) (phone number(s))
844 N 27th Ave, Cornelius, OR 97113 _____
(address) (fax number) (e-mail address) ernie4477@gmail.com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/22/14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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- Winery (\$250/yr)
- Other: _____

ACTIONS

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

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: _____ (date) _____
(signature)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CMW

Date: 9/19/14

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 Jo Whitsell LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Maplewood Coffee and Tea

3. Business Location: 5206 SW Custer St Portland Multnomah OR 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5206 SW Custer St Portland OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 688-4626 / 503 915 4591 (N/A)
(phone) (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Chelsea VandenBrink
(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: Jo Whitsell (503) 915-4591
(name) (phone number(s))
4920 SW Humphrey Park Crest jowhitsell@gmail.com
(address) (fax number) (e-mail address)
Portland OR 97221

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 9/5/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

SEP 16 2014

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: 9/23/14

90-day authority: Yes No

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

① New Sakura Inc ② _____

③ _____ ④ _____

2. Trade Name (dba): New Sakura Japanese Sushi Restaurant

3. Business Location: 832 Crater Lake Ave Suit #100 Medford OR 97504
(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: 541-944-1084
(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: Wen Yi Wang
(manager must fill out an Individual History form)

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

11. Contact person for this application: 541-944-1084 / ALAN YAN
(name) (phone number(s))
2709 TRKELMA WAY Achland OR 97520
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 8/28/14 ③ _____ Date _____

② Wen Yi Wang Date 08/27/2014 ④ _____ Date _____

FAKED: 9/23/14



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 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>Trade-Name</u>	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____
90-DAY AUTHORITY <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		OLCC USE ONLY Application Rec'd by: <u>EP</u> Date: <u>9.23.14</u> 90-day authority: <input 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		

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

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

3. Business Location: 1130 Royvone Ave. Suite 105 Salem Marion OR 97302
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1357 ST CHARLES PL NE KEIZER OR 97303
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-576-9896
(phone) (fax)

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

7. If yes to whom: Canton Garden Inc. Type of License: FROM

8. Former Business Name: Player's Club Sports Bar

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

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

11. Contact person for this application: Cindy Zhen
(name) 503-576-9896
(phone number(s))
1357 St. Charles Pl NE KEIZER OR 97303
(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 Cindy Zhen Date: 9/22/14 ③ _____
 ② _____ Date: _____ ④ _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 Date: SEP 22 2014
 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 losing Privilege

CITY AND COUNTY USE ONLY

Date application received: 9/18/14

The City Council or County Commission:

Winston
(name of city or county)

recommends that this license be:

Granted Denied

By: David M Van Dermark 9/18/14
(signature) (date)

Name: David M Van Dermark

Title: City Manager

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: CM

Date: 9/19/14

90-day authority: Yes No

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

① Thiessen Markets Incorporated ③ _____

② Grocery Outlet Inc ④ _____

2. Trade Name (dba): Winston Grocery Outlet

3. Business Location: 151 NW Douglas Blvd Winston Douglas OR 97496
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 151 NW Douglas Blvd Winston OR 97496
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 253-720-8509 _____
(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? City of Winston
(name of city or county)

11. Contact person for this application: Dean Thiessen 253-720-8509
(name) (phone number(e))
17324 94th Ave Ct E Puyallup, WA 98375 winston@groceryoutlet.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 9/16/14 ③ _____ Date _____
② [Signature] Date 9/15/14 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 _____

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: R. Harrel

Date: 9/23/14

90-day authority: Yes No

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

① Birdies Cafe LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Birdies Cafe

3. Business Location: 1444 NW College Way Suite 1, Bend Deschutes County Oregon 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 5211 Bend Oregon 97708
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-728-0753
(phone) (fax) **RECEIVED**
AUG 28 2014

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

7. If yes to whom: _____ Type of License: _____ Oregon Liquor Control Commission
Bend, Oregon

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Robert C. Tate
(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: Robert C Tate
(name) (phone number(s))
PO BOX 5211 Bend Oregon 97708 541-318-7065
(address) (fax number) (e-mail address)
birdiescafe@yahoo.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 8-27-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

Pastimes
LI95943

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: 9/22

90-day authority: Yes No

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

① Pastimes LLC. ③ _____

② _____ ④ _____

2. Trade Name (dba): Pastimes / Boston Pizza

3. Business Location: 22605 NE Halsey #1 Fairview Gresham Multnomah OR 97024
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 33 NW 1st Gresham OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 666 3151 (phone) _____ (fax)

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

7. If yes to whom: Double Crown Investments LLC Type of License: Full on-premise

8. Former Business Name: Pastimes / Boston Pizza Pastimes Sports 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? Fairview OR
(name of city or county)

11. Contact person for this application: Jacob Whitney 503 998 6685
(name) (phone number(s))
580 NE 23rd Gresham OR 97030 Jacob6188@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 9/16/14 ③ Date _____

② [Signature] Date 9/16/14 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: _____

Date: 9-19

90-day authority: Yes No

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

① James D. Brady ③ _____

② Cloud Cap Games LLC ④ _____

2. Trade Name (dba): Cloud Cap Games, LLC

3. Business Location: 1226 SE Lexington St, Portland, OR 97202, USA
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1226 SE Lexington St, Portland, OR 97202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-505-9344
(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 County
(name of city or county)

11. Contact person for this application: James Brady 503-810-7818
(name) (phone number(s))
925 SE Bidwell St, Portland, 97202 bradyduo.j@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 9/13/14 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 ATM

Handwritten: #L 195575
49918

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: 9/19/14

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 Half Pipe Pizza LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Sprocket Pizza

3. Business Location: 2700 NE 82nd Ave Portland Mult OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2434 NE Muk Blvd Portland OR 97212
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-504-3389
(phone) (fax)

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

7. If yes to whom: Overlook Partners, LLC Type of License: Full on Premise

8. Former Business Name: Pub at the yard or Lumberyard

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
(name of city or county)

11. Contact person for this application: Joe Tigli 503-504-3389
(name) (phone number(s))
2434 NE Muk Blvd Portland 97212 jtigli@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 9/16/14 ③ _____ Date _____

② [Signature] Date 9/16/14 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 _____

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: 9/19/14

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 POLLO NORTE, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): POLLO NORTE

3. Business Location: 5427 NE 42ND AVE PORTLAND, OR 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1631 NE BROADWAY #244 PORTLAND, OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 619-838-6309
(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: WADE SHELTON
(manager must fill out an Individual History form)

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

11. Contact person for this application: WADE SHELTON 619-838-6309
(name) (phone number(s))
1631 NE BROADWAY #244 PORTLAND, OR 97232 wadeshelton@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 9/17/2014 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PLEASE PRINT OR TYPE

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 _____

Applying as:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

FOR CITY AND COUNTY USE ONLY
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 LARRY GREEN ② _____

③ LISA GREEN ④ _____

2. Trade Name (dba): LIQUOR @ THE RUNNING Y

3. Business Location: 5408 RUNNING Y RANCH RD. KLANATH FALLS
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: SAMZ SUITE 102
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-273-0956 (phone) 541-273-0980 (fax)

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

7. If yes to whom: ROGER DAUSHPART Type of License: OFF PREMISE

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? KLANATH FALLS, OR
(name of city or county)

11. Contact person for this application: LARRY GREEN 541 591 9278
(name) (phone number(s))
5850 COPPER HAWK RD (address) (fax number) Lforrestg@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 9/9/14 ② _____ Date _____
③ [Signature] Date 9/9/14 ④ _____ Date _____

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

(rev. 12/07)



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 OTD

*L# 197169
Q# 19377*

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: 9/18/14

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 Matthew Fiosz
- ② Elizabeth McGown
- ③ Rosie Rosz, LLC
- ④ _____

2. Trade Name (dba): The Alameda Cafe The Alameda Cafe

3. Business Location: 46A1 NE Fremont Portland Multnomah OR 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 11022 Portland OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 284-5314 (503-288-8325 Temp) 503-283-9093
(phone) (fax)

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

7. If yes to whom: Colleen Humphrey Type of License: F-COM

8. Former Business Name: The Alameda Cafe

9. Will you have a manager? Yes No Name: Elizabeth McGown
(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: MATTHEW FIOSZ 971 235 1926
(name) (phone number(s))
4012 NE Roseland St MATTHEW@NEP042.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 Matthew Fiosz Date 9/17/14 ③ _____ Date _____

② Elizabeth McGown Date 9/17/14 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 type="checkbox"/> Change Ownership
<input checked="" type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input checked="" type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____
<input type="checkbox"/> Private Club	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input 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

P50149
L206804

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Ewa Vicars

Date: 09/18/2014

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① LONG NGUYEN ③ _____
 ② _____ ④ _____
- Trade Name (dba): MEKHA GRILL
- Business Location: 4912 SE DIVISION OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 6846 NE Sandy Blvd 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 740-1584
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Long Nguyen Type of License: Beer and Wine
- Former Business Name: MEKHA GRILL
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Mult
(name of city or county)
- Contact person for this application: LONG NGUYEN
(name) (phone number(s))
6846 NE Sandy _____
(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 5/22/14 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 (\$201.30/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 _____

RECEIVED

AUG 05 2014

Oregon Liquor Control Commission
Bend, Oregon

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: LS

Date: 9/19/14

90-day authority: Yes No

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

- ① Fastbreak of Oregon LLC _____ ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Burns Market

3. Business Location: 19 W Monroe Burns Harney OR 97720
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1301 Esplanada Ave Klamath Falls OR 97601
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-573-6316
(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: Rays Shell

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

10. What is the local governing body where your business is located? Burns Harney County ⑤
(name of city or county)

11. Contact person for this application: Jeff Chase _____
(name) (phone number(s))
1301 Esplanada Ave Klamath Falls OR 97601 541-887-8576 jeff.chase@cedstank.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 7-28-14 ③ _____ Date _____
- ② [Signature] Date 7-31-14 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: Juan

Date: 9/20/2014

90-day authority: Yes No

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

① PACIFIC PIZZA & BREW, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): PACIFIC PIZZA AND BREW

3. Business Location: 340 SW Century Dr. BEND, OR (DESCRIBE) 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 63075 Crusher Ave. #107 BEND, OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-550-7887 541-550-7887
(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: KENNETH (JEFF) JOHNSON
(manager must fill out an Individual History form)

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

11. Contact person for this application: KENNETH (JEFF) JOHNSON 541-550-7887
(name) (phone number(s))

103075 Crusher Ave. BEND 97701 541-550-7887 (fax)
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application. Jeff @ Pacific Pizzabrew.com

Applicant's Signature(s) and Date:

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

② _____ Date _____ ④ _____ Date _____

