



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L# 198054
P# 50382

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:

recommends that this license be:

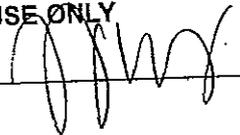
- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 1-29-15

90-day authority: Yes No

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

- ① Rebecca L Bokros RBOKROS LLC
- ② _____
- ③ _____
- ④ _____

2. Trade Name (dba): Gales Creek Bar and Grill

3. Business Location: 9275 NW Gales Creek Rd Gales Creek Washington Or 97117
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 61650 NW Wilson Rvr Hwy Gales Creek Or 97117
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-357-8561 (phone) _____ (fax)

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

7. If yes to whom: Anna Bechtel Type of License: Full on Premises Sale

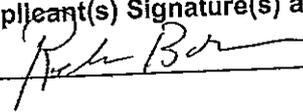
8. Former Business Name: Gales Creek Bar and Grill

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? Forest Grove / Washington (name of city or county)

11. Contact person for this application: Rebecca L Bokros 503-357-6586
(name) (phone number(s))
61650 NW Wilson Rvr Hwy, Gales Creek, Or. 97117 drbokros@frontier.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 1/19/2015 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 _____

L# 201632
P# 37447

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:

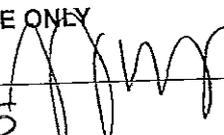
- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 1-28-15

90-day authority: Yes No

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

① ~~BENJAMIN ARTAZ~~ OLD VEGAS LLC

② ~~JEREMY WILSON~~ ④

2. Trade Name (dba): DONNIE VEGAS

3. Business Location: 1203 NE ALBERTA ST PORTLAND MULTNOMAH OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1203 NE ALBERTA ST PORTLAND OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: ~~503-555-1234~~ (phone) (fax)

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

7. If yes to whom: WOLFE + EAGLE LLC Type of License: FULL ON-PREMESIS SALES

8. Former Business Name: LEGEND

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

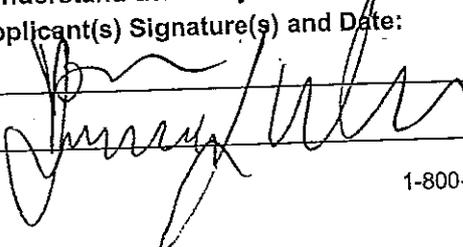
10. What is the local governing body where your business is located? PORTLAND
(name of city or county)

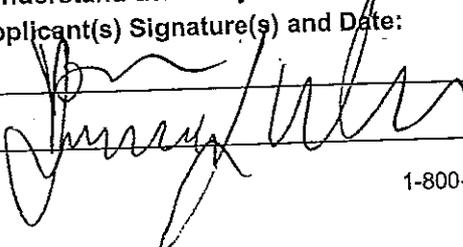
11. Contact person for this application: BENJAMIN ARTAZ 503 953 3459
(name) (phone number(s))

2807 NE GUSAN ST #303 PORTLAND OR 97232 BENJAMIN.ARTAZ@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 1/13/15 ③ _____ Date _____

②  Date 1/13/15 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 _____

L# 201834
PH 38000

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:

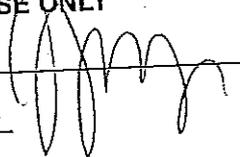
(name of city or county)
recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 1-22-15

90-day authority: Yes No

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

① San Francisco Tienda Mexicana Inc

② _____

2. Trade Name (dba): San Francisco Tienda Mexicana

3. Business Location: 8750 SW Citizens Dr. Wilsonville Clackamas OR 97070
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8750 SW Citizens Dr Wilsonville OR 97070
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 5821690 5035821690
(phone) (fax)

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

7. If yes to whom: Francisco Barajas Type of License: Limited

8. Former Business Name: San Francisco Tienda Mexicana

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: Francisco Javier Barajas 503 449 7834
(name) (phone number(s))

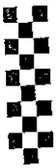
28358 SW Morgan Ct Wilsonville OR 97070
(address) (fax number) (e-mail address)

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 Francisco Javier Barajas Date 12-15-14

② Ma. Elain Barajas Date 12-15-14



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: CITY

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: _____

Date: 4/27/15

90-day authority: Yes No

207887

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ① JOHIT KUMAR Idhman DP, Inc
 - ② MANSU ANEJA
2. Trade Name (dba): STOP N. No #3
3. Business Location: 6079 Table Rock Rd Central Point OR 97502
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: SAME
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-826-5266 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: _____ Type of License: Off Premises
8. Former Business Name: _____
9. Will you have a manager? Yes No Name: JOHIT KUMAR
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Jackson
(name of city or county)
11. Contact person for this application: JOHIT KUMAR 707-703-2144
(name) (phone number(s))
940 N. Mountain Ave Central Point OR Kumar-Johit@Yahoo-Co
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 01/20/15 ① Date _____

② [Signature] Date 01/20/15 ② Date 4/29/15

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

FIXED
POSTED: (rev. 12/2011)



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

1984B

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: JD

Date: 1-22-15

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

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Chalet of Brooks Corporation
- Trade Name (dba): Chalet of Brooks
- Business Location: 4150 Brook Lake rd Brooks, Marion, Ore 97305
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: same
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 304 2032
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Chalet of Brooks Corporation Type of License: Beer/Wine (Lops)
- Former Business Name: same
- Will you have a manager? Yes No Name: David Odle
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Brooks
(name of city or county)
- Contact person for this application: David Odle
(name) (phone number(s))
2797 Vibbert St. S. 971-218-0426
(address) (fax number) (e-mail address)
saalem, OR 97302 davechalet@g.com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 1-15-2015

② debi Odle Date 1-15-2015

OREGON LIQUOR CONTROL COMMISSION
 Date: JAN 22 2015
 SALEM REGIONAL OFFICE (rev. 02/2011)



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: AK

Date: 01-26-15

90-day authority: Yes No

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

① Valley Coast, LLC

② John P McGrath

2. Trade Name (dba): Pier 101

3. Business Location: 415 SE Hwy 101
(number, street, rural route)

Lincoln City Lincoln OR 97367
(city) (county) (state) (ZIP code)

4. Business Mailing Address: 1935 Davcor St SE
(PO box, number, street, rural route)

Salem OR 97302
(city) (state) (ZIP code)

5. Business Numbers: Salem Office 503-580-0061 503-399-8456 503-391-8246
(phone) (fax)

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

7. If yes to whom: Pier 101, OLCC Type of License: Full On-remises Sales

8. Former Business Name: Pier 101 (business will keep the name Pier 101)

9. Will you have a manager? Yes No Name: Dyan Jacobs (current manager of Pier 101)
(manager must fill out an Individual History form)

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

11. Contact person for this application: John McGrath - Lori Cozby
(name)

1935 Davcor St SE
(address)

Salem, OR 97302 503-391-8246
(phone number(s)) (fax number)

503-399-8456 John McGrath mobile 503-931-9497
(phone number(s))
John@mcgrathsfh.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 12/23/14 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 _____

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: 1-26-15

90-day authority: Yes No

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

① Boersma Family Farm, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Dutcher Creek Golf Course

3. Business Location: 4611 Upper River Road, Grants Pass, Josephine County, OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 300 North Valley Dr., Grants Pass, OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 955-4700 (541) 471-0330
(phone) (fax)

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

7. If yes to whom: Dutcher Creek Enterprises, Inc. Type of License: Limited On-Premises Sale

8. Former Business Name: Dutcher Creek Golf Course

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

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

11. Contact person for this application: Joshua L. Lute (541) 955-4700
(name) (phone number(s))
300 North Valley Dr., Grants Pass, OR 97526 (541) 471-0330 jlute@dutchbros.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 J. Boersma Date 12/30/2014 ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date
JAN 27 2015
Date

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION



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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____ |
|---|--|

208 342

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

MEDFORD REGIONAL OFFICE CITY AND COUNTY USE ONLY
 OREGON LIQUOR CONTROL COMMISSION
 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: 11.26.14
 90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Sunflower Thai Restaurant, LLC
 ② _____ ④ _____
- Trade Name (dba): Sunflower Thai Restaurant
- Business Location: 1571 NE 6th St Grants Pass Josephine OR. 97526
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: P.O. Box 3256 Kenby OR. 97531
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (541) 660-7808 (phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Klamsakum Suchin Type of License: Limited on-premises sales
- Former Business Name: Sunflower Thai Restaurant
- Will you have a manager? Yes No Name: Michael Marshall
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Grants Pass
(name of city or county)
- Contact person for this application: Michael Marshall (541) 660-7808
(name) (phone number(s))
P.O. Box 3256 Kenby OR 97531 parkmikem@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 11-6-14 ③ Date: NOV 12 2014
 ② [Signature] Date 11-6-14 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 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 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> | CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____ |
| 90-DAY AUTHORITY <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority | | OLCC USE ONLY Application Rec'd by: <u>SD</u> Date: <u>1.23.15</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals | | |

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Big Bee Coffee and Tea LLC ③ _____
 ② Kenneth Wetzel ④ _____
2. Trade Name (dba): Sandee Thai Restaurant
3. Business Location: 211 Oak St. Silverton Marion Oregon 97381
(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: 503-874-4140 503-874-4160 None
(phone) (phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Kittana III LLC Type of License: Limited on
8. Former Business Name: City Thai 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? Silverton
(name of city or county)
11. Contact person for this application: Sripaphai Wetzel 503-739-4433
(name) (phone number(s))
13694 Hall Blvd #5 Tigard OR 97223 ace and ken@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 11-14-14 ③ _____ Date JAN 05 2015

② [Signature] Date _____ ④ _____ Date _____

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 *change of trade name*

change of trade name
205215

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: *01-28-15*

90-day authority: Yes No

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

① *ANH PHAN Investments LLC*

② _____

2. Trade Name (dba): *A AND J Convenience*

3. Business Location: *306 N SAUTIAM HWY* *LEBANON, OR*
(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) 841-1783*
(phone) (fax)

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

7. If yes to whom: *Hyer Corp* Lic. use: *OFF-PREMISES SALE*

8. Former Business Name: *Hyer Convenience Store*

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

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

11. Contact person for this application: *ANH PHAN*
(name) (phone number(s))

7231 SE OVERLAND ST MILWAUKIE, OR 97222 *anhphan9787@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 *ANH PHAN* Date *01/16/15*

② _____ 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: 1-27-15

90-day authority: Yes No

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

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

① b² Taphouse, LLC ③ SALEM REGIONAL OFFICE

② _____ ④ _____

2. Trade Name (dba): b² Taphouse

3. Business Location: 4336 Commercial St. SE SALEM OR 97302

(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. 991. 5369 (phone) (fax)

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

7. If yes to whom: b² Taphouse LLC Type of License: Limited on Premises

8. Former Business Name: b² TAPHOUSE

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? Salem (name of city or county)

11. Contact person for this application: Bryan Norris 503. 438. 0021 (name) (phone number(s))

521 Inverness Dr. SE SALEM, OR 97306 bryannorris20@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 1-13-15 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: [Signature]

Date: 1-27-15

90-day authority: Yes No

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

① SUSHI VALLEY INC ③ _____

② _____ ④ _____

2. Trade Name (dba): SUSHI VALLEY

3. Business Location: 419 BEAVERCREEK RD, OREGON CITY CLACKAMAS OREGON 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 419 BEAVERCREEK RD, OREGON CITY OREGON 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 305-6670 (phone) _____ (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: CHARLES SEID
(name) _____ (phone number(s))

10015 SE WYNDHAM WAY, HAPPY VALLEY OR 97 _____ (e-mail address)
(address) _____ (fax number)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 01/26/2015 ③ _____ Date _____

② [Signature] Date 01/26/2015 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 LOCATION

P46752
L200087
200106

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: 1-22-15

90-day authority: Yes No [Signature]

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

① WORLD CLASS WINES LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): WORLD CLASS WINES

3. Business Location: 149 A AVE. LAKE OSWEGO CLACKAMAS OR. 97034
(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: 503-974-9841 503-974-9846
(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? LAKE OSWEGO
(name of city or county)

11. Contact person for this application: RICK BALDWIN 503-974-9841
(name) (phone number(s))

209 A AVE. LAKE OSWEGO 503-974-9846 RICKYBWINO@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 1/21/15 ③ Shirley Baldwin Date 1/21/15
② [Signature] Date 1/21/15 _____ 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:

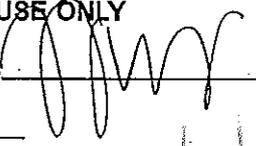
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 1-23-15

90-day authority: Yes No *Karlee*

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 Viridian Farms LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Conserva

3. Business Location: 1720 NW Lovejoy St. Unit 107 Portland Multnomah OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18525 SE Lower Island Rd Dayton OR 97114
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 830-7086 N/A
(phone) (fax)

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

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

8. Former Business Name: _____

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

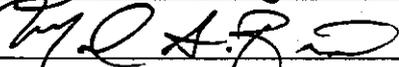
10. What is the local governing body where your business is located? Portland City Council / Multnomah County
(name of city or county)

11. Contact person for this application: Leslie Lukas Recio 503 577-7953
(name) (phone number(s))
18525 SE Lower Island Rd Dayton OR 97114 N/A info@viridianfarms.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.

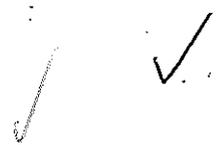
Applicant(s) Signature(s) and Date:

①  Date 1/20/2015 ③ _____ Date _____

②  Date 1/20/2015 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 LTD

L# 198715
P# 38056

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: 1-23-15

90-day authority: Yes No NO

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

- ① Chanin Osathanon ③ Chanin and Direk LLC.
- ② Direk Khonsamart ④ _____

2. Trade Name (dba): Siam Village Thai Cuisine

3. Business Location: 18395 NW West Union Rd Portland OR 97229
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4634 NW Sidewinder PL Beaverton OR 97006
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503)-617-9402
(phone) (fax)

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

7. If yes to whom: Lek Jemsak Type of License: Limited on-Premises Sales

8. Former Business Name: Siam 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? Portland, Washington
(name of city or county)

11. Contact person for this application: Chanin Osathanon (503) 367-8240
(name) (phone number(s))
4634 NW Sidewinder PL Beaverton, OR 97006 dz202@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 12/22/14 Date _____
- ② [Signature] Date 12/22/14 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

208495

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: L. Brown

Date: 1/26/15

90-day authority: Yes No

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

① McCrystal & Daughters, Inc ③ _____
 ② _____ ④ _____

2. Trade Name (dba): The Cottonwood Cafe

3. Business Location: 403 E. Hood Ave Sisters, OR. 97759
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 52 Sisters, OR. 97759
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.549.2699
(phone) (fax)

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

7. If yes to whom: Jen's Garden / McCrystal & Daughters, Inc. Type of License: On premise Beer + Wine & Off premise Beer + wine

8. Former Business Name: N/A

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

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

11. Contact person for this application: Jennifer McCrystal 541.420.4347
(name) (phone number(s))
711 E. Tye Dr. Sisters, OR. 97759 jennifer.mccrystal@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 Jennifer McCrystal Date 1/29/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

| | |
|--|--|
| <p>LICENSE TYPES</p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" 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: _____ | <p>ACTIONS</p> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____ |
|--|--|

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>CITY AND COUNTY USE ONLY</p> 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: _____ | <p>OLCC USE ONLY</p> Application Rec'd by: <u>L. Brown</u> Date: <u>1/28/2015</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 Michael Ludeman ③ _____
 ② Earths Art LLC ④ _____

2. Trade Name-(dba): Tumalo Garden Market

3. Business Location: 19879 8th St Tumalo Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17614 Plainview Rd Bend, Oregon 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-728-0088 541-728-0855
(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: Michael Ludeman
(manager must fill out an Individual History form)

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

11. Contact person for this application: Michael Ludeman
(name) (phone number(s))
17614 Plainview Rd 541-728-0855 EarthsArt@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 1/10/15 ③ _____ JAN 20 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: David Bevan

Date: 1/20/15

90-day authority: Yes No

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

① Klinton G. Sheets ③

② 3 sheets Brewing LLC ④

2. Trade Name (dba): 3 Sheets Brewing, LLC

3. Business Location: 2115 NW 20th Loop Albany Benton OR 97321

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

4. Business Mailing Address: - Same -

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

5. Business Numbers: (541) 619-0183

(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? _____

(name of city or county)

11. Contact person for this application: Klinton G. Sheets (name) (541) 619-0183 (phone number(s))

2115 NW 20th Loop (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 Klinton G. Sheets Date 1/20/15 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: J. Mothers

Date: 1/23/15

90-day authority: Yes No

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

① Jin Won Park ③ _____

② Young Chan Oh ④ _____

2. Trade Name (dba): Grill Town

3. Business Location: 959 Pearl St. Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1743 Provincial way Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5415105399 (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? Eugene
(name of city or county)

11. Contact person for this application: Jin Won Park Delia 5415105399
(name) (phone number(s))
1743 Provincial way Eugene, OR 97401 sushidomo@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 1/22/15 ③ _____ Date _____

② [Signature] Date 1/23/15 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: JK

Date: 01-23-15

90-day authority: Yes No

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

① Richard Burchfield ③

② Lynda Burchfield ④

2. Trade Name (dba): "our place"

3. Business Location: 134 Spaulding Ave. Brownsville, Or. 97327
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 496 Spring Creek Eugene, OR, 97404
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-654-2614
(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: Cafe du hall

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

10. What is the local governing body where your business is located? Linn County - Brownsville, Or. 97327
(name of city or county)

11. Contact person for this application: Richard Burchfield 541-654-2615
(name) (phone number(s))
496 Spring Creek Eug, Or. 97404 richard/burchfield@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 Richard Burchfield Date 1-20-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

JAN 15 2015

Application is being made for:

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

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: 1.28.15
 90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① LARRY BUSCHO SMITTEN WINERY LLC
 ② SHANNON BUSCHO ④ _____

2. Trade Name (dba): SMITTEN WINERY L.L.C.

3. Business Location: 14319 HWY 238 APPLEGATE JACKSON OR 97530
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14319 HWY 238 APPLEGATE OR 97530
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-660-5144 (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: LARRY BUSCHO
(manager must fill out an Individual History form)

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

11. Contact person for this application: LARRY BUSCHO 541-660-5144
(name) (phone number(s))
14319 HWY 238 APPLEGATE OR 97530 BUSCHO@WILDBLUE.NET
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 1/14/15 ③ _____ Date 1/15 2015
 ② _____ Date 1/14/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
 - Off-Premises Sales (\$100/yr)
 - 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: Jah

Date: 1-27-15

90-day authority: Yes No

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

① JEG III, Inc. ③ -

② - ④ -

2. Trade Name (dba): Flashbacks Fountain and Grill

3. Business Location: 1255 N. Coast Hwy, Newport, Lincoln Co, OR 97365
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 2227, Newport, OR 97365
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 574-1955 (541) 574-1951
(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: Sharon Gordon
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sharon Gordon (541) 574-1955 (after 11am)
(name) (phone number(s))
1255 N. Coast Hwy, Newport, OR 97365 sharon-james@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 Sharon Gordon Date 1-20-15 ③ - Date _____

② Jane E. Decker Date 1-20-15 ④ - Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

| | |
|--|--|
| <p>LICENSE TYPES</p> <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: _____ | <p>ACTIONS</p> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____ |
|--|--|

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:
HERMISTON
 (name of city or county)
 recommends that this license be:
 Granted Denied
 By: _____ (signature) _____ (date)
 Name: _____
 Title: _____

OLCC USE ONLY
 Application Rec'd by: S FETTERHOFF
 Date: 1-20-15
 90-day authority: Yes No

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

① _____
 ② Martha Echeverria ③ _____
 2. Trade Name (dba): La Hacienda Mexican Restaurant
 3. Business Location: 285 E main Street Hermiston Umatilla OR
(number, street, rural route) (city) (county) (state) (ZIP code)
 4. Business Mailing Address: 495 E main St Hermiston OR 97838
(PO box, number, street, rural route) (city) (state) (ZIP code)
 5. Business Numbers: 541-504-5955
(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? Hermiston OR
(name of city or county)
 11. Contact person for this application: Martha Echeverria 541-314-2128
(name) (phone number(s))
495 E main St
(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 X Martha Echeverria Date 12/22/14 _____ 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: David Green

Date: 1/15/15

90-day authority: Yes No

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

① Block 15 Brewing Company, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Block 15 Brewery & Tap Room

3. Business Location: 3415 SW Deschutes St. Corvallis Benton OR 97333-9283
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 300 SW Jefferson Ave. Corvallis OR 97333-4607
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.758.2077 541.758.2125
(phone) (fax)

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

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

8. Former Business Name: NA

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

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

11. Contact person for this application: Christopher Stephen Allhouse 541.968.7835
(name) (phone number(s))
300 SW Jefferson Ave. Corvallis, OR 97333 541.758.2125 chrisallhouse@block15.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: _____ Date 1/15/15 ③ _____ Date _____
① _____ Date _____ ④ _____ Date _____
② _____



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: OP

Date: 1.21.15

90-day authority: Yes No

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

① PAUL VINTAGE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Market Barrel

3. Business Location: 602 E 1st St #A Newberg Franklin OR 97132
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 602 E 1st St #A Newberg OR 97132
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-554-0698
(phone)

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OREGON LIQUOR CONTROL COMMISSION

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 JAN 21 2015

8. Former Business Name: N/A 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? Newberg
(name of city or county)

11. Contact person for this application: Allan Darwich 503-467-6561
(name) (phone number(s))

11210 NE Rod Hills Rd, Dundee, OR 97115 ALAN.DARWICH@MR.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 12/26/14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 1-22-15

90-day authority: Yes No

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

① McAuliffe Family Enterprises Inc

② _____

2. Trade Name (dba): Three Mermaids Tavern

3. Business Location: 18041 SW Lower Boones Ferry Rd. Suite 1B Tigard, Washington, Oregon 97224
(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: 503-481-5261
(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: William S. McAuliffe
(manager must fill out an Individual History form)

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

11. Contact person for this application: William S. McAuliffe 503-481-5261
(name) (phone number(s))

WSMCAULIFFE@GMAIL.COM 8332 SW 181st Ave Beaverton OR 97005
(address) (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 WSM Date 1/14/15 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: 1/28/15

The City Council or County Commission:

ELKTON

(name of city or county)

recommends that this license be:

Granted Denied

By: Rebecca Swearingen (signature) 1/28/15 (date)

Name: REBECCA SWEARINGEN

Title: MAYOR, CITY OF ELKTON

OLCC USE ONLY

Application Rec'd by: CM

Date: 1/28/15

90-day authority: Yes No

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

① ELKTON INC ③ _____
② _____ ④ _____

2. Trade Name (dba): LIR MARKET

3. Business Location: 326 1ST STREET ELKTON DOUGLAS OR 97436
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 711 SEDAK AVE ROSEBURG OR 97470
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: MAJOR JOHAL 541-580-4004
(name) (phone number(s))

380 HEARIN RD LN ROSEBURG OR 97471 541-673-7712
(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 01-23-15 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
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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: 1-29

90-day authority: Yes No

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

① Subrozon Fresh Mexican Restaurant & Catering LLC

② _____

2. Trade Name (dba): Subrozon Fresh Mexican Restaurant & Catering

3. Business Location: 17770 SW Pilkington Rd Lake Oswego OR 97031
(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: 503-908-8488
(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? Lake Oswego, Clackamas
(name of city or county)

11. Contact person for this application: Raul H. De la Torre 503-828-6484
(name) (phone number(s))
17770 SW Pilkington Rd 503-908-8488 Subrozon Catering LLC
(address) (fax number) (e-mail address) @ Gmail.com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 1-19-15 ③ _____ Date _____
② _____ Date _____ ④ _____
Initials: [Signature] Date _____
Oregon Liquor Control Commission



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: 1-26

90-day authority: Yes No

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

① Natasha Stille ③ _____

② _____ ④ _____

2. Trade Name (dba): Nectar Cafe

3. Business Location: 1925 NE 42nd Ave Ste E Portland Multnomah OR 97113
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1925 NE 42nd Ave Ste E Portland, OR 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971 302 6359 (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 County
(name of city or county)

11. Contact person for this application: Natasha Stille 503-453-4879
(name) (phone number(s))
6835 NE Glisan, Portland, OR 97213 Natashastille@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 Joshua Jew Date 11/14/14 ③ _____ Date _____
② _____ Date _____ ④ RECEIVED JAN 26 2015
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Cafeterer
 - 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:

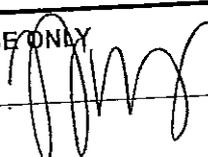
- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 1-20-15

90-day authority: Yes No

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

① LIZ Redesigned LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): LIZ'S CREATIVE CAFE

3. Business Location: 9401 SE 32nd AVE Milwaukie OR 97222
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (503) 303 4697 (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: Milwaukie Annex

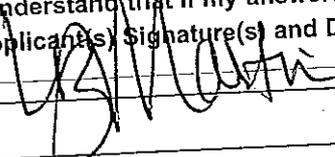
9. Will you have a manager? Yes No Name: _____ (manager must fill out an Individual History form)

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

11. Contact person for this application: LIZ MARTIN (name) (503) 752 4513 (phone number(s))

10425 Swast Ave Tigard OR LIZ@LIZRedesigned.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:  Date 1/22/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

