



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	CITY AND COUNTY USE ONLY Date application received: <u>2/19/15</u> The City Council or County Commission: _____ City of <u>Haines</u> (name of city or county) recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Valerie Russell</u> <u>2/19/15</u> (signature) (date) Name: <u>Valerie Russell</u> Title: <u>City Recorder</u>
90-DAY AUTHORITY <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority.		OLCC USE ONLY Application Rec'd by: <u>J. Marquardt</u> Date: <u>Feb. 26, 2015</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Expires _____
APPLYING AS: <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Haines Sell. Rite, Inc ③
 ② _____ ④

2. Trade Name (dba): Haines Sell. Rite

3. Business Location: 810 Front St Haines Baker OR 97814
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 1 Haines OR 97814
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-856-3200 _____
(phone) (fax)

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

7. If yes to whom: HAINES MERCANTILE, LLC Type of License: "O"

8. Former Business Name: HAINES MERCANTILE

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

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

11. Contact person for this application: Garla Rowe 541-403-0969
(name) (phone number(s))
P.O. Box 443 Haines, OR 97833 garlarowe@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 Garla Rowe Date 2/19/15 ③ _____ Date _____
 ② Valerie Russell Date 2/19/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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: ETP

209345

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: R. Hancock

Date: 3/16/15

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Bortner LLC ③ _____

② Jon Sargent ④ _____

2. Trade Name (dba): Oblivion Tap House

3. Business Location: 1005 NW Galveston #150 Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1005 NW Galveston #150 Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(phone) (fax) N/A

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

7. If yes to whom: Westside Bakery Cafe Type of License: Full on-premise

8. Former Business Name: Westside Bakery Cafe

9. Will you have a manager? Yes No Name: Angel Campbell
(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: Angel Campbell
(name) (phone number(s)) 541-610-3912

1005 NW Galveston suite 200 Bend, OR 97701 N/A angel.versante.pizza@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 Bortner LLC Date 2/23/15 ② _____ Date _____

② Jon Sargent Date 2-23-2015 ③ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Cabaret <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

OLCC USE ONLY
 Application Rec'd by: K.O.
 Date: 3-16-15
 90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① See Mohr
 ② David A. Mohr
2. Trade Name (dba): Silver Lake Merchandise
3. Business Location: 65554 Hwy 31 Silver Lake OR 97638
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: P.O. Box 157 Silver Lake OR 97638
(PO box, number, street, rural route) (city) (county) (state) (ZIP code)
5. Business Numbers: 541-576-2131 541-576-2473
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Vern Nelson Type of License: off Premises Sales
8. Former Business Name: Silver Lake Merchandise
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? Silver Lake
(name of city or county)
11. Contact person for this application: Laura Schilpercott 541-806-1202
(name) (phone number(s))

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/12/15 Date _____
 ② [Signature] Date 3/13/15 Date _____



P.C. 3-2-15 ✓

OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION

Please Print or Type

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

L# 207430

Section 1: Complete This Section For All Requests	1. Licensee Name(s): <u>El Ranchito Alegre Inc.</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>El Ranchito Mini Market</u> Type of License: <u>0</u> <small>(current business name) (O, L, F, etc.)</small>
	3. Business Address: <u>12588 SW Clem LN</u> <u>Beaverton</u> <u>OR</u> <u>97005</u> <small>(street) (city) (ZIP code)</small>
	4. Mailing Address: <u>SAME AS Business</u> <small>(street) (city) (ZIP code)</small> <u>503 388 7187 (Christian)</u>
	5. Telephone Number: <u>(503) 438-6024</u> <small>(business) (home)</small>
	6. Check here for a duplicate license certificate <input type="checkbox"/>

Section 2: Change of Trade Name	New Trade Name (dba): <u>El Ranchito Mini Market</u>
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Section 3: Change of Legal Name	1. New Name: <u>Tienda Tierra Caliente Inc.</u> 2. Date of Name Change: <u>02/23/15</u> 3. Attach a signed copy of legal document(s).
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Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>Tienda Tierra Caliente Inc.</u> 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
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Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): _____ 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: Uriel Estrada Estrella Title: President

Licensee Signature: Uriel Estrada Estrella Date: 02/23/15



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

ACTIONS

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

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90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CE

Date: 3/13/15

90-day authority: Yes No

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

① SHUJUN QU - NEW GARDEN ASIAN CUISINE, Inc. @

② HUI ZHONG ZHU ④ _____

2. Trade Name (dba): NEW GARDEN ASIAN CUISINE

3. Business Location: 305 BROADWAY SUITE #21 SEASIDE CLATSOP OR 97138
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 366 BROADWAY SUITE #21 SEASIDE OR 97138
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 738 9639
(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: GOLDEN HORSE

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? SEASIDE / CLATSOP
(name of city or county)

11. Contact person for this application: SHUJUN QU
(name) (phone number(s)) (address) (fax number) (e-mail address)
646 496 5078
HUIZHONGZHU@GMAIL.COM

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 2/18/15 ③ _____ Date _____
 ② [Signature] Date 3/2/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ P

Date: 3-13

90-day authority: Yes No

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

① STEVEN A. ERSPAMER (owner) ③ _____

② The Gift House LLC ④ _____

2. Trade Name (dba): The Gift House LLC

3. Business Location: 204 oak Street Hood River, OR 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 204 oak st. Hood River OR 97031
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-386-9234
(phone) (fax)

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

7. If yes to whom: Robert Erspamer Type of License: OFF PREM: SES

8. Former Business Name: The Gift House

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

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

11. Contact person for this application: Steven Erspamer 541-806-3122
(name) (phone number(s))
204 OAK ST. Hood River OR 97031 SERSPAMER@orange.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/11/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

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90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 3-13

90-day authority: Yes No

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

① The Ship LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Ship

3. Business Location: 7827 SW 35th Ave, Portland, (Multnomah county) OR, 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5245 NE Elam Young Pkwy, Suite B, Hillsboro OR 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-705-2889 (personal cell phone) _____ (phone) _____ (fax)

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

7. If yes to whom: Bill Sacheck + Candice Rutherford Type of License: Full on Prem, Limited & Off Prem.

8. Former Business Name: The Ship Tavern

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

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

11. Contact person for this application: Todd Carpenter 503-705-2889
(name) (phone number(s))
6063 SE Lois St, Hillsboro OR 97123 Toddecarpenter@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 Todd Carpenter Date 2/17/15 ③ _____ Date _____

② Carla M. Orbach Date 2-15-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: W.O.

Date: 2-27-15

90-day authority: Yes No

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
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- Individuals

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

① David Paoli ③ _____

② Joy Douglass ④ _____

2. Trade Name (dba): Wuta Joy

3. Business Location: 4429 Shasta Way. Klamath Falls (Klamath County) Oregon 97603
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4429 Shasta Way Klamath Falls Oregon 97603
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 887 6124
(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? Klamath County
(name of city or county)

11. Contact person for this application: David Paoli 541-887-6124
(name) (phone number(s))
1636 Gary St. Klamath Falls OR 97603 info@wutajoy.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signatures and Date:
① [Signature] Date 1-29-14 ② _____ Date _____
② [Signature] Date 02-27-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
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- Other Allys

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership Corporation Limited Liability Company Individuals

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 3/12/15

90-day authority: Yes No

1. Entity or Individuals applying for the license: (See SECTION 1 of the Guide)

① Bob Van Vleet - Dan Growlers LLC ③

② _____ ④ _____

2. Trade Name (dba): Dan Growlers

3. Business Location: 108 N.W. 10th Corvallis OR 97333
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 211 SW 5th St Corvallis OR 97333
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-231-4486
(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: Bob Van Vleet
(manager must fill out an Individual History form)

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

11. Contact person for this application: Bob Van Vleet 541-231-4486
(name) (phone number(s))
211 SW 5th St Corvallis OR 97333
(address) (fax number) 541-757-7776 (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 2-9-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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- Winery (\$250/yr)
- Other: _____

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: R. Hand

Date: 3/16/15

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Smile fusion LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Bienvenidos International Cuisine

3. Business Location: 744 NW Bond St Suite C Bend Deschutes Or
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 744 NW Bond St Suite C Bend Or 97701
(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: Smile fusion LLC

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

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

11. Contact person for this application: Gonzalo Morales 541-389-4919
(name) (phone number(s))
652 NW Powell Butte hp Bend moralessfarm21@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 Gonzalo Morales Date 2-28-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

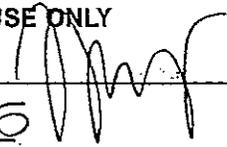
- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 3-13-15

90-day authority: Yes No

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

① Coin Toss Brewing Co., LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Coin Toss Brewing Company

3. Business Location: 14214 Fir Street, Suite H Oregon City Clackamas OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 22771 Clark St. West Linn OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-224-9487 _____
(phone) (fax)

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

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

8. Former Business Name: _____

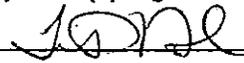
9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Tim Hohl 971-224-9487
(name) (phone number(s))
22771 Clark St. West Linn, OR 97068 tim@cointossbrewing.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 3/10/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 3-12-15

90-day authority: Yes No

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

- ① Tonic Foods LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Tonic Foods LLC

3. Business Location: 1832 N Sumner St. Portland Multnomah OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1832 N Sumner St. Portland Multnomah OR 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-789-1676 N/A
(phone) (fax)

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

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

8. Former Business Name: N/A

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

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

11. Contact person for this application: David Platt 503-789-1676
(name) (phone number(s))
1832 N Sumner St. Portland, OR 97217 bloomkombucha@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 3/1/15 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: 7/11/14

The City Council or County Commission:

City of Bend
(name of city or county)

recommends that this license be:

Granted Denied

By: [Signature] 7/15/14
(signature) (date)

Name: Lorelei Williams

Title: Administrative Specialist

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7/10/14 1/28/15 RA

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Juan Moreno
- ② Maria Mender
- ③ Miyvel Moreno
- ④ _____

2. Trade Name (dba): Super Buwito

3. Business Location: 1133 NW wall st ste 101 Bend Oregon OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1133 NW wall st ste 101 Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-312-2009
(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: _____

10. What is the local governing body where your business is located? BEND
(manager must fill out an Individual History form) (name of city or county)

11. Contact person for this application: Juan Moreno 541-279-5198
(name) (phone number(s))
61535 Newberry Dr Bend OR 97701
(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 Juan Moreno Date 01-28-14
- ② Maria Mender Date 01-27-15
- ③ Miyvel Moreno Date 01-27-15
- 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: _____

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by:

Date: 3-17-15

90-day authority: Yes No

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

- ① David chow CHOPSTICKS LLC ③ N/A
- ② Barbara chow ④ N/A

2. Trade Name (dba): CHOPSTICKS

3. Business Location: 3390 NE Sandy portland, OR 97232
(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: 503-234-6171 503-231-6028
(phone) (fax)

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

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

8. Former Business Name: Diamond MYNT Gentlemens club

9. Will you have a manager? Yes No Name: David chow (owner)
(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: David chow 503-734-5913
(name) (phone number(s))
12106 SE 35th Ave Milwaukie, OR 97232 Davidchow123@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 David chow Date 3/16/15 ③ _____ Date _____
- ② Barbara chow Date 3/16/15 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: [Signature]

Date: 3-17-15

90-day authority: Yes No

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

① the Bothy Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Swee deede

3. Business Location: 5202 north albina Ave portland OR. 97217
(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: 503 946 8087
(phone) (fax)

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

7. If yes to whom: the Bothy Inc. Type of License: limited on premises

8. Former Business Name: _____

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

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

11. Contact person for this application: Brie Martucci 503 286 3835
(name) (phone number(s))
8745 N. Curtis Ave. portland, OR. 97217
(address) (fax number)
driebergdahl@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 Eloise Augustyn Date 2/20/15 ③ _____ Date _____

② Brie Martucci Date 2/20/15 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: _____ *P*

Date: 3-17

90-day authority: Yes No

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

① Brandon-Neldner, Shattered Oak Brewing ③ Greg-Neldner

② Brandie-Neldner LLC ④

2. Trade Name (dba): Shattered Oak Brewing

3. Business Location: 506 Pearl St. Oregon City, OR. 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 506 Pearl St. Oregon City, OR. 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-227-6785
(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: Brandon Neldner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Brandon Neldner 971-227-6785
(name) (phone number(s))
506 Pearl St. Oregon City OR. 97045 Neldner34@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 Brandon Neldner Date 3-13-15 ③ [Signature] Date 3-13-15
② Brandie Neldner Date 3-13-15 ④ [Signature] Date 3-13-15



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 _____

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: Jd Smother

Date: 3/16/15

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Ottensmann Enterprises LLC
 ② _____
2. Trade Name (dba): Fresh Harvest Cafe and Bakery
3. Business Location: 3090 Hwy 101 Florence OR 97439
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 103 Florence OR 97439
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-997-4051
(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: Rebecca Ottensmann
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Florence
(name of city or county)
11. Contact person for this application: Rebecca Ottensmann 541-590-0712 (C)
(name) (phone number(s))
PO Box 103 vottensmann@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 Rebecca Ottensmann Date 2/15/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

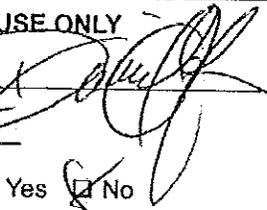
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 3/18/15

90-day authority: Yes No

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

① TreeHouse Six LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Hi-Fi Music Hall

3. Business Location: 44 ~~West~~ 7th Ave Eugene, Lane, OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2543 Mountain Terrace, Eugene, OR 97408
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541)601-3136
(phone) (fax)

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

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

8. Former Business Name: _____

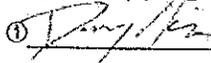
9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Daniel Kime (541)601-3136
(name) (phone number(s))
795 Willamette #405, Eugene OR 97401 danny@hifimusichall.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 3/18/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

FEB 26 2015

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: CMG

Date: 3/17/15

90-day authority: Yes No

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

① Daniel Fisher ③ _____

② _____ ④ _____

2. Trade Name (dba): Fanelli's Italian Cuisine

3. Business Location: 115 S Redwood Hwy Cave Junction, Josephine Oregon, 97523
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 627 Selma, Oregon, 97538
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 415 2100 (business) 541 415 0071 (cell)
(phone) (fax)

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

7. If yes to whom: n/a Type of License: n/a

8. Former Business Name: n/a

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

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

11. Contact person for this application: Daniel Fisher 541-415-0071
(name) (phone number(s))
PO Box 627 fanellis.italiancuisine@yahoo.
(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 Daniel Fisher Date Feb 13, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for: LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____		ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____
90-DAY AUTHORITY <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		OLCC USE ONLY Application Rec'd by: <u>[Signature]</u> Date: <u>3/18/15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals			

207014

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① AMPHONE NAOVARANGSY ③ Amphone NAOVARANGSY
 ② _____ ④ _____
- Trade Name (dba): CHALERM THAI CUISINE
- Business Location: 2715 B ROW RIVER ROAD COTTAGE GROVE, LANE, OREGON, 97424
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 2715 B ROW RIVER ROAD COTTAGE GROVE, OREGON, 97424
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (541) 942-8851 _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Chalerm Seelabhat Type of License: Limited on Premises
- Former Business Name: CHALERM THAI CUISINE
- Will you have a manager? Yes No Name: MS SHARON F GEIGER ANON LACK NAOVARANGSY
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? LANE COUNTY
(name of city or county)
- Contact person for this application: SHARON F GEIGER 3605257780
(name) (phone number(s))
PO BOX 6321 VANCOUVER, WA, 98668 _____
(address) (fax number) sharongeiger@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: [Signature] 3/17/2015 Date _____
 ① _____ Date _____ ③ _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other: _____
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210680

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: <u>HERMISTON</u> <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature) (date)</small> Name: _____ Title: _____
OLCC USE ONLY Application Rec'd by: <u>S.W. FETTER</u> Date: <u>3-16-15</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Armando Rodriguez
 - EDUVIGES A. ROJO DE RODRIGUEZ
- Trade Name (dba): LA CARRETA MEXICAN RESTAURANT & MINI MART
- Business Location: 315 SW 11th STREET HERMISTON Umatilla OR 97838
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: SAME
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-567-0385
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Armando & Ediviges Rodriguez Type of License: F-COM
- Former Business Name: LA CARRETA MEXICAN RESTAURANT
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? HERMISTON
(name of city or county)
- Contact person for this application: Armando Rodriguez 541-567-0385
(name) (phone number(s))
79006 Agnew Rd. Hermiston, OR 97838 armandorodriguez2971@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 Armando Rodriguez Date 3-16-15 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: Winery Brewery *206536*

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other license action

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: 2/10/15

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Oakshire, Inc. (current licensee) ③ _____

② Oakshire Public House, LLC (adding to license) ④ _____

2. Trade Name (dba): Oakshire Brewing

3. Business Location: 207 Madison Street Eugene Lane Oregon 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 225 Madison Street Eugene Oregon 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 688-4555 (541) 345-6263
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No BREWERY #206153

7. If yes to whom: Oakshire, Inc. Type of License: Winery, second location #206536

8. Former Business Name: N/A

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

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

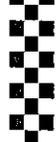
11. Contact person for this application: Tom Moseman (541) 688-4555
(name) (phone number(s))
225 Madison Street, Eugene, OR 97402 (541) 345-6263 tom@oakbrew.com
(address) (fax number) (e-mail address)

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 2/30/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

210286
210271

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3/18/15

90-day authority: Yes No

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

① BAAN MAI THAI CUISINE INCORPORATION

② _____ ③ _____

2. Trade Name (dba): BAAN MAI THAI CUISINE

3. Business Location: 1887 NE 7th St GRANTS PASS JOSEPHINE OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1887 NE 7th St GRANTS PASS OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 476 2578
(phone) (fax)

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

7. If yes to whom: ROYAL BARGE ASIAN FUSION Type of License: FULL ON PREMISES SALES

8. Former Business Name: TRIPLET (TTT) DBA ROYAL BARGE ASIAN

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

10. What is the local governing body where your business is located? 1887 NE 7th St GRANTS PASS OR 97526
(name of city or county)

11. Contact person for this application: DON LAPORN JAROENSRI 541 292 0751
(name) (phone number(s))
240 NE OAKDALE DR GRANTS PASS OR 97526 541 476 2578 MUE42@icloud.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 2/28/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3/18

90-day authority: Yes No

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

① Coffee House Holdings, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #17765

3. Business Location: 14667 SE Sunnyside Road Happy Valley Clackamas OR 97015
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-558-9477 _____
(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: Mary Ulickey
(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: Duke Tufty (No Solicitations Please) 503-517-8137
(name) (phone number(s))
621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135
(address) (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 Sophie Hagen Hume Date 3/12/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3/18

90-day authority: Yes No

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

① Coffee House Holdings, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #3380

3. Business Location: 1102 NW Lovejoy Street Portland Multnomah OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-227-2724
(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: Ruby Blauvelt
(manager must fill out an Individual History form)

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

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

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/12/15 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 Relocation

Clac

212734

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 3-19-15

90-day authority: Yes No

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

① Elks Lodge #2411 Gateway ③ _____
② _____ ④ _____

2. Trade Name (dba): Elks Lodge #2411 Gateway

3. Business Location: 16321 SE Stark Portland Multnomah OR 97233-3957
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16321 SE Stark Portland OR 97233-3957
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-255-6535 503-257-1138
(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: Papa's Pizza

9. Will you have a manager? Yes No Name: Bruce Beattie
(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: Judy Yeazey, Secretary 503-255-6535
(name) (phone number(s))

14308 NE Sandy Blvd 503-257-1138 Gateway Elks 2411 @
(address) (fax number) (e-mail address) comcast.net
Unit 29 Portland OR 97230

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 Judith A Yeazey Date 3-17-15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

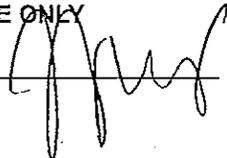
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 3-19-15

90-day authority: Yes No

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

① Great Growth, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Source Imports

3. Business Location: 4409 SE 24th Ave, Portland, Multnomah County, OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2122 SE 76th Ave, Portland, OR 97215
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-739-1749
(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)

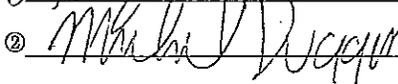
10. What is the local governing body where your business is located? City of Portland
(name of city or county)

11. Contact person for this application: Michael Gottlieb, Attorney, 503-546-0498
(name) (phone number(s))
17898 SW McEwan Rd., Ste. 100, Tigard, OR 97224 503-546-0499 michael@gottlieb-law.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: _____ March 18, 2015

①  Date 3-18-2015 ③ _____ Date _____

②  Date 3-18-15 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 OTW

L# 200350
P# 9211

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 3-10-15

90-day authority: Yes No

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

- ① BUENOS DIAS, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): VERDE COCINA

3. Business Location: 5515 SW CANYON COURT, PORTLAND, MULTNOMAH, OR 97221
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6312 SW CAPITOL HWY #124 TIGARD, OR 97281
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-750-2722, 503-265-8706
(phone) (fax)

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

7. If yes to whom: SYLVAN STEAKHOUSE, LLC Type of License: FULL ON-PREMISES SALES

8. Former Business Name: SYLVAN ZOO HOUSE

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

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

11. Contact person for this application: ANNA GARNICA (503) 750-2722
(name) (phone number(s))
6312 SW CAPITOL HWY #124 TIGARD, OR 97281 503-265-8706 anna@verdecocinamarket.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 3/16/15 ③ _____ Date _____
② _____ Date 3/16/15 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 _____

L# 203040
P# 51814

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: LL

Date: 3-19-15

90-day authority: Yes No

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

① TINNA CLASSIC THAI CUISINE LLC. ③ _____

② _____ ④ _____

2. Trade Name (dba): CLASSIC THAI CUISINE

3. Business Location: 7202 SE MILWAUKIE AVE PORTLAND OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7202 SE MILWAUKIE AVE PORTLAND OR 97202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-2368116
(phone) (fax)

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

7. If yes to whom: PAKORN ATITYAVONGS Type of License: FULL ON-Premises 92les

8. Former Business Name: CLASSIC THAI CUISINE

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: TINNA BARTON 503-7056880
(name) (phone number(s))
7202 SE MILWAUKIE AVE PORTLAND OR 97202 tinnajohnson@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 Tinna N Barton Date 3/18/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____