



# 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

P.53942  
L217072

### 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: **OCT 08 2015**

90-day authority:  Yes  No

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 Unit 108 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  
(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@conservapdx.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10/8/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 10/8/15 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: DP

Date: 10/6

90-day authority:  Yes  No

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

① Coffee House Holdings, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Starbucks Coffee #2925

3. Business Location: 2328 W Burnside, Suite #2 Portland Multnomah OR 97210  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Mailstop S-TAX2 License Services, PO Box 34442, Seattle, WA 98124-1442  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-228-8777  
(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: TBD  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty (No Solicitations Please) 503-517-8137  
(name) (phone number(s))  
621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10/1/15 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: 10/6

90-day authority:  Yes  No

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

① Coffee House Holdings, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Starbucks Coffee #484

3. Business Location: 22750 Salamo Road West Linn Clackamas OR 97068

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

4. Business Mailing Address: Attn: Mailstop S-TAX2 License Services, PO Box 34442, Seattle, WA 98124-1442

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

5. Business Numbers: 503-723-0085 \_\_\_\_\_

(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: Nichole Gonzalez

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? West Linn

(name of city or county)

11. Contact person for this application: Duke Tufty (No Solicitations Please) 503-517-8137

(name) (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com

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

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/30/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

L# 218841  
P# 3239

### 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: **OCT 08 2015**

90-day authority:  Yes  No

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

① Glenwood's own Braap Shop Del. 3 Park LLC

② \_\_\_\_\_

2. Trade Name (dba): Glenwoods own Braap Shop Del. 3 Park

3. Business Location: 57975 NW Wilson River Hwy Gales Creek Wash. OR 97117  
(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: 503-359-0640  
(phone) (fax)

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

7. If yes to whom: Derick Stark Clark Type of License: off premises

8. Former Business Name: Glenwood Store

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

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

11. Contact person for this application: Kevin Cameron 503-359-0640  
(name) (phone number(s))  
57975 NW Wilson River Hwy info@tor motorsports.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10/8/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 10/8/15 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 \_\_\_\_\_

### 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: SWM

Date: 10-6-15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① YACHATS FARM STORE, LLC ③ \_\_\_\_\_

② YACHATS BREWING, LLC ④ \_\_\_\_\_  
BREWING

2. Trade Name (dba): YACHATS BREWING

3. Business Location: 348 Hwy 101 N. Yachats, OR 97498  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 308 Yachats, OR 97498  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-547-3884  
(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? YACHATS  
(name of city or county)

11. Contact person for this application: NATHAN BERNARD 503-720-5935 cell  
(name) (phone number(s))  
6628 Yachats River Rd nathan@yachatsbrewing.com  
(address) (city, state, ZIP) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10/6/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

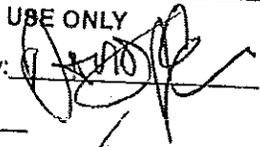
- Granted
- Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: 

Date: 10/2/15

90-day authority:  Yes  No

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

- ① Hughes Brothers Brewing LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): ColdFire Brewing

3. Business Location: 263 Mill Street Eugene Lane Oregon 97401  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1575 Adelman loop Eugene Oregon 97402  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-556-9374 (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: Patrick Daniel Hughes  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Patrick Daniel Hughes 541-556-9374  
(name) (phone number(s))  
1575 Adelman loop Eugene, Oregon, 97402 dan@coldfirebrewing.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 9/23/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

*Change of ownership*

### 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: \_\_\_\_\_

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### OLCC USE ONLY

Application Rec'd by: *Daniel Green*

Date: *10/7/15*

90-day authority:  Yes  No

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

① TERESA LEE

② \_\_\_\_\_

2. Trade Name (dba): Veneta Liquor Beer Wine + Smoked #1190

3. Business Location: 24961 Highway 126, Veneta, Lane, OR 97487  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 124, Veneta, OR 97487  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-935-3224 call 1st same #  
(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: hba  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Teresa Lee 541-420-0425  
(name) (phone number(s))  
PO Box 124, Veneta OR 97487 see above VenetaLiquor@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 Teresa Lee Date 10/6/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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  - Other Public Location
  - Private Club
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- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: \_\_\_\_\_

Date: 10/8/15

90-day authority:  Yes  No

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

① Merrill Smith ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): LA Baguette Bakery

3. Business Location: 340 A ST #2 Ashland Jackson OR 97520  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 340 A ST #2 Ashland OR 97520  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-482-0855  
(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: \_\_\_\_\_  
(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: Merrill Smith 541-482-0855, 541-821-1577  
(name) (phone number(s))  
340 A ST #2 Ashland OR merrill.luciano@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 Merrill Smith Date 8/22/15

② \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

SEP 2 2015

Date

OLCC REGIONAL OFFICE  
1-800-452-OLCC (6522) • www.oregon.gov/olcc (rev. 08/2011)



# 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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: \_\_\_\_\_ Oregon Liquor Control Commission

RECEIVED

OCT 08 2015

Bend, Oregon

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: S.C.

Date: 10/8/15

90-day authority:  Yes  No

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

① La Tortuga LLC ② \_\_\_\_\_

③ \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Taco Del Mar

3. Business Location: 706 NE Greenwood Ave, Bend OR 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 20403 Big Bear Court Bend, OR 97702  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Not yet assigned  
(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: New Business and Location

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

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

11. Contact person for this application: Christopher Arathoon (541) 815-8660  
(name) (phone number(s))  
61163 Ambassador Drive Bend, OR 97702  
(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 Chris Arathoon Date 10/02/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <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 type="checkbox"/> Winery (\$250/yr) <input checked="" type="checkbox"/> Other: <u>Distillery</u>	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" 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: [Signature]

Date: 10/12/15

90-day authority:  Yes     No

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

① Southern Wine & Spirits – Pacific Northwest Brokerage, LLC    ③ \_\_\_\_\_  
 ② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): Southern Wine & Spirits - Brokerage of Oregon

3. Business Location: 4621 Grumman Dr. Medford, Jackson, OR 97504  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Steven Becker, 1600 NW 163rd Street, Miami, FL 33169  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (305) 627-1102  
(phone) (fax)

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

7. If yes to whom: Southern Wine Distributors of Oregon LLC Type of License: Wholesale Malt Beverage and Wine

8. Former Business Name: N/A

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

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

11. Contact person for this application: Angela M. Minckler, Buchman Law Firm LLP, (415) 434-5740  
(name) (phone number(s))  
505 Sansome Street, Suite 1500, San Francisco, CA (415) 394-9564    aminckler@buchmanlaw.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/14/15    RECEIVED    RECEIVED  
 Steven R. Becker, Executive Vice President    Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_    SEP 10 2015    Date SEP 14 2015

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 Oregon Liquor Control Commission    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: wholesale malt bev/wine

**ACTIONS**

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: \_\_\_\_\_

Date: 10-12

90-day authority:  Yes  No

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

① RD America, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Restaurant Depot

3. Business Location: 945 N. Hayden Meadows Dr, Portland, OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16-24 132nd St, College Point, NY 11354  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (718) 762-8700  
(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: Daniel Williams  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Ruthe Canter, (415) 743-6988  
(name) (phone number(s))  
Holland & Knight, 50 California St, SF, CA 94111 (415) 743-6910 ruthe.canter@hklaw.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 Bruce SA Date 9/23/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

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OCT 12 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 CLN

L# 222391  
P# 25194

### 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: YO

Date: 10/12/15

90-day authority:  Yes  No

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

① Aria Naseri Every Day Food Mart LLC

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Every Day Food Mart

3. Business Location: 7474 SE 72nd Ave. Portland Mult. OR 97206  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7474 SE 72nd Ave Portland OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 208 2823  
(phone) (fax)

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

7. If yes to whom: Luanne McCracker Type of License: Off-premises sales

8. Former Business Name: KCS Market Mini 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? Multnomah County  
(name of city or county)

11. Contact person for this application: Aria Naseri 971-407-8593  
(name) (phone number(s))  
14712 SE Dure St. Portland OR naseri2500a@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 [Signature] Date 10/11/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# LIQUOR LICENSE APPLICATION

V

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 \_\_\_\_\_

P47432  
L213474

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: JP

Date: 10-2-15

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

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

① Turn Turn Turn, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Turn! Turn! Turn!

3. Business Location: 8 NE Killingsworth St Portland OR 97211 97211  
(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: 503-284-6019  
(phone) (fax)

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

7. If yes to whom: Turn Turn Turn, LLC Type of License: Ltd On Premises Sales

8. Former Business Name: Turn Turn Turn

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 Portland  
(name of city or county)

11. Contact person for this application: Scott Durr 503 284-6019 / 503 885 4312  
(name) (phone number(s))  
5657 N. Wilbur Ave Portland 97217 turnturntumpdx@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/23/15

② \_\_\_\_\_ Date \_\_\_\_\_

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Initials: JP  
Oregon Liquor Control Cor.



# 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/vr)
- 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: KQ

Date: 10/9/15

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

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

① Oregon Spirits Corporation ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Barbur Liquor

3. Business Location: 9875 SW Barbur Blvd. Portland Mult. OR 97219  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9875 SW Barbur Blvd Portland OR 97219  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-246-1760 503-246-3710  
(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: George Peter Psihogios  
(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: George Peter Psihogios  
(name) (phone number(s))  
9875 SW Barbur Blvd. 503-246-3710 barburliquor@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant's Signature(s) and Date:

① [Signature] Date 9/15/2015 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: KJ

Date: 10/9/15

90-day authority:  Yes  No

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

- ① JLKlemann LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): The Secret Cellar

3. Business Location: 600 N State St. \*72 Lake Oswego OR 97034  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3502 SW Vermont St. Portland OR 97219  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-853-9650  
(phone) (fax)

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

7. If yes to whom: Oregon Wine Reserve Type of License: OFF-Premises

8. Former Business Name: N/A

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

10. What is the local governing body where your business is located? Lake Oswego / Clackamas Co.  
(name of city or county)

11. Contact person for this application: Jennifer Klemann 503-853-9650  
(name) (phone number(s))  
3502 SW Vermont St. Portland OR 97219 JLKlemann@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 Jennifer Klemann Date 10/9/15 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: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 10-9-15

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

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

① El Chino Taqueria Limited Liability Company

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): EL CHINO TAQUERIA

3. Business Location: 355 S First Ave Hillsboro Washington OR 97123  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 355 S First Ave Hillsboro OR 97123  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 352-4531 (503) 747-5775  
(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: Muchas Gracias Restaurant

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

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

11. Contact person for this application: Jorge L Reyes (503) 419-8482  
(name) (phone number(s))  
2364 Thomas St. Hillsboro OR 97124 jluisreyes@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10-8-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 10/8/15 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: W. Wainwright

Date: 10-13-15

90-day authority:  Yes  No

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

- ① fatch INC. ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Center Market #29

3. Business Location: 875 W Pacific Hwy Woodburn, Marion, OR 97071  
(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: 503-931-6388  
(phone)

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

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OREGON LIQUOR CONTROL COMMISSION

7. If yes to whom: \_\_\_\_\_ Type of License: OCT 13 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? Marion County  
(name of city or county)

11. Contact person for this application: Jay 503-931-6388  
(name) (phone number(s))  
553 Golden Eagle St, Salem, OR 97304 (Jay)jayet40@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 9-30-15 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) *2nd Loc.*
- Winery (\$250/yr)
- Other: 2nd Loc.

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other: 2nd Loc.

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Oregon Liquor Control Commission

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: LS

Date: 10/13/15

90-day authority:  Yes  No

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

① BC Brewing LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Ochoco Brewing Company

3. Business Location: 380 N. Main Street, Prineville Crook County Oregon 97754  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 693, Prineville, OR 97754  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5412330883 \_\_\_\_\_  
(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: Joseph Barker  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Joseph Barker 5039.998.3029  
(name) (phone number(s))

1402 NE Hudspeth Road \_\_\_\_\_  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8-13-15 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: 9-8-15

The City Council or County Commission:

City of The Dalles  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: Julie Krueger 9-8-15  
(signature) (date)

Name: Julie Krueger

Title: City Clerk

**OLCC USE ONLY**

Application Rec'd by: S. FETTERHFF

Date: 9-30-15

90-day authority:  Yes  No

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

- ① Johna Ward
- ② \_\_\_\_\_
- ③ Bryan LaRoque
- ④ \_\_\_\_\_

2. Trade Name (dba): Route 30 Bottles & Brews

3. Business Location: 317 E. 2nd Street The Dalles, Wasco, OR 97058  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 565 The Dalles, OR 97058  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-993-3155  
(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? The Dalles, Wasco Co.  
(name of city or county)

11. Contact person for this application: Johna Ward 541-993-3155  
(name) (phone number(s))  
P.O. Box 565 The Dalles, OR 97058  
(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 Johna Ward Date 8/24/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② Bryan LaRoque Date 9-24-15 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 \_\_\_\_\_

RECEIVED

OCT 13 2015

Oregon Liquor Control Commission  
Bend, Oregon

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: LS

Date: 10/13/15

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

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

- ① Woodhull John Stevens ③ The Sandwich Factory LLC
- ② Celena Pentrack ④ \_\_\_\_\_

2. Trade Name (dba): The Sandwich Factory LLC

3. Business Location: 277 N. Court St. Prineville Crook OR 97754  
(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: 541-447-4429  
(phone) (fax)

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

7. If yes to whom: Harold David Searcy Type of License: Full On-Premises Sales

8. Former Business Name: The Sandwich Factory

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

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

11. Contact person for this application: Celena Pentrack 360-451-4081  
(name) (phone number(s))  
1205 NE Wyoming Dr. N/A cpentrack@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 Celena Pentrack Date 10/11/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② Woodhull J. Stevens Date 10/11/15 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) *NO*
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- ~~New Outlet~~
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

*2nd location primary location (needful #2)*

### 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: *10/13/15*

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

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

① *O. Jay Merrill* ③ *MERRILL Cellars, LLC*

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): *Merrill Cellars*

3. Business Location: *520 Commercial St. #6, LAVERGUE, OR 97402*  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *P.O. Box 639 Bend OR 97709*  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *541-410-0774* *541-382-3332*  
(phone) (fax)

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

7. If yes to whom: *J. Scott Cellars* Type of License: *Winery*

8. Former Business Name: \_\_\_\_\_

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

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

11. Contact person for this application: *O. Jay Merrill* *541-410-0774*  
(name) (phone number(s))  
*P.O. Box 639 Bend, OR 97709* *541-382-3332* *dj@merrillcellars.com*  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date *9/21/15* ③ *OCT 12 2015* Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

**RECEIVED**

EUGENE REGIONAL OFFICE  
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 \_\_\_\_\_

RECEIVED

OCT 10 2015

Oregon Liquor Control Commission  
Bend, Oregon

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

90-day authority:  Yes  No

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

① Anna Rose W Thorne ③ Cascade Acam

② Anna Acam ④ \_\_\_\_\_

2. Trade Name (dba): Anna Rose W Thorne

3. Business Location: 1900 NE 3rd Suite 107 Bend Deshutes Or 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1900 NE 3rd Suite 107 Bend  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-382-0756  
(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? Bend, Deshutes  
(name of city or county)

11. Contact person for this application: Anna Acam 541-408-1142  
(name) (phone number(s))  
PO Box 7342 Bend Or 97702 Anna Rose W Thorne@yahoo.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:  
① [Signature] Date 9/9/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date 7/9/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

Date: 10/13/15

90-day authority:  Yes  No

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

Marc Bruckel     \_\_\_\_\_  
 Christopher Kowitz     \_\_\_\_\_

2. Trade Name (dba): Oscuro Mundo

3. Business Location: 1287 Bay St Florence, Lane OR 97439  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1287 Bay St Florence OR 97439  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 818-292-7157  
(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: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Marc Bruckel 818-292-7157  
(name) (phone number(s))  
6117 Deerhill rd Marc Bruckel @ 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:

Marc Bruckel Date 10/9/15     \_\_\_\_\_ Date \_\_\_\_\_

Christopher Kowitz Date 10/13/15     \_\_\_\_\_ Date \_\_\_\_\_

**RECEIVED**

OCT 06 2015

EUGENE REGIONAL OFFICE  
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: 10-5-15

The City Council or County Commission:

City of The Dalles  
(name of city or county)

recommends that this license be:

Granted  Denied

By: Julie Krueger 10-9-15  
(signature) (date)

Name: Julie Krueger

Title: City Clerk

**OLCC USE ONLY**

Application Rec'd by: S. FETTERHOPF

Date: 9-21-15

90-day authority:  Yes  No

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

- ① Kmart Operations LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Kmart #3888

3. Business Location: 2640 W. 6th Street, The Dalles, Wasco, 97058  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3333 Beverly Rd., Dept 768 Tax, B2-113A, Hoffman Estates, IL 60179  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-298-5522  
(phone) (fax)

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

7. If yes to whom: Kmart Corporation Type of License: Off-Premises Sales

8. Former Business Name: Kmart #3888

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

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

11. Contact person for this application: Jennifer G. Gallery, Esq. 312-658-2000  
(name) (phone number(s))  
8700 W. Bryn Mawr, #720N, Chicago, IL 60631 312-658-2000 jennifer@smlaw.org  
(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 6/17/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



**OREGON LIQUOR CONTROL COMMISSION**  
**LIQUOR LICENSE APPLICATION**

Application is being made for:		<b>CITY AND COUNTY USE ONLY</b>	
<b>LICENSE TYPES</b>	<b>ACTIONS</b>	Date application received: _____	
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	The City Council or County Commission: _____	
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet	(name of city or county)	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	recommends that this license be:	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	By: _____ (signature) _____ (date)	
<input type="checkbox"/> Private Club		Name: _____	
<input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		Title: _____	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)		<b>OLCC USE ONLY</b>	
<input type="checkbox"/> with Fuel Pumps		Application Rec'd by: <u>Arbunandy</u>	
<input type="checkbox"/> Brewery Public House (\$252.60)		Date: <u>10-9-15</u>	
<input type="checkbox"/> Winery (\$250/yr)		90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other: _____			
<b>90-DAY AUTHORITY</b>			
<input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority			
<b>APPLYING AS:</b>			
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual's

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - Sally Mehler Bondservants Inc.
  - Dave Mehler
- Trade Name (dba): The Coffee Cottage
- Business Location: 808 E. Hancock St. Newberg Yamhill OR 97132  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 808 E. Hancock St. Newberg, OR 97132  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-538-5126 503-538-6229  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: N/A Type of License: N/A
- Former Business Name: N/A waters
- Will you have a manager?  Yes  No Name: Krystal Stevens  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Newberg  
(name of city or county)
- Contact person for this application: Sally Mehler (503) 537-6499  
(name) (phone number(s))  
503-538-6229 Sallymehler@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 7/30/15 ③

② [Signature] Date 7/30/15 ④

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION  
Date: OCT 09 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: ay

Date: 10/14/15

90-day authority:  Yes  No

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

① J & S Speedy Mart Inc ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Speedy Market & Deli

3. Business Location: 6415 Rogue River Hwy Porne River Jackson OR 97527  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 205 Obrien OR 97534  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 - 582 - 1560  
(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: JIMMY SU  
(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: Jimmy Su (541) 287-2196  
(name) (phone number(s))  
33096 Redwood Hwy (541) 596-8946 obrienstore@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10/14/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

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: 10/15/15

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

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

① Oaktree Family Restaurants LLC

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Bobbio's Pizza

3. Business Location: 7581 Crater Lake Hwy White City Jackson OR 97508  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 312 Oak St #102 Central Point OR 97502  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 826 6566 541-423 5547  
(phone) (fax)

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

7. If yes to whom: Tom Brown Type of License: Limited On Premises

8. Former Business Name: Bobbios Pizza

9. Will you have a manager?  Yes  No Name: Jordan Fuller  
(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: Rick Debes 541-951-2424  
(name) (phone number(s))  
312 Oak St #102 CP OR 97502 541-423-5547 rick@epsobbiospizza.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 R. Debes Date 10/7/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date 10/7/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



