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) LIC 203541
- ☒ 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 C/TN

O add/PrTV

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: 2/11/15

90-day authority: ☐ Yes ☒ No

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

① UNITED ANHUDH GROUP INC ③ UPINDERJIT SINGH DHANJU

② _____ ④ _____

2. Trade Name (dba): GET-N-GO GROCERY / DELI

3. Business Location: 150, 152, 154 28th St. SPRINGFIELD LANE OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5306 OLYMPIC CIRCLE EUGENE, OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-747-8918
(phone) (fax)

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

7. If yes to whom: OLCC Type of License: Limited on-Premises + off-Premises

8. Former Business Name: GET-N-GO INC / GET-N-GO DELI INC

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? SPRINGFIELD, OR / LANE
(name of city or county)

11. Contact person for this application: MANDIP KAUR 541-214-4313
(name) (phone number(s))

5306 OLYMPIC CIRCLE EUGENE, OR 97402 MNU.MANDY@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 2/6/15 ③ [signature] Date 2/10/15

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: Distillery #CB#

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: 2/13/15

90-day authority: ☐ Yes ☐ No

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

① CASCADIA ARTISAN DISTILLERY, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): CASCADIA ARTISAN DISTILLERY

3. Business Location: 4550 HOLLAND LOOP RD, UNIT #1, CAVE JUNTION, JOSEPHINE COUNTY, OR 97523
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4550 HOLLAND LOOP RD, UNIT #1, CAVE JUNCTION, OR 97523
(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~~ JT Name: JAZPER E. TORRES
(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: JAZPER E. TORRES Cell: 503-330-5130
(name) (phone number(s))

4550 HOLLAND LOOP RD, CAVE JUNCTION, OR 97523 (address) 971-228-5461 (fax number) *Cascadia-Distillery@comcast.net (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], NDR Date 2/4/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

FAXED: 2/13/15

Posted: _____

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 LTN

L# 212739
P# 12939

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: 2-13-15

90-day authority: ☐ Yes ☐ No

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

① GJL7, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): Friendly Market

3. Business Location: 6010 NE Killingsworth (number, street, rural route) | Portland (city) | Multnomah (county) | OR (state) | 97218 (ZIP code)

4. Business Mailing Address: 5002 SE Woodward Street (PO box, number, street, rural route) | Portland (city) | OR (state) | 97206 (ZIP code)

5. Business Numbers: (360) 977-3796 (phone) _____ (fax)

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

7. If yes to whom: ~~Amin Douraghi~~ Ziba Inc. Type of License: Off Premises Sales

8. Former Business Name: Friendly Food Mart

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

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

11. Contact person for this application: Jaswinder Singh (name) (360) 977-3796 (phone number(s))

17609 NE 27th Way, Vancouver, WA 98684 (address) (fax number) jassthandi@hotmail.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 GJL7, INC by _____ Date 2/12/2015
Jaswinder Singh - Sec-Treasurer

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: 2-13-15

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   Cyclepath Inc.
2. Trade Name (dba): Cyclepath
3. Business Location: 2436 NE MLK Jr Blvd, Portland, Multnomah, Oregon, 97212
   (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: 503-281-0485 (phone) 503-841-6215 (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 construction
9. Will you have a manager? ☒ Yes ☐ No Name: William Larson
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Multnomah County, Portland
    (name of city or county)
11. Contact person for this application: Bill Larson (name) 503-281-0485 (phone number(s))
    2436 NE MLK Jr Blvd (address) 503-841-6215 (fax number) Bill@cyclepathnw.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:

_____ Date 1-8-15 _____ Date _____

_____ Date _____ _____ 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: 2-13-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Madehere LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): MadeHere PDX
3. Business Location: 40 NW 10th Ave Portland, Oregon 97209
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 40 NW 10th Ave Portland, Oregon 97209
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 224-0122
   (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: ~~Store was previously Powell's 2 books, but alcohol was not sold at business location~~
9. Will you have a manager? ☑ Yes ☐ No Name: John Connor
   (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: John Connor (206) 250-5643
    (name) (phone number(s))
    2636 NE Ridgewood Dr. Portland, Oregon 97212 johnbconnor@gmail.com
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/13/15 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 _____

P9655
L191827

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: 2-13-15

90-day authority: ☐ Yes ☐ No

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

① Esau Corporation ③ _____

② _____ ④ _____

2. Trade Name (dba): 7-Eleven #23071C

3. Business Location: 7800 SE Lake Road (number, street, rural route) Milwaukie (city) Clackamas (county) OR (state) 97267 (ZIP code)

4. Business Mailing Address: Attn Licensing P.O. Box 219088 (PO box, number, street, rural route) Dallas (city) TX (state) 75221 (ZIP code)

5. Business Numbers: (503) 653-1078 (phone) _____ (fax)

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

7. If yes to whom: 7-Eleven, Inc. Type of License: Beer and Wine Off Premises

8. Former Business Name: 7-Eleven #23071J

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? Clackamas (name of city or county)

11. Contact person for this application: Alyssa Brooks (name) (850) 577-9090 (phone number(s))

301 S. Bronough St, Ste 600, Tallahassee, FL 32301 (address) _____ (fax number) alyssa.brooks@gray-robinson. (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2-4-15 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: JR

Date: 2-13-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Raean Johnston, Executive Director~~ ③ Forest Grove Senior & Comm. Center
   ② ~~Jeff Duyck~~ ④ _____
2. Trade Name (dba): Forest Grove Senior and Community Center
3. Business Location: 2037 Douglas Street, (number, street, rural route) Forest Grove (city) Wash. Co. (county) Oregon (state) 97116 (ZIP code)
4. Business Mailing Address: 2037 Douglas Street (PO box, number, street, rural route) Forest Grove (city) Oregon (state) 97116 (ZIP code)
5. Business Numbers: 503-357-2021 (phone) 503-357-5544 (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: Raean Johnston, Executive Director (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Forest Grove (name of city or county)
11. Contact person for this application: Raean Johnston (name) w-503-357-2021 c-971-230-4442 (phone number(s))

    2037 Douglas Street Forest Grove, Oregon 97116 (address) 503-357-5544 (fax number) Director@fgscc.org (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 1/27/15 ③ _____ Date _____

② [signature] Date 1/27/15 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 CTN

P402647
L202047

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: 2-13-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Ranchito Super Store INC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Ranchito Super Store
3. Business Location: 4120 SW Cedar Hills Blvd Beaverton OR 97005
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 4120 SW Cedar Hills Blvd Beaverton OR 97005
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-6439807 5036439827
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: El Ranchito Negre Inc Type of License: OFF - Premises Sales
8. Former Business Name: El Ranchito Negre III
9. Will you have a manager? ☐ Yes ☑ No Name: _____
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Beaverton, Washington County
    (name of city or county)
11. Contact person for this application: Fabiola Rodriguez 503-403-8710
    (name) (phone number(s))
    4120 SW Cedar Hills Blvd 5036439827 ranchitosuperstore@gma
    (address) (fax number) (e-mail address)
    Beaverton, OR 97005

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 01-30-15 ③ _____ Date _____

② _____ Date 01-30-15 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: _____

Date: 2-11-15

90-day authority: ❑ Yes ❑ No

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

① Erik Mitchell ③ _____

② _____ ④ _____

2. Trade Name (dba): Cackalacks

3. Business Location: 4720 nw Bethany Blvd E-9 Portland Washington OR 97229
(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: 503-830-9604
(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? Washington county Portland
(name of city or county)

11. Contact person for this application: Erik Mitchell 503-830-9604
(name) (phone number(s))

1212 ne 58th ave Portland, OR 97213 erik_mitchell@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 _____ Date 2/11/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

❑ Granted ❑ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: ❑ Yes ❑ No

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

① MARMO LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): MARMO

3. Business Location: 1037 SW MORRISON PORTLAND MULTNOMAH OR 97205
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2030 NW FLANDERS ST. #302 PORTLAND OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 949-292-4960
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: KEVIN CHAMBERS 949-292-4960
(name) (phone number(s))

2030 NW FLANDERS ST. #302 KEVIN@MARMOPDX.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/7/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [ ] Limited Liability Company [x] 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: 2/17/15

90-day authority: ☐ Yes ☐ No

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

① Jose Bañuelos ③ Gisela Sandoval

② Donato Sandoval ④ _____

2. Trade Name (dba): los Buffalitos

3. Business Location: 515 S. Riverside Medford Jackson OR 97501
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

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

8. Former Business Name: Jin Ma House of Dumplings

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

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

11. Contact person for this application: Jose Bañuelos 541-778-0677
(name) (phone number(s))

830 Garfield st Medford, OR 97501
(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 Jose Bañuelos Date 2-5-15 ③ _____ Date 2/09/2015

② Donato Sandoval Date 2/9/15 ④ _____ Date 2/17/15

Posted: 2/13/15

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- ☐ Change Ownership
- ☐ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other add loc.

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

❑ Granted ❑ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 2/3/2015

90-day authority: ❑ Yes ☒ No

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

① Soter Vineyards, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): North Valley Vineyards

3. Business Location: 20880 NE Bell rd Newberg Yamhill OR 97132
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P O Box 430 Carlton OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 662 5600 _____
(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? Newberg
(name of city or county)

11. Contact person for this application: Tim Lamers 503 662 5600 503 793 4520
(name) (phone number(s))

P.O Box 430 Carlton OR 97111 _____ tim@sotervineyards.com
(address) (fax number) (e-mail address)

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FEB 03 2015
SALEM REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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

Applicant(s) Signature(s) and Date:

① _____ Date 1/27/15 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 C/TN

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 2/17/2014 (CCW)

90-day authority: ☐ Yes ☒ No

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

① Christopher Michael Wines LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): ~~Aminty Vineyards~~ Amity Vineyards

3. Business Location: 18150 SE Amity Vineyards Road, Amity OR 97101 (number, street, rural route) (city) (county) (state) (ZIP code)

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OREGON LIQUOR CONTROL COMMISSION
FEB 10 2015
SALEM REGIONAL OFFICE

4. Business Mailing Address: PO Box 340 Sherwood OR 97140 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 7759013007 (phone) (fax)

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

7. If yes to whom: ~~Myron Redford~~ Amity Vineyards Inc Type of License: winery

8. Former Business Name: ~~Amity Vineyards~~ Vnyd / Redfrd Cl / Marna HL / View

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? Amity OR (name of city or county)

11. Contact person for this application: Eric Harms (name) 7759013007 (phone number(s))

701 Riverview Dr, Capitola CA 95010 (address) (fax number) eric@christophermichaelwines (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 ~~2/20/2014~~ ③ 2/7/2015 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: OLCC

Date: 2/12/2015

90-day authority: ☐ Yes ☒ No

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

① The Radiant Sparkling Wine Company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Radiant Sparkling Wine Company

3. Business Location: 13260 NE Red Hills Rd, Newberg, OR 97132
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 541 N 4th St, Carlton, OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-476-4553
(phone) (fax)

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

7. If yes to whom: Raco Winery Type of License: WY

8. Former Business Name: _____

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

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

11. Contact person for this application: Andrew Davis (name) 503-476-4553 (phone number(s))

541 N 4th St, Carlton, OR 97111 (address) (fax number) radiantsparklingwine@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

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

② _____ Date 2/3/15 ④ _____ Date _____

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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 Add Licensee C/TN

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: JS Mathers

Date: 2/9/15

90-day authority: ☐ Yes ☒ No

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

① ~~Shi Wen Li~~ China Bay Restaurant, Inc.

② Lee's LLC ④ _____

2. Trade Name (dba): ~~Lee's LLC~~ Bay Lounge / Lee's Chinese Restaurant

3. Business Location: 1073 Hwy 101 (number, street, rural route) Florence (city) Lane (county) OR. (state) 97439 (ZIP code)

4. Business Mailing Address: Same (PO box, number, street, rural route) (city) 1103 (state) (ZIP code)

5. Business Numbers: 541-997-4568 (phone) / 541-997-~~4565~~ (fax)

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

7. If yes to whom: ~~Jerry~~ China Bay Restaurant Inc Type of License: Full on-premises

8. Former Business Name: _____

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

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

11. Contact person for this application: Shi Wen Li (name) 541-236-8119 (phone number(s))

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

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

Applicant(s) Signature(s) and Date:

① _____ Date 1-28-15 ③ _____ Date _____

② _____ Date 2-6-15 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: K Smothers

Date: 2/13/15

90-day authority: ☐ Yes ☒ No

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

① Lee's Mongolian Grill, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Lees Mongolian Grill

3. Business Location: 1820 Olympic St (number, street, rural route) Springfield (city) Lane (county) OR (state) 97477 (ZIP code)

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

5. Business Numbers: (541) 726-3886 (phone) _____ (fax)

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

7. If yes to whom: Mong inc Type of License: Limited Premises 49262

8. Former Business Name: Lees Mongolian Grill

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

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

11. Contact person for this application: Julio Valera (name) (503) 830-2977 (phone number(s))

PO Box 1323 Silverton 97381 (address) _____ (fax number) julioknews@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 2/12/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [illegible]

Date: 2/13/15

90-day authority: ☐ Yes [X] No

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

① MARIACHI LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Mariachi

3. Business Location: 1517 Hwy 101 (number, street, rural route) Florence (city) Lane (county) OR (state) 97439 (ZIP code)

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

5. Business Numbers: (541) 997-4549 (phone) — (fax)

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

7. If yes to whom: Flavours / Jorge Salgado Type of License: Limited

8. Former Business Name: Flavours

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

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

11. Contact person for this application: Julie Valera (name) (503) 830-2977 (phone number(s))

PO Box 1323 Silverton 97381 (address) (fax number) julieknows@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 2/10/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

ACTIONS
- [ ] Change Ownership
- [ ] New Outlet
- [X] Greater Privilege
- [X] 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:
- [X] 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: 2-17-15

90-day authority: ☐ Yes ☐ No

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

☐ ANG, 1 LLC. ☐ _____

☐ _____ ☐ _____

2. Trade Name (dba): Foxy's #2.

3. Business Location: 15224 SE Mcloughlin blvd Milwaukie OR 97267
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-353-6885. 503-353-6885.
(phone) (fax)

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

7. If yes to whom: ANG, 1 LLC Type of License: COP

8. Former Business Name: Foxy's #2.

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

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

11. Contact person for this application: ~~AJ~~ Bahia 503-991-3612
(name) (phone number(s))

15224 SE Mcloughlin blvd, 503-353-6885 abahia81@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:

☐ _____ Date 2/13/15 ☐ _____ Date _____

☐ Gagandeep S Bahia Date 2/13/15 ☐ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 2-17

90-day authority: ☐ Yes ☐ No

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

☐ 930 Sandy Bar, LLC ☐ _____

☐ _____ ☐ _____

2. Trade Name (dba): Century

3. Business Location: 930 SE Sandy Blvd Portland Multnomah, OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 930 SE Sandy Blvd Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-515-2838 619-884-0564 N/A
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? [ ] Yes [x] 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? [x] Yes [ ] No Name: John Janulis
(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: Liam Duffy 619-884-0564
(name) (phone number(s))

6355 NE 6th Ave Portland, OR 97211 duffyliam@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:

☐ _____ Date 2-16-15 ☐ _____ Date _____

☐ _____ Date _____ ☐ _____ Date _____

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
- ☒ 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: P

Date: 2-17

90-day authority: ☐ Yes ☐ No

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

① ~~Renee Bouma~~ ③ ~~Mike Sheehan~~

② ~~Brian Bouma~~ ④ IL Bosche Pizza LLC

2. Trade Name (dba): Pieology Pizzeria

3. Business Location: 12130 SE 82nd Ave. St.4052 Happy Valley Or. 97086
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 70 SW Century Dr. St.100-364 Bend, Or 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: N/A yet starting construct
(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: Jacob Loveland.
(manager must fill out an Individual History form)

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

11. Contact person for this application: Renee Bouma 925-577-3474
(name) (phone number(s))

70 SW Century Dr St 100-364 Bend, Or 97702 reneebouma@me.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 Renee Bouma Date July 10, 14 ③ _____ Date _____

② _____ Date 7/10/14 ④ _____ Date _____

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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: 2-17

90-day authority: ☐ Yes ☐ No

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

① Simple Local Coffee LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Simple. Local. Coffee.

3. Business Location: 115 SW Ash Portland Multnomah OR 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 115 SW Ash Portland OR 97204 Suite 100
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 360-903-4034
(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 - Portland
(name of city or county)

11. Contact person for this application: Lauren Harrison 360-903-4034
(name) (phone number(s))

6026 NE 12th AVE Portland, OR 97211 SimpleLocalCoffee@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 _____ Date 12-29-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
2-17-15

Initials: 92

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: 2-13

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Pioneer Foods, Inc. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Red Shed Public House
3. Business Location: 39750 SE Hwy 26 (number, street, rural route) Sandy (city) Clackamas (county) OR (state) 97055 (ZIP code)
4. Business Mailing Address: 40110 SE Meadow Song Rd (PO box, number, street, rural route) Sandy (city) OR (state) 97055 (ZIP code)
5. Business Numbers: _____ (phone) (503) 668-0375 (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes ☒ No
7. If yes to whom: ~~Tim McLaughlin~~ ~~W. Davis~~ Type of License: Limited On & Off Premises
8. Former Business Name: Organic Sandy (~~Jennifer Davis~~)
9. Will you have a manager? ☒ Yes ☐ No Name: Ryan Sparks (503) 314-9869 (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Sandy (name of city or county)
11. Contact person for this application: Jeff Newberry (name) (503) 314-1471 (phone number(s))
    40110 SE Meadow Song Rd Sandy, OR 97055 (address) (503) 668-0375 (fax number) northwestwakeworks@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Jeff Newberry Date 2/6/15 ③ Melissa Newberry Date 2/6/15

② _____ Date _____ ④ _____ Date _____

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FEB 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 _____

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

APPLYING AS:
☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: R Hanna

Date: 2/18/15

90-day authority: ☐ Yes ☒ No

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

① The Bend Tour Company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Bend Tour Company

3. Business Location: 550 SW Industrial Way Ste. #105 Bend, OR 97702
(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: 541-480-8477
(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: NONE

9. Will you have a manager? ☒ Yes ☐ No Name: Christopher L. Hutchins, ~~John Flannery~~
(manager must fill out an Individual History form)

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

11. Contact person for this application: Bret A. Graham 541-588-0043
(name) (phone number(s))

2653 N.E. Cordata Place, Bend OR. 97701 N/A Bret@thebendtourcompany.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2.13.15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P# 19989

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [X] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Carole

Date: _____

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Red Robin International, Inc. ② _____
   ③ _____ ④ _____
2. Trade Name (dba): Red Robin Gourmet Burgers And Brews
3. Business Location: 631 Lancaster Drive, NE, Space 101 (number, street, rural route) Salem (city) Marion (county) OR (state) 97301 (ZIP code)
4. Business Mailing Address: 6312 S Fiddler's Green Circle, Suite 200N (PO box, number, street, rural route) Greenwood Village, CO (city) (state) 80111 (ZIP code)
5. Business Numbers: (303) 846-6187 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [X] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? [X] Yes [ ] No Name: TBD (JH) (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Salem (name of city or county)
11. Contact person for this application: Jeffrey D. Hern (name) (503) 796-2919 (phone number(s))
    1211 S.W. Fifth Ave., Suite 1900, Portland, OR 9720 (address) (503) 796-2900 (fax number) jhern@schwabe.com (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
FEB 09 2015
SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/3/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [X] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: R Hall

Date: 2/18/15

90-day authority: [ ] Yes [X] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① SOBA CORPORATION ③ _____
   ② _____ ④ _____
2. Trade Name (dba): SOBA ~~FOOD OF~~ ASIAN BISTRO
3. Business Location: 932 NW BOND ST (number, street, rural route) BEND (city) DESCHUTES (county) OR (state) 97701 (ZIP code)
4. Business Mailing Address: 945 NW Bond ST (PO box, number, street, rural route) Bend (city) OR (state) 97701 (ZIP code)
5. Business Numbers: 541 914 2926 (phone)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [X] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: BOND ST. GRILL
9. Will you have a manager? [X] Yes [ ] No Name: Di Long (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? DESCHUTES BEND (name of city or county)
11. Contact person for this application: Di LONG (name) 541 914 2926 (phone number(s))
    2552 NE LYNDA LN. BEND, OR 97701 (address) ~~(fax number)~~ dilong@me.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 1/15/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED FEB 02 2015 Oregon Liquor Control Commission Bend, Oregon

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

APPLYING AS:
[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 2/18/15 R. Hall

Date: 2/18/15

90-day authority: [x] Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Vesta Hospitality, LLC ③ _____
   ② Riverhouse Property, LLC ④ _____
2. Trade Name (dba): The Riverhouse Hotel and Convention Center
3. Business Location: 3075 N Hwy 97 (number, street, rural route) | Bend (city) | Deschutes (county) | OR (state) | 97701 (ZIP code)
4. Business Mailing Address: 900 Washington Street, Suite 780 (PO box, number, street, rural route) | Vancouver (city) | WA (state) | 98660 (ZIP code)
5. Business Numbers: 541-617-7179 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes ☐ No
7. If yes to whom: The Riverhouse LLC Type of License: F-COM
8. Former Business Name: The Riverhouse
9. Will you have a manager? [x] Yes ☐ No Name: Rocky Adriansen (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Bend (name of city or county)
11. Contact person for this application: Duke Tufty (No Solicitations Please) (name) 503-617-6137 (phone number(s))
    621 SW Morrison St., Ste. 1300, Portland, OR 97205 (address) (503) 228-8448 (fax number) dt@wysekadish.com (e-mail address)

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

Applicant(s) Signature(s) and Date:
① _____ Date 1/26/15 ③ _____ Date _____
② _____ Date 1/26/15 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) ← Limited On Premises
- ☒ 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 LAS Wings Salem LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Wingstop
3. Business Location: 3098 Lancaster DR. NE Salem OR 97305 Marion County
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 4034 NE 72nd Ave Portland OR 97213
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503.572.2963 _____
   (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? Marion County
    (name of city or county)
11. Contact person for this application: L. Alan Shaffer 503.572.2963
    (name) (phone number(s))
    4034 NE 72nd Ave. Portland, OR 97213 alan@PDXWings.com
    (address) (fax number) (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
JAN 26 2015
SALEM REGIONAL OFFICE

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 1-8-15 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: L. Brown

Date: 2/18/2015

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: (See SECTION 1 of the Guide)
   ① Pioneer Restaurant Group LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Casetta di Pasta
3. Business Location: 51375 Hwy 97 (number, street, rural route) La Pine (city) (county) OR (state) 97739 (ZIP code)
4. Business Mailing Address: P.O. Box 3404 (PO box, number, street, rural route) La Pine (city) OR (state) 97739 (ZIP code)
5. Business Numbers: 541-876-5430 (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: Cindy's Kitchen
9. Will you have a manager? ☒ Yes ☐ No Name: David Harms (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of La Pine (name of city or county)
11. Contact person for this application: David Harms (name) 541-633-5893 (phone number(s))
    16567 Daisy Place La Pine OR 97739 (address) _____ (fax number) MyDHHrocks@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

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

② _____ Date 2-4-15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 2-18-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Shawn T Duncan ③ _____
   ② The Cider Union LLC ④ _____
2. Trade Name (dba): The Cider Union / Union taphouse
3. Business Location: 604 2nd Ave. Mosier, Wasco, OR. 97040
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2625 NW Thurman Portland OR 97210
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 971-242-9445
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes [x] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: The Thirsty Woman
9. Will you have a manager? ☐ Yes [x] No Name: _____
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Mosier
    (name of city or county)
11. Contact person for this application: Shawn Duncan 971-242-9445
    (name) (phone number(s))
    2625 NW Thurman mycoawild@gmail.com
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2-17-14 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L# 213181

P# 22842

90-DAY AUTHORITY

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

APPLYING AS:

- [ ] Limited Partnership
- [x] Corporation
- [ ] Limited Liability Company
- [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 2-18-15

90-day authority: ☐ Yes ☐ No

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

① ~~Juan Escalante~~ ③ _____

② MAS Life INC. ④ _____

2. Trade Name (dba): LE HAPPY

3. Business Location: 1011 NW 16th Ave (number, street, rural route) Portland (city) Mult. (county) OR. (state) 97209 (ZIP code)

4. Business Mailing Address: P.O.Box 2025 (PO box, number, street, rural route) Sandy (city) OR. (state) 97055 (ZIP code)

5. Business Numbers: 503) 226-1258 (phone) _____ (fax)

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

7. If yes to whom: ~~John Michael Brodie~~ LE HAPPY BAR INC. Type of License: Full On-Premises Sales

8. Former Business Name: ~~N/A~~ Le HAPPY

9. Will you have a manager? [x] Yes [ ] No Name: Justin Escalante (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: Juan Escalante (name) 503-442-5434 (phone number(s))

38800 Creekside loop Apt #205 (address) Sandy. OR. 97055 (fax number) JJescal@aol.com. (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 1-26-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

L# 214328
P# 53339

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: 2-18-15

90-day authority: [ ] Yes [ ] No

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

① MUHAMMAD N SIKANDAR ③ _____

② _____ ④ _____

2. Trade Name (dba): YOLO SMOKE PLUS

3. Business Location: 17510 SE STARK ST PORTLAND OR 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 971-271-8652
(phone) (fax)

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

7. If yes to whom: MUHAMMAD N SIKANDAR Type of License: OFF-PREM.

8. Former Business Name: YOLO SMOKE PLUS

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

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

11. Contact person for this application: MUHAMMAD N SIKANDAR 971-340-3020
(name) (phone number(s))

17510 SE STARK ST GRESHAM OR 97233
(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 01/25/15 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 CTN

L# 199953

P# 24779

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: 2-18-15

90-day authority: ☐ Yes ☐ No

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

① ~~James Piska~~ ③ _____

② Space Age Fuel INC. ④ _____

2. Trade Name (dba): Space Age Fuel Inc #14

3. Business Location: 13488 SE Hwy 212 (number, street, rural route) Clackamas (city) Clackamas (county) OR (state) 97015 (ZIP code)

4. Business Mailing Address: PO Box 1429 (PO box, number, street, rural route) Clackamas (city) OR (state) 97015 (ZIP code)

5. Business Numbers: (503) 212-3900 (phone) (503) 212-3910 (fax)

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

7. If yes to whom: Sou S Saechao Type of License: Off Premise

8. Former Business Name: Sou's Space Age

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

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

11. Contact person for this application: Chris Huard (name) (503) 212-3900 (phone number(s))

15525 SE Forsythe Rd / PO Box 1429 Clackamas, OR 97015 (address) 503-212-3910 (fax number) chuard@spaceagefuel.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/18/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 2-19-15

90-day authority: ☐ Yes ☐ No

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

① ~~DONALD KOTLER~~ IN THE Form of INC

② _____ ④ _____

2. Trade Name (dba): THE BIRD AND THE BEAR

3. Business Location: 2801 SE HOLGATE BLVD PORTLAND MULTNOMAH OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: NOT NAMED YET
(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: DONALD KOTLER 503-351-8192
(name) (phone number(s))

6027 SE CARLTON ST MORETOAST@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 _____ Date 2-19-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

L# 212854
P# 45241

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: 2-19-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Nasser M. ISSA~~ ③ Yabrounde LLC.
   ② ~~HALA M. ISSA~~ ④ _____
2. Trade Name (dba): Tabacco and Food For Less
3. Business Location: 10322 NE. Helsey st Portland Oregon 97220
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Same as above
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-253-1055 Portland OR. 97220
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Vishal Nishar Type of License: O
8. Former Business Name: Tabacco and Food For Less
9. Will you have a manager? ☒ Yes ☐ No. Name: Nasser ISSA
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Portland. Multnomah.
    (name of city or county)
11. Contact person for this application: Nasser ISSA 661-733-9773
    (name) (phone number(s))
    7501 W. Av. L 11th LANCASTER CA. 93536 nassereddin43@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 _____ Date 2-17-15 ③ _____ Date _____

② Hala B Date 2-17-15 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: _____

Date: 2-19-15

90-day authority: ☐ Yes ☐ No

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

① Chael Sannen ③ _____

② Mean street pizza LLC ④ _____

2. Trade Name (dba): Mean Street Pizza

3. Business Location: 21700 Salamo Rd West Linn, OR 97068
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 21700 Salamo Rd West Linn, OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 657 5799
(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: Island Sam's

9. Will you have a manager? ☑ Yes ☐ No Name: Bruno Brusha
(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: Chael Sannen 503 754 0207
(name) (phone number(s))

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

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/16/15 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: _____

LH 198607
P # 9400

ACTIONS

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

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: 2-19-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Maria Elena Torres~~ HALL-MART LLC. ③ _____
   ② Samuel Lopez Lopez ④ _____
2. Trade Name (dba): HALL-MART LLC
3. Business Location: 10120 SW HALL BLVD #204 PORTLAND WA OR 97223
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 3925 SW PINEWOOD WAY BEAVERTON OR. 97078
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-960-8461 503-933-8155
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No 0
7. If yes to whom: H-MART INC Type of License: ~~Package license~~
8. Former Business Name: H-MART
9. Will you have a manager? ☒ Yes ☐ No Name: Abraham Zepeda
   (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: Samuel Lopez Lopez 503-960-8461
    (name) (phone number(s))
    3925 SW PINEWOOD WAY BEAVERTON OR. 97078 Samuelsoy@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 _____ Date 2-18-15 ③ _____ Date _____

② _____ Date 2-18-15 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: _____

Date: 2-18-15

90-day authority: ☐ Yes ☐ No

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

① Sang Hyon Cho ③ _____

② Yong Yi Cho ④ _____

2. Trade Name (dba): Kwik Stop Market

3. Business Location: 810 N. Main St (number, street, rural route) Independence (city) Polk (county) OR (state) 97351 (ZIP code)

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

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OREGON LIQUOR CONTROL COMMISSION
FEB 13 2015
SALEM REGIONAL OFFICE

5. Business Numbers: 503-838-3414 (phone) _____ (fax)

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

7. If yes to whom: PARKWAY INC Type of License: OPS

8. Former Business Name: KWIK STOP 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? _____ (name of city or county)

11. Contact person for this application: Sang H. Cho (name) 541-602-9526 (phone number(s))

4972 SW 45th St Corvallis OR 97333 (address) _____ (fax number) singhyon55@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 02/11/15 ③ _____ Date _____

② _____ Date 02/11/15 ④ _____ Date _____