



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 *F-com*

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

P 237
L 178568

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: *May Cole*

Date: *10/2/14*

90-day authority: Yes No

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

- ① BJ's Restaurant Operations Company ③ _____
- ② _____ ④ _____

2. Trade Name (dba): BJ's Pizza Grill & Brewery

3. Business Location: 12105 N Center Ave., Portland, OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7755 Center Ave., Suite 300, Huntington Beach, CA 92647
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 714-500-2481
(phone) (fax)

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

7. If yes to whom: Chicago Pizza Northwest, Inc. Type of License: F-COM

8. Former Business Name: Chicago Pizza Northwest, Inc. dba BJ's Pizza Grill & Brewery

9. Will you have a manager? Yes No Name: Justin Davis
(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: Jay McPherson
(name) 800-400-1353 (phone number(s))
54476 Mariah Road, Myrtle Point, OR 97458 541-396-6888 (address) (fax number) jay@csa-compliance.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 9/22/14 ③ _____ Date _____
- ② Gregory S. Lynds 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: _____ <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: <u>UH</u> Date: <u>10.8.14</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 Victoria Mejia ③ _____

② Hector Angeles ③ _____

2. Trade Name (dba): Pastorcillos Tacos

3. Business Location: 122A N. Everest Rd Newberg Or 97071
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 122 A N. Everest Rd Newberg Or 97071
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 547 5393
(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: Pastorcillos Tacos

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? Newberg Yamhill
(name of city or county)

11. Contact person for this application: Victoria Mejia
(name) (phone number(s))
1536 E 3rd Apt 6 Newberg Or 97132
(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 Victoria Mejia Date 10/03/14 RECEIVED
 OREGON LIQUOR CONTROL COMMISSION

② Hector Mejia Date 10/3/14 OCT 06 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 _____

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: 10-9

90-day authority: Yes No

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

① Epifania LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Epif

3. Business Location: 404 NE 28th Ave Portland Multnomah OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 410 NE 28th Ave Portland OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-935-0427 NA
(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: Nicolle Dirks
(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: Nicolle Dirks 503-935-0427
(name) (phone number(s))

410 NE 28th Ave Portland OR 97232 nicolle@epifpdx.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 9/22/14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date OCT 09 2014

RECEIVED



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 47A

*License # 203924
Premises # 30205*

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:

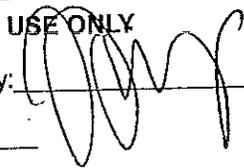
- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 10-8-14

90-day authority: Yes No

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

① Broadway On Deck LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Broadway On Deck Sports Bar

3. Business Location: 225 SW Broadway Port Muthamah OR 97205
(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: _____ (phone) _____ (fax)

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

7. If yes to whom: Next Step Enterprises Inc. Type of License: Full On-Premises

8. Former Business Name: Silver Dollar Pizza II

9. Will you have a manager? Yes No Name: Danielle Rosendahl
(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: Steve Rosendahl 503 784 5329
(name) (phone number(s))

3625 SW 60th PL Port OR 97221 dynastycap@aol.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Steve Rosendahl, Manager Date 10/6/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other 47N

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

P#35615
L#197275

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: CMK

Date: 10/8/14

90-day authority: Yes No

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

① _____ ③ _____

② _____ ④ Black Water, LLC

2. Trade Name (dba): BLACK WATER

3. Business Location: 835 NE BROADWAY PORTLAND MULTNOMAH OR 97212

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

4. Business Mailing Address: PO Box 5223 PORTLAND OR 97208-5223

(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: Chino Saigon LLC Type of License: Limited

8. Former Business Name: Pho Broadway

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: Keith Testerman 503-546-1682

(name) (phone number(s))

PO Box 5223 PORTLAND, OR 97208-5223 Blackwater pdlx@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 10/8 ③ [Signature] Date 10/8

② Alex Amocais Date 10/8 ④ _____ Date _____



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 _____

*P42735
L203604*

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 Lucky Bite Bar LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Lucky Bite Bar

3. Business Location: 8435 SE Division St. Portland Multnomah OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 20067 NE Hoyt St Portland OR 97230
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-255-0214
(phone) (fax)

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

7. If yes to whom: Ha Long Cafe, LLC Type of License: Limited On-premises sale & OFFSALES

8. Former Business Name: Ha Long Cafe

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

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

11. Contact person for this application: Dandan Zhang, CPA 503-432-8839
(name) (phone number(s))

8733 SE Division St, Ste 207 Portland, OR 97266 503-200-1947 ustaxreturn@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/30/14 ③ OCT 08 2014 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: Distillery

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other: TASTING

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: Retention

Date: 10/8/14

90-day authority: Yes No

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

① Around The Bend Distilling, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Backdrop Distilling

3. Business Location: 1355 SW Commerce Ave Suite B Bend Deschutes OR 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 70 SW Century Dr Suite 100-298 Bend OR 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-390-4958 (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: Mark Plants
(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: Mark Plants 541-390-4958
(name) (phone number(s))

70 SW Century Dr Suite 100-298 Mark@backdropdistilling.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 9/2/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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 Chg/TN

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: R. Hancock

Date: 10/8/14

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 Danielle T. Warren ③ _____

② DS Sales LLC ④ _____

2. Trade Name (dba): N. Bend Circle K

3. Business Location: 3405 N. Highway 97 Bend Deschutes, OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1153 NE Ross Rd. Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-419-8943
(phone) (fax)

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

7. If yes to whom: Keith & Carol Keiper Type of License: OFF-Premises Sales

8. Former Business Name: Jackpot Food Mart

9. Will you have a manager? Yes No Name: Danielle Warren
(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: Danielle Warren 541-419-8943
(name) (phone, number(s))

1153 NE Ross Road Bend, OR 97701 djsalesbend@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 Danielle T. Warren Date 9/25/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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 _____

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: RM

Date: 10/7/14

90-day authority: Yes No

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

① RYAN S THOMPSON ③ The Growler Garage, LLC

② LACIE JO THOMPSON ④ _____

2. Trade Name (dba): THE CROWLER GARAGE

3. Business Location: 283 NW MILLER AVE SUITE 4 GRESHAM MULT. OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2546 NW 1ST DR. GRESHAM OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-810-1461 (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? GRESHAM
(name of city or county)

11. Contact person for this application: RYAN THOMPSON 503-810-1461
(name) (phone number(s))

2546 NW 1ST DR, GRESHAM OR 97030 ryanthompson79@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 10/3/14 ③ _____ Date _____

② [Signature] Date 10/5/2014 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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 - 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

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: OMU

Date: 10/7/14

90-day authority: Yes No

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

① Andrew Biggs Hunt and Gather Catering LLC ③

② Laura Hallow ④

2. Trade Name (dba): Hunt & Gather Catering

3. Business Location: 2420 SE Belmont St. Portland, Multnomah, Oregon 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2420 SE Belmont St. Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-206-7927
(phone) (fax)

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

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

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Laura Hallow
(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: Andrew Biggs 971-506-1530
(name) (phone number(s))

5401 SE Rhone St. Portland, OR 97206 cheFAndrewBiggs@HuntandGatherCater.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 10/5/2014 ③ _____ Date _____

② [Signature] Date 10/16/14 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 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 type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
---	---

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

APPLYING AS:
 Limited Partnership
 Corporation
 Limited Liability Company
 Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CC

Date: 10/2/14

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Hecox Family Inc ② _____
 ③ _____ ④ _____
2. Trade Name (dba): Elderberry Inn
3. Business Location: 44601 Hwy 26 Seaside Clatsop OR 97158
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 82403 Vinemape Rd Seaside OR 97158
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-755-2229
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Morgan Family Inc Type of License: Full on premises - commercial
8. Former Business Name: Elderberry Inn
9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Clatsop county
(name of city or county)
11. Contact person for this application: T.J. Hecox 503-440-5621
(name) (phone number(s))
82403 Vinemape Rd Seaside OR 97158 tjhecocx@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 Hecox Family Inc Date 9-27-14 ② [Signature] Date 9-27-14

③ [Signature] Date 9-27-14 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 _____

*License # 197004
premises # 530*

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: 10-2-14

90-day authority: Yes No *[Signature]*

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

① Bloodstone LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Biddy McGraw's Public House

3. Business Location: 6000 NE Glisan St. Portland Mult OR 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6000 NE Glisan St. Portland OR 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-233-1178
(phone) (fax)

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

7. If yes to whom: I+J inc Type of License: Full on-Premise Sales

8. Former Business Name: Biddy McGraw's Public House

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: Shaun Sieren 503-702-7080
(name) (phone number(s))
6000 NE Glisan St. Portland OR 97213 shaunsieren@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 *Shaun Hamilton Sieren* Date 10-2-14 ③ _____ Date _____

② *[Signature]* Date 10-2-14 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 CH/OWN. \$

*LICENSE # 190933
PREMISES # 47001*

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: 10-7-14

90-day authority: Yes No

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

- ① BE THE CHANG INVESTMENTS LLC
- ② _____
- ④ _____

2. Trade Name (dba): ANNA BANANAS ALBERTA, INC

3. Business Location: 2403 NE ALBERTA STREET PORTLAND MULTNOMAH OREGON 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2403 NE ALBERTA STREET PORTLAND OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.467.4656
(phone) (fax)

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

7. If yes to whom: ANNA BANANAS ALBERTA, INC Type of License: LIMITED ON-PREMISE

8. Former Business Name: ANNA BANANAS ALBERTA, INC

9. Will you have a manager? Yes No Name: BOB CHANG
(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: BOB CHANG 503.680.8380
(name) (phone number(s))

4497 NW OXBRIDGE DRIVE PORTLAND OR 97229 BOBTPCHANG@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 10/2/14
- 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 _____

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: 10/7/14

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 Lava Cafe, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Lava Cafe LLC

3. Business Location: 4229 SE 82nd Ave #3, Portland, OR 97206
(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: 503-841-5610
(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: Vince Nguyen, Kiet Vo
(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: Vince Nguyen 408-693-0454
(name) (phone number(s))
16281 NW Spyglass Dr. Beaver ton, OR 97006
(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 10/6/14 ③ _____ Date _____

X ② [Signature] Date 10/6/14 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:

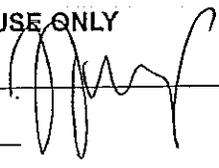
- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 10-8-14

90-day authority: Yes No

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

① CHARLENE WESLER - Gaufre Gourmet LLC.

② _____ ④ _____

2. Trade Name (dba): GIGI'S CAFE

3. Business Location: 6320 SW CAPITOL HWY PORTLAND MULTNOMAH OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97239

4. Business Mailing Address: 6663 SW BEAVERTON HILLSDALE HWY #194 PORTLAND OR
(PO box, number, street, rural route) (city) (state) (ZIP code) 97225

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

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

7. If yes to whom: KORKAGE, LLC. Type of License: LIMITED ON-PREMISES SALES

8. Former Business Name: KOR KAGE

9. Will you have a manager? Yes No Name: CHARLENE WESLER
(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: CHARLENE WESLER 503-505-0232
(name) (phone number(s))

6663 SW BEAVERTON HILLSDALE HWY #194 gaufregourmet@hotmail.com
(address) PORTLAND OR 97225 (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 Charlene Wesler Date 10/7/14 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 <i>Change of Trade Name</i>
--	---

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: <u>City of Pendleton</u> <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____
OLCC USE ONLY Application Rec'd by: <u>J. Marquardt</u> Date: <u>Oct. 8, 2014</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Expires Jan. 5, 2015

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① JOE'S FIESTA, LP ③ _____
 ② _____ ④ _____
2. Trade Name (dba): JOE'S FIESTA
3. Business Location: 322 S. MAIN PENDLETON, UMATILLA OR 97801
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 322 S. MAIN PENDLETON, OR 97801
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-276-1414 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: LA FIESTA II CORP. Type of License: FULL ON-PREMISE SALES
8. Former Business Name: LA FIESTA II
9. Will you have a manager? Yes No Name: FERMIN CASTELLON
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? CITY OF PENDLETON
(name of city or county)
11. Contact person for this application: FERMIN CASTELLON 541-276-1414
(name) (phone number(s))
322 S. MAIN PENDLETON, OR 97801
(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 Fermin Castellon Date 9-18-14 ② _____ Date _____
 ③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K. Siefkes

Date: 10/8/14

90-day authority: Yes No

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

① Ron Long LLC ② _____

2. Trade Name (dba): DJ'S FAMILY Restaurant

3. Business Location: 625 E Idaho Ave Ontario Malheur OR 97914
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 220 Honeysuckle Fruitland ID 83619
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-889-6378 208-377-0121
(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: DJ'S FAMILY Restaurant

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

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

11. Contact person for this application: Carolyn Long 208-230-2114
(name) (phone number(s))
220 Honeysuckle Ave Fruitland Id 83619 carolynlong02@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 Ron Long Date 9/19/14 ② _____ Date _____
③ _____ Date _____ ④ _____ Date _____

RECEIVED

OCT 02 2014

Oregon Liquor Control Commission
Salem, Oregon

per applicant



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 _____
---	--

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: Cubankindly

Date: 9-29-14

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Tillamook Coliseum Theater, LLC
 ② _____ ④ _____
2. Trade Name (dba): Tillamook Coliseum Theater
3. Business Location: 310 Main Ave Tillamook Tillamook OR 97141
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 866 Tillamook OR 97141
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-842-6111 503-842-8462
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: N/A Type of License: N/A
8. Former Business Name: N/A
9. Will you have a manager? Yes No Name: N/A
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Tillamook
(name of city or county)
11. Contact person for this application: Shiela Zerngas 503-842-9647
(name) (phone number(s))
2169.5 Wilson Rd Tillamook OR 97141 zerngas1@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 Shiela Zerngas member # 8/29/14 Date: _____
 ② _____ Date: _____ ④ SEP 17 2014 Date: _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 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 9TW
- 9PRIV.

*Licence # 200981
Premises # 45074*

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: 10-11-14

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 Justin Lim ③ _____

② JL Hanapius LLC ④ _____

2. Trade Name (dba): Sushi Hana 10

3. Business Location: 14605 SW Milikan Way Beaverton Washington OR 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14605 SW Milikan Way Beaverton OR 97005
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 1503) 643-2578
(phone) (fax)

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

7. If yes to whom: Izakaya Kaiten Sushi Restaurant LLC Type of License: Full on-premi

8. Former Business Name: Izakaya Kaiten Sushi Restaurant

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? Beaverton, Washington
(name of city or county)

11. Contact person for this application: Justin Lim (503) 481-3956
(name) (phone number(s))

12746 SW Terraview Dr Tigard OR 97224 Jae1974@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 10-2-14 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 (\$402.00/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 _____	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>B. Smother</u> Date: <u>10/6/14</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① MAKOTO Inc ③ _____
 ② _____ ④ _____
- Trade Name (dba): MAKOTO ~~Inc~~ Japanese Restaurant
- Business Location: 1167 Willamette St Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 3228 Lakeside Dr Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-953-3670 541-344-1187
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? _____
- Contact person for this application: Jenny Byeong Hun 541-953-3670
(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 10/2/14 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 _____

P2588
P201073

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 10-3-14

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 HYUNG JA KIM ③ _____

② SUK KEWN KIM ④ _____

2. Trade Name (dba): McLOUGHLIN MARKET PLACE

3. Business Location: 19800 SE McLOUGHLIN BLVD GLADSTONE CLAKAMAS OR. 97027
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19800 SE McLOUGHLIN BLVD GLADSTONE OR. 97027
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-656-0071 (phone) 503-656-0071 (fax)

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

7. If yes to whom: SUK HEE ST. JOHN Type of License: OFF-PREMISES SALES

8. Former Business Name: McLOUGHLIN MARKET PLACE

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? GLADSTONE
(name of city or county)

11. Contact person for this application: HYUNG JA KIM 503-698-6477
(name) (phone number(s))

10930 SE HAPPY VALLEY DR HAPPY VALLEY 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 [Signature] Date 10/01/14 ③ _____ Date _____

② [Signature] Date 10/01/14 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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Home based gift basket business

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JA

Date: 10-3-14

90-day authority: Yes No

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

① ~~KIM MORAN~~ ③ _____
 ② Parcel Portland LLC ④ _____

2. Trade Name (dba): Parcel Portland LLC

3. Business Location: 2344 SE 47th Ave ^{Portland} Mult. OR 97215
(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: 503.913.6615
(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: Kim Moran
2344 SE 47th
(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 9/26/14 ③ _____
 ② _____ Date _____ ④ _____

RECEIVED

OCT 03 2014



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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L206199

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

Date: 10-6

90-day authority: Yes No

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

① J.J. Lounge & Bar LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): J. J. Lounge & Bar

3. Business Location: 2922 SE 82nd Ave #102 Portland Multnomah OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15768 SE Nuthatch Ln Happy Valley OR 97015
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-719-6799
(phone) (fax)

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

7. If yes to whom: Blue stone pub LLC Type of License: Full on-premises

8. Former Business Name: Blue stone pub

9. Will you have a manager? Yes No Name: Jia J Xu
(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: Pendun Zhang CPA 503-432-8839
(name) (phone number(s))

8733 SE Division St, 50207 Portland, OR 97266 503-200-1947 dandan.zhang@united-cpa.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 Jia Xu Date 10-3-14 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"/> Cafetera <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 _____
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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: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>Maureen Huntley</u> Date: <u>10/2/14</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 SPG Properties, LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Sandpines Golf Links & Tavolo Restaurant

3. Business Location: 1201 35th St Florence Lane OR 97439
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15862 SW 72nd Ave Ste 200 Portland OR 97224-8054
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-997-1940 541-997-2010
(phone) (fax)

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

7. If yes to whom: Sandpines Resort Corp Type of License: Full On-Premises and Off-Premises Sales

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: J. Michael Pearson Richard Shorees
(manager must fill out an Individual History form)

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

11. Contact person for this application: Maureen Huntley 503-270-5309
(name) (phone number(s))
15862 SW 72nd Ave Ste 200, Portland, OR 97224 503-270-5333 mhuntley@g10nmco.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 Maureen Huntley Date 10/2/14 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 _____

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

City of Dayville
(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. Marquardt

Date: Oct. 3, 2014

90-day authority: Yes No
Expires 12.31.14

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 Dayville Mercantile, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): DAYVILLE MERC

3. Business Location: 207 W. Franklin Ave. Dayville Grant OR 97825
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box D Dayville OR 97825
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.987.2133
(phone) (fax)

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

7. If yes to whom: JONES, ANGELA DONALD Sullivan Type of License: off-premises SACC

8. Former Business Name: Dayville Mercantile

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

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

11. Contact person for this application: Tabitha Graves 503-516-4318
(name) (phone number(s))
18835 NE Holladay St, P.O. 97230 tabitha.graves@grantco.or.gov
(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 Tabitha Graves Date 7-24-14 _____ Date _____

② Simon M. Graves Date 7-24-14 _____ 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 (\$262.60) <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: SP
 Date: 10.3.14
 90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① BUSJ, LLC ③ _____
 ② _____ ④ _____
2. Trade Name (dba): Dallas Mini Market
3. Business Location: 121 So Oak St Dallas Polk OR 97338
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Po Box 125 Sheldon OR 97378
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-840-3374 _____
(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: Dallas Super Market
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? Polk
(name of city or county)
11. Contact person for this application: BR PAC Jeral 503-560-6790
(name) (phone number(s))
487 So Mt. Jefferson St McMinnville OR 97128
(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: _____ Date 9-19-14 ③ _____ Date _____
 ① [Signature] ② [Signature] Date 9-19-14 ④ _____ Date SEP 26 2014

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 SEP 26 2014
 SALEM REGIONAL OFFICE

