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: WMBW

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 3/4/2015 (rev)

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Le Garriguiste Wine, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Le Garriguiste Wine, [redacted]
3. Business Location: 2900 Private Rd. SE #100, Salem, Marion, OR 97302
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2223 Cerise Ave. NW, Salem, OR 97304
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 269-6611 N/A
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Northwest Distribution Type of License: Distillery and Warehouse & Storage
8. Former Business Name: N/A
9. Will you have a manager? ☒ Yes ☐ No Name: Russell Raney
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Salem
    (name of city or county)
11. Contact person for this application: Russell Raney (503) 269-6611
    (name) (phone number(s))
    2223 Cerise Ave. NW, Salem, OR 97304 N/A rarandey@gmail.com
    (address) (fax number) (e-mail address)

OREGON LIQUOR CONTROL COMMISSION

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

Applicant(s) Signature(s) and Date:

MAR 04 2015

SALEM REGIONAL OFFICE

① _____ Date 5/27/2014 ③ _____ Date

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

210811

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:

La Grande

(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JEFFREY F

Date: 3-3-15

90-day authority: ☐ Yes ☒ No

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

① Tap That Growlers LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Tap That Growlers

3. Business Location: 1214 Adams Avenue (number, street, rural route) | La Grande (city) | Union (county) | OR (state) | 97850 (ZIP code)

4. Business Mailing Address: 1214 Adams Avenue (PO box, number, street, rural route) | La Grande (city) | OR (state) | 97850 (ZIP code)

5. Business Numbers: (541) 663-9010 (phone) _____ (fax)

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

7. If yes to whom: Tap That Growlers LLC Type of License: Off- Premises Sales with Sampling

8. Former Business Name: _____

9. Will you have a manager? ☐ Yes ☒ No Name: Debra J. Cornford (manager must fill out an Individual History form)

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

11. Contact person for this application: Deb Cornford (name) (541) 910-4889 (phone number(s))

64396 Gekeler Lane, La Grande, OR 97850 (address) _____ (fax number) tgrowlers@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Debra J Cornford Date 1/28/15 ② _____ Date 2-4-15

③ _____ Date 1/28/15 ④ _____ Date 2-24-15

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other CPO

L# 205503
P# 41756

90-DAY AUTHORITY

[x] 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
- [x] 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: LL

Date: 3-5-15

90-day authority: ☐ Yes ☐ No

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

① The Fiesty Lamb, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Fiesty Lamb, ~~LLC~~

3. Business Location: 2625 SE 21st Ave. Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2625 SE 21st Ave. Portland OR 97202
(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? [x] Yes [ ] No

7. If yes to whom: BARA SUSHI HOUSE LLC Type of License: Full on-premises sales

8. Former Business Name: SOK SAB Bai Cambodian Cuisine

9. Will you have a manager? [ ] Yes [x] 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: MICAH EDELSTEIN 954 729-3011
(name) (phone number(s))

450 NE 127th St N.Miami, FL 33161 thefiestylamb@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 MICAH Date 2/28/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3/6/2015

90-day authority: ☒ Yes ☐ No

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

① US MARKET #350, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): US MARKET #350

3. Business Location: 63130 LANCASTER ST BEND DESCHUTES OREGON 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1038 BROADWAY ST NE SALEM, OREGON 97301
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-391-8889 503-362-2519
(phone) (fax)

RECEIVED
MAR 06 2015
Oregon Liquor Control Commission
Salem, Oregon

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: TALWINDER SINGH JOHAL
(manager must fill out an Individual History)

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

11. Contact person for this application: Nadya Boulware 503-391-8889
(name) (phone number(s))

1038 Broadway St NE 503-362-2519 usmkt@comcast.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/16/15 ③ _____ Date _____

② _____ Date 2/22/15 ④ _____ Date _____

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: OLCC

Date: 3/6/2015

90-day authority: ☐ Yes ☒ No

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

① Giovingo Vineyards LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Giovingo Vineyards

3. Business Location: 213 Pine Street Carlton, Yamhill, OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9555 NE Old McMinnville Hwy. Carlton, OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 852-0052
(phone) (fax)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

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

7. If yes to whom: SILTSTONE WINES, LLC Type of License: WINERY

FEB 23 2015

8. Former Business Name: _____

SALEM REGIONAL OFFICE

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

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

11. Contact person for this application: Jon Giovingo (503) 852-0052
(name) (phone number(s))

9555 NE Old McMinnville Hwy. Carlton, OR 97111 giovingovineyards@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 Jon Giovingo Date 2/19/15 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 Change of Privilege from Tasting Room

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 2/26/2015

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① KV Wines LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): KV Wines LLC dba KV Wines
3. Business Location: 800 N. Brutscher Street (number, street, rural route) Newberg (city) OR (county) 97132 (state) (ZIP code)
4. Business Mailing Address: 475 Grand Hill (PO box, number, street, rural route) St Paul (city) MN (state) 55102 (ZIP code)
5. Business Numbers: 503-580-1596 (phone) _____ (fax)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
FEB 26 2015
SALEM REGIONAL OFFICE

6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Argyle Winery Type of License: Winery
8. Former Business Name: _____
9. Will you have a manager? ☒ Yes ☐ No Name: Paige Knudsen Cowles (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Newberg / Yamhill County (name of city or county)
11. Contact person for this application: Paige Knudsen Cowles (name) 503-580-1596 (phone number(s))

475 Grand Hill St Paul MN 55102 (address) 612-359-7996 (fax number) paige@knudsenvineyards.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 Paige Knudsen Cowles Date 2-18-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3-4

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① MinJae II, LLC DBA RichWells Tobacco ③ _____
   ② _____ ④ _____
2. Trade Name (dba): RichWells Tobacco
3. Business Location: 21025 SW Pacific Hwy #D Sherwood OR 97140
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 21025 SW Pacific Hwy #D Sherwood OR 97140
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-610-1345 _____
   (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? Sherwood
    (name of city or county)
11. Contact person for this application: Dora Wells 3608526449
    (name) (phone number(s))
    21025 SW Pacific Hwy Sherwood Richwellstobacco@gmail
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3-4-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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: _____

L# 213477
P # 168

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

90-DAY AUTHORITY

[x] 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 [x] 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: 3-10-15

90-day authority: ❑ Yes ❑ No

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

① ~~Easy~~ Times Inc ③ _____

② Early ④ _____

2. Trade Name (dba): The Sandy Hut

3. Business Location: 1430 NE Sandy Boulevard. Multnomah Co. Portland OR. 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3267 SE Hawthorne Blvd. Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-235-7972
(phone) (fax)

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

7. If yes to whom: BHI Investments Inc Type of License: F-Com

8. Former Business Name: The Sandy Hut

9. Will you have a manager? [ ] Yes [x] 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: Marcus Archambeault 503-867-6197
(name) (phone number(s))

3267 SE Hawthorne BLVD 503-239-1159 marcus@golddustmeridian.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 _____ Date 2/25/15 ③ _____ Date _____

② _____ Date 2/25/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

P 3/6 ✓

✓

#209228

Please Print or Type

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

Section 1: Complete This Section For All Requests

1. Licensee Name(s): DEE ENTERPRISES
   (as currently licensed)
2. Trade Name (dba): SKIPPERS SEAFOOD Type of License: L
   (current business name) (O, L, F, etc.)
3. Business Address: 465 W 6TH THE DALLES 97058
   (street) (city) (ZIP code)
4. Mailing Address: PO 230 THE DALLES 97058
   (street) (city) (ZIP code)
5. Telephone Number: 541-769-0446 541-980-7651
   (business) (home)
6. Check here for a duplicate license certificate ☐

Section 2: Change of Trade Name

New Trade Name (dba): N/A

Section 3: Change of Legal Name

1. New Name: DOUGLAS LOWE WATERS (SOLE PROPRIETOR)
2. Date of Name Change: 3/1/15
3. Attach a signed copy of legal document(s).

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

1. Entity Name:
2. Complete and attach LLC or Corporation Questionnaire.
3. Attach a signed copy of modified lease agreement if applicable.

Section 5: Deletion of Partner(s)

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

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

Licensee Name: DOUGLAS LOWE WATERS Title: OWNER

Licensee Signature: [signature] **Date:** 3/3/15

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 CTN

P20049
L204854

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☒ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 3-9

90-day authority: ☐ Yes ☐ No

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

① Nattasakul Chaiyakul ③ _____

② _____ ④ _____

2. Trade Name (dba): THAI DISH 2

3. Business Location: 4604 SE Hawthorne Blvd Portland OR. 97215
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-236-1466.
(phone) (fax)

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

7. If yes to whom Paripon Ung Aryawing Type of License: Limited Bus and Wine

8. Former Business Name: Thai Dish 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? Multnomah County
(name of city or county)

11. Contact person for this application: NATTASAKE CHAIYAKUL 702-327 5919.
(name) (phone number(s))

108 NINY ST Canby. OR 97013.
(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 N. C. Date 2-26/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3-9

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Plaid Pantries, Inc. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Plaid Pantry #232
3. Business Location: 16155 NW Cornell Rd. , Ste 100 (number, street, rural route) Beaverton (city) Washington (county) OR (state) 97006 (ZIP code)
4. Business Mailing Address: 10025 SW Allen Blvd. (PO box, number, street, rural route) Beaverton, (city) OR (state) 97005 (ZIP code)
5. Business Numbers: 503/646.4246 (phone) 503/646.3071 (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Transcorp LLC Type of License: F-COM
8. Former Business Name: Fuji's Grill & Sushi
9. Will you have a manager? ☒ Yes ☐ No Name: Kathie Kitchen (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Beaverton (name of city or county)
11. Contact person for this application: Cindi Conway, License Administrator (name) 503/646.4246 (phone number(s))
    10025 SW Allen Blvd. Beaverton, OR 97005 (address) 503/646.3071 (fax number) cindic@plaidpantry.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 Mark Conn VP of Finance & CFO Date 3/6/15 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 _____

P46740
L198602

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: D

Date: 3-9

90-day authority: ☐ Yes ☐ No

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

① ZHEN's FAMILY, INC. ③ _____

② ~~HAPPY GARDEN CHINESE RESTAURANT~~ _____

2. Trade Name (dba): HAPPY GARDEN CHINESE RESTAURANT

3. Business Location: 2296 GABLE RD, ST. HELENS, COLUMBIA, OR 97051
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2296 GABLE RD. ST. HELENS OR 97051
(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: HAPPY GARDEN CHINESE RESTAURANT, INC. Type of License: LIMITED ON-PREMISES

8. Former Business Name: HAPPY GARDEN CHINESE RESTAURANT

9. Will you have a manager? ☒ Yes ☐ No Name: JI XIANG ZHEN
(manager must fill out an Individual History form)

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

11. Contact person for this application: JACK L LIU (503) 777-9027
(name) (phone number(s))

3202 SE 82ND AVE. PORTLAND OR 97266 (503) 777-3396 JP_ACCOUNTING@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 Jixiang Zhen Date 3/5/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] Change Ownership
- [x] 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 [x] 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: 3-10-15

90-day authority: [ ] Yes [ ] No

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

① ~~Sandra Arnerich~~ ③ Mi Place LLC.

② ~~Anthony Arnerich~~ ④ _____

2. Trade Name (dba): Renata

3. Business Location: 626 SE Main Portland, OR 97214
(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: 503 807 0812 —
(phone) (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Sandra Arnerich
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sandra Arnerich ~~503.8~~ 707.295.6722
(name) (phone number(s))

2229 NE 8th Portland, OR 97212 Sandra@renatapdx.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 3/6/15 ③ _____ Date _____

* ② [signature] Date 3/6/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [X] Other CH/TN

211677

90-DAY AUTHORITY

[X] 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 [X] 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: Hurston

Date: 3/9/15

90-day authority: ☑ Yes ☐ No

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

① El Patron Mexican Grill, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): El Patron Mexican Grill

3. Business Location: 3844 River Rd N Keizer Marion OR. 97303
(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: 503-339-7732 (phone) (fax)

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

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

8. Former Business Name: Salsa Rica, LLC

9. Will you have a manager? [X] Yes [ ] No Name: Carlos Pineda
(manager must fill out an Individual History form)

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

11. Contact person for this application: Carlos Pineda (name) 503-936-3005 (phone number(s))

3844 River Rd. N. Keizer OR. 97303 (address) (fax number) El.Patron87@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 _____ Date 3-9-15 ③ _____ Date _____

② _____ Date 3-9-15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [X] Other C/TN

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90-DAY AUTHORITY

[X] 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
- [X] 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: [illegible]

Date: 3/9/15

90-day authority: ☐ Yes [X] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Laura Breazeale~~ Tavern on Bay LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Tavern On Bay
3. Business Location: 1340 Bay St. (number, street, rural route) Florence (city) Lane (county) OR (state) 97439 (ZIP code)
4. Business Mailing Address: PO Box 1683 (PO box, number, street, rural route) Florence (city) OR (state) 97439 (ZIP code)
5. Business Numbers: 541-954-5067 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: Rutledge Riggs Enterprises Inc. Type of License: FCOM
8. Former Business Name: Kelly's Cantina
9. Will you have a manager? [X] Yes [X] No Name: Laura Breazeale (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? ~~Lane County~~ City of Florence (name of city or county)
11. Contact person for this application: Laura Breazeale (name) 541-954-5067 (phone number(s))
    PO Box 1683 Florence, OR 97439 (address) _____ (fax number) breazeale0909@gmail.com (e-mail address)

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

Applicant(s) ~~Signature(s)~~ and Date:

① _____ Date 03-23-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [X] Other: Change of Trade Name

198188

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 [X] 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: SD

Date: 3-9-15

90-day authority: [ ] Yes [ ] No

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

① Happy Jing, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): Happy Jing Cafe

3. Business Location: 3212 Triangle Dr SE Salem Marion OR 97302
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4871 Evie Jean St. NE Salem, OR 97305
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971.701.9082 (phone) (fax)

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

7. If yes to whom: B-Mers Can Can Room LLC Type of License: Com

8. Former Business Name: B-Mers can can room

9. Will you have a manager? [X] Yes [ ] No Name: Kresal z. Chan
(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: Kresal Chan 971-701-9082
(name) (phone number(s))

4871 Evie Jean St. NE Salem, OR 97305
(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 3-2-15 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 Chg. Loc. From Premise # 3-7016.

19440

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 3/10/2015

90-day authority: ☐ Yes ☒ No

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

① Rocky Hill Viticulture LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Z'IVO Wines

3. Business Location: 888 NE 8th St. McMinnville OR 97128 (custom crush facility only)
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6327 SW Capitol Hwy, Suite C, PMB 217 Portland OR 97239-2190
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 781-9613 (Katherine Zelko cell) 503-296-2818
(phone) (fax)

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

7. If yes to whom: Missing Silo Wines LLC Type of License: Winery

8. Former Business Name: None

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? City of McMinnville
(name of city or county)

11. Contact person for this application: Katherine M. Zelko cell 503.781.9613
(name) (phone number(s))

See # 4 above 503.296.2818 zivowines@ att.net
(address) (fax number) (e-mail address)

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

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SALEM REGIONAL OFFICE

Applicant(s) Signature(s) and Date:

① Katherine M Zelko Date 3/10/15 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 _____

19993

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: 3-10-15

90-day authority: ☒ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Laksha Corp ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Countryside Mini Mart
3. Business Location: 701 Deborah Rd ste B Newberg OR 97132 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 701 Deborah Rd ste B Newberg OR 97132 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 554-9839 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Swaran Corporation Type of License: Off premises
8. Former Business Name: Countryside Mini Mart
9. Will you have a manager? ☐ Yes ☒ No Name: _____ (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? _____ (name of city or county)
11. Contact person for this application: Laxman Parlamee (name) (503) 991-6916 (phone number(s))
    19993 SW Brisk Ln Beaverton, OR 97007 (address) _____ (fax number) lax.parlamee@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3-8-15 ③ _____ Date _____

② LAKSHMI Date 3/8/15 ④ _____ Date _____

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MAR 10 2015
SALEM REGIONAL OFFICE

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 _____

205253

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) $150 3/9/15 (date)

Name: ERICK M'ARTHUR

Title: LIEUTENANT – DCSO.

OLCC USE ONLY

Application Rec'd by: am

Date: 3/9/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① SOHEL S VASANI ③ _____
   ② SANTA SANAA, Inc ④ _____
2. Trade Name (dba): COUNTRY CORNER MARKET
3. Business Location: 1060 OLD PACIFIC HWY MYRTLE CREEK 97457
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 333 E. Central Ave Sutherlin OR 97479
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-863-7737 _____
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Country Corner Market Inc Type of License: O
8. Former Business Name: COUNTRY CORNER 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? MYRTLE CREEK, DOUGLAS
    (name of city or county)
11. Contact person for this application: SOHEL VASANI 541-817-7661
    (name) (phone number(s))
    333 E. Central Ave, Sutherlin OR 97479 _____
    (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 Sohel Vasani Date 3/9/15 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: WMBW

ACTIONS

- ☐ Change Ownership
- ☐ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other LOCATION CHANGE

P98135

L204209

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: 3-12-15

90-day authority: ☐ Yes ☐ No

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

① ROCHELOIS, LLC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PETIT MONDE WINE MERCHANT

3. Business Location: 2915 NE MARTIN LUTHER KING BLVD PORTLAND OR 97212
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2915 NE MARTIN LUTHER KING BLVD PORTLAND OR 97212
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.703.7772 / 503.516.4608
(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: OLIVIER ROCHELOIS 503.703.7772
(name) (phone number(s))

2915 NE MARTIN LUTHER KING BLVD PORTLAND 97212
(address) (fax number) (e-mail address) olivier@petitmondewine.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 _____ Date 03/09/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [X] Other A/Partner

211578
211577

90-DAY AUTHORITY

[X] 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 [X] 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: [illegible] Smothers

Date: 3/12/15

90-day authority: ☐ Yes [X] No

1. Entity or Individuals applying for the license: (See SECTION 1 of the Guide)
   ① OB Sports Golf Management (Sand), LLC ③ _____
   ② SPG Properties, LLC ④ _____
2. Trade Name (dba): Sandpines Golf Links & Tavolo Restaurant
3. Business Location: 1201 35th Street (number, street, rural route) | Florence (city) | Lane (county) | OR (state) | 97439 (ZIP code)
4. Business Mailing Address: 7025 E. Greenway Pkwy. #550 (PO box, number, street, rural route) | Scottsdale (city) | AZ (state) | 85254 (ZIP code)
5. Business Numbers: ~~480-948-1300~~ 541-997-1840 (phone) ~~480-948-0980~~ 541-997-2010 (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: SPG Properties LLC Type of License: O, F-COM
8. Former Business Name: _____
9. Will you have a manager? [X] Yes [ ] No Name: ~~TBD~~ Alvin R. Shores (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Lane County (name of city or county)
11. Contact person for this application: Jason H. Barker, Esq., Holland & Knight LLP, 503-517-2938 (name) (phone number(s))
    111 SW Fifth Ave., Ste. 2300, Portland, OR 97210 (address) | 503-241-8014 (fax number) | jason.barker@hklaw.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 _____ Date 2/20/2015 ③ _____ Date 2/20/2015

② _____ Date 2/20/2015 ④ _____ Date 2/20/2015

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: QZ

Date: 3-12-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Jang H Lee ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Bulkogi Fusion
3. Business Location: 3423 SE Belmont (number, street, rural route) Multnomah (city) (county) OR (state) 97214 (ZIP code)
4. Business Mailing Address: PO Box 86664 (PO box, number, street, rural route) Portland (city) OR (state) 97286 (ZIP code)
5. Business Numbers: 971-678-3675 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes ☑ No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? ☐ Yes ☑ No Name: _____ (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Portland (name of city or county)
11. Contact person for this application: John (name) 971-678-3675 (phone number(s))
    PO Box 86664 Portland OR 97286 (address) _____ (fax number) jlee0291@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3-2-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3-12-15

90-day authority: ☐ Yes ☐ No

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

① Canby Floral Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Broadway Floral

3. Business Location: 1638 NE Broadway (number, street, rural route) | Portland (city) | Multnomah (county) | OR (state) | 97232 (ZIP code)

4. Business Mailing Address: 1638 NE Broadway (PO box, number, street, rural route) | Portland (city) | OR (state) | 97232 (ZIP code)

5. Business Numbers: (503)288-5537 (phone) | (503)288-7269 (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Doug Fick (name) | (503)288-5537 (phone number(s))

1638 NE Broadway (address) | (503)288-7269 (fax number) | doug@broadwayfloral.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 Douglas W Fick Date Mar 5, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
MAR 11 2015
Oregon Liquor Control Commission

Initials: _____

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: 3-10-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Half-full Enterprises, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Happy Mermaid
3. Business Location: 250 NE ~~Main~~ Tomahawk Island Dr. #D-17 Portland OR 97217
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 820 NE Mariners Loop, Portland OR 97211
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 971/285-7100
   (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: ~~Point of Sale (Not my business, but WAS in this location)~~ sail
9. Will you have a manager? ☐ Yes ☒ No Name: Cindy Anderson (self)
   (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: Cindy Anderson 971-285-7100
    (name) (phone number(s))
    820 NE Mariners Loop, Portland OR 97211 cindy@thehappymermaid.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 Cindy Anderson Date 3/7/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] 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
- [x] 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 [x] 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: JBrothers

Date: 3/16/15

90-day authority: ☐ Yes ☒ No

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

① Growl, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Barn Light

3. Business Location: 545 E 8th Ave Suite A | Eugene | Lane | OR | 97401
(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: _____
(phone) (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [x] No Name: John V O'Malley
(manager must fill out an Individual History form)

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

11. Contact person for this application: Thomas Pettus-Czar / Mark Sheppard 785-760-0769 / 503-530-0616
(name) (phone number(s))

44 W Broadway Ste 102 | N/A | thebarnlight@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 _____ Date 2/13 ③ _____ Date _____

② _____ Date 02/13/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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
- [X] 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 [X] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 3/10/15

90-day authority: [ ] Yes [ ] No

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

① Remy's LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Remy's

3. Business Location: 208 Bay Front Loop (number, street, rural route) Winchester Bay (city) Douglas (county) OR (state) 97467 (ZIP code)

4. Business Mailing Address: P.O. Box 1065 (PO box, number, street, rural route) Winchester Bay (city) OR (state) 97467 (ZIP code)

5. Business Numbers: 541-359-6253 (phone) _____ (fax)

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

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

8. Former Business Name: Shannon's Corsair's Tavolo

9. Will you have a manager? [X] Yes [ ] No Name: Emma Cloward (manager must fill out an Individual History form)

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

11. Contact person for this application: Desiree Pollard (name) 541-359-6253 (phone number(s))

1143 Candlelight Dr. Eugene, OR 97402 (address) _____ (fax number) desireesmuse@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/24/15 ③ _____ Date _____

② Desiree Pollard Date 2/24/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED
OCT 17 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: AW

Date: 3/11/15

90-day authority: ☐ Yes ☐ No

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

① ~~Devan Grove~~ DG Jefferson State outpost INC.

② _____ ④ _____

2. Trade Name (dba): Jefferson State Outpost

3. Business Location: 1409 Hwy 99 N (number, street, rural route) | Ashland (city) | Jackson (county) | OR (state) | 97520 (ZIP code)

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

5. Business Numbers: 541-552-1037 (phone) 541-552-1038 (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: ~~Paradise Supply Inc. (ALSO CURRENT)~~ DG

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

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

11. Contact person for this application: Tabbitha Bruce (name) 541-552-1037 (phone number(s))

1409 Hwy 99 N (address) | 541-552-1 (fax number) | 1409jeffersonstate@gmail.co (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 10/15/2014 ③ _____ Date Oct 15, 2014

② _____ Date Oct 15, 2014 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: [illegible]

Date: [illegible] 3/11/15

90-day authority: ☐ Yes ☒ No

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

① Jessica Moore ③ _____

② LAURIE MOORE ④ _____

2. Trade Name (dba): Farmlands Market

3. Business Location: 204 W. Oregon Ave. (number, street, rural route) Creswell (city) Lane (county) Oregon (state) 97426 (ZIP code)

4. Business Mailing Address: 83683 Hwy 99 (PO box, number, street, rural route) Creswell (city) _____ (state) _____ (ZIP code)

5. Business Numbers: 541-895-3500 (phone) N/A (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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jessica Moore (name) 541-359-8952 (phone number(s))

83683 Hwy 99 Creswell, OR (address) N/A (fax number) jessica@farmlandsmarket.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 Jessica L. Moore Date 2/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

ACTIONS
- ☐ Change Ownership
- ☒ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☐ Other _____

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JM

Date: 3·11·15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Charles R. Horton dba C+J Liquors~~ ③ C+J Liquors LLC
   ② ~~C+J Liquors dba Spirits World~~ ④ _____
2. Trade Name (dba): ~~C+J Liquors dba~~ Spirits World
3. Business Location: 535 Stevens St. Suite K Medford Jackson OR. 97504
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 535 Stevens Suite K Medford OR. 97504
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-773-1505
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: C+J Liquors dba Spirits World Type of License: Exclusive
8. Former Business Name: _____
9. Will you have a manager? ☒ Yes ☐ No Name: Kari Ylvisaker
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Medford
    (name of city or county)
11. Contact person for this application: Charles Horton 541-773-1505
    (name) (phone number(s))
    535 Stevens Street Suite K Medford, OR. 97504 541-770-5383 hook24@icloud.com
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Charles R. Horton Date _____ ③ _____ Date 2/17/2015

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: MH

Date: 3/2/15

90-day authority: ☐ Yes ☒ No

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

① WSCO Petroleum Corp. ③ _____

② _____ ④ _____

2. Trade Name (dba): The Brooks Taproom

3. Business Location: 8975 Portland Road NE (number, street, rural route) | Brooks (city) | Marion (county) | OR (state) | 97305 (ZIP code)

4. Business Mailing Address: 2929 NW 29th Avenue (PO box, number, street, rural route) | Portland (city) | OR (state) | 97210 (ZIP code)

5. Business Numbers: (503) 390-6133 (phone)

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

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OREGON LIQUOR CONTROL COMMISSION
MAR 02 2015
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7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

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

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

11. Contact person for this application: Phil Boltz (name) | 503-243-2929 (x123) or 503-347-3275 (phone number(s))

2929 NW 29th Avenue, Portland, OR 97210 (address) | 503-243-7874 (fax number) | philb@wscocorp.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 Feb 16, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____