



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 Second Location

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other change Priv (from BP to WY 2nd 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: DL

Date: 3.24.15

90-day authority: Yes No

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

① 10 Barrel Brewing, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 10 Barrel Brewing Company

3. Business Location: 1135 NW Galveston Avenue, Suite A, Bend, Deschutes, OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: One Busch Place/Secretary 202-1 St. Louis MO 63118
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 314-765-6565 314-577-7646
(phone) (fax)

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

7. If yes to whom: 10 Barrel Brewing, LLC Type of License: _____

8. Former Business Name: N/A

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

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

11. Contact person for this application: Stephanie Meier 206-386-7546
(name) (phone number(s))
600 University Street, Suite 3600, Seattle, WA 98101 206-386-7500 stephanie.meier@stoel.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 Thomas Larson Jndu Date 1/12/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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 - 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) - *Add Priv & 350 location*
- Other: *Brewery; C/P Priv (from BP to BPW)*

ACTIONS

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

214792

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: *OLC*

Date: *30 July 15*

90-day authority: Yes No

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

- ① 10 Barrel Brewing, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): 10 Barrel Brewing Company

3. Business Location: 1411 NW Flanders St., Portland, Multnomah, OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: One Busch Place/Secretary 202-1 St. Louis MO 63118
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 314-765-6565 314-577-7646
(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: N/A

9. Will you have a manager? Yes No Name: Mike Starzec
(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: Stephanie Meier 206-386-7546
(name) (phone number(s))
600 University Street, Suite 3600, Seattle, WA 98101 206-386-7500
(address) (fax number) (e-mail address)
stephanie.meier@stoel.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 *TL* Date 1/12/15 ③ _____ Date _____
Thomas Larson
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

ACTIONS

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

*Denial
2/12/15*

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: W. W. W. W.

Date: 3-19-15

90-day authority: Yes No

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

① La Tolteca Mexican Restaurant LLC

② _____ ③ _____

2. Trade Name (dba): La Tolteca Mexican Restaurant

3. Business Location: 189 Liberty St. NE M21 Salem, OR 97301
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 189 Liberty St NE M21-1 Salem, OR 97301
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 3104-7777
(phone) (fax)

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

7. If yes to whom: La Tolteca Mexican Restaurant LLC type of License: _____

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OREGON LIQUOR CONTROL COMMISSION

8. Former Business Name: _____

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

MAR 19 2015

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

SALEM REGIONAL OFFICE

11. Contact person for this application: Adrian Oliva
(name) (phone number(s))
318 Ankeny Hill Rd. (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 3/5/15 ② [Signature] Date 3-5-15
③ Adrian Oliva Date 3/5/15 ④ [Signature] Date 3-5-15



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

MAR 19 2015

Application is being made for:

<p>LICENSE TYPES</p> <input checked="" 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: _____	<p>ACTIONS</p> <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 _____
--	--

209187
209188

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: AM

Date: 3/25/15

90-day authority: Yes No

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

① R R Myers LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Vine Restaurant

3. Business Location: 1610 SW Allen Creek Rd. #111 Grants Pass Josephene Oregon 97527
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1453 Westview Dr. Grants Pass OR 97527
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-479-8463 _____
 (phone) (fax)

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

7. If yes to whom: Glen Hendricks Type of License: Full On Premise Sales / OFF

8. Former Business Name: The Vine Restaurant

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

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

11. Contact person for this application: Dustin Myers 541-760-9711
 (name) (phone number(s))
1453 Westview Dr. Grants Pass OR 97527 rmyersllc@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 03/09/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 1/1

205964

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: 3/20/15

90-day authority: Yes No

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

① Z and R LLC ③ Dustin Allen Holmes

② Crystal Elizabeth Holmes ④ _____

2. Trade Name (dba): Dexter Lake Club/Rattlesnake BBQ

3. Business Location: 39128 Dexter rd Dexter LAINE OR 97431
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-914-1840 _____
(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: DLC Roadhouse

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? Dexter, LAINE county
(name of city or county)

11. Contact person for this application: Dustin Holmes 541-914-1840
(name) (phone number(s))
4070 E 1st Ave Eugene OR 97403 2ehsales50@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 3/15/15 ③ _____ Date _____

② Crystal E Holmes Date 3/20/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

P41912
L207526

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: 3-25

90-day authority: Yes No

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

① Robert A. Krein ③ _____

② Maupin Riverside LLC ④ _____

2. Trade Name (dba): The Riverside

3. Business Location: 597 S HWY 197 Maupin Or 97037
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. BOX 158 Maupin OR 97037
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-850721
(phone) (fax)

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

7. If yes to whom: The Stonebridge Bar & Grill LLC Type of License: Full On-Premises Sales

8. Former Business Name: The Stonebridge bar & Grill LLC

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

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

11. Contact person for this application: Angie Wilson 541-993-2518
(name) (phone number(s))
P.O. BOX 1730 541-5066655 wilson3.aw@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 Robert A. Krein Date: 3-17-2015 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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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 location chng!

*p 38701
L 198683*

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: 3-24

90-day authority: Yes No

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

① Hot Plate Restaurant Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Hot Plate

3. Business Location: 14845 SW Murray Scholls Dr. #102 Beaverton, Washington OR 97007
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14845 SW Murray Scholls Dr. #102 Beaverton OR 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 590-9808 503-590-6321
(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: Wanda Liu
(manager must fill out an Individual History form)

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

11. Contact person for this application: Wanda Liu 503-590-9808 or 503-753-9191
(name) (phone number(s))
14845 SW Murray Scholls Dr. #102 Beaverton, OR 503-590-6321 wandalui8@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 3/20/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) Commercial Establishment	<input checked="" type="checkbox"/> Change Ownership	The City Council or County Commission: _____	
<input type="checkbox"/> Caterer	<input type="checkbox"/> New Outlet	(name of city or county)	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Greater Privilege	recommends that this license be:	
<input checked="" type="checkbox"/> Other Public Location	<input type="checkbox"/> Additional Privilege	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Private Club	<input type="checkbox"/> Other _____	By: _____	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		(signature) (date)	
<input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps		Name: _____	
<input type="checkbox"/> Brewery Public House (\$252.60)		Title: _____	
<input type="checkbox"/> Winery (\$250/yr)		OLCC USE ONLY	
<input type="checkbox"/> Other: _____		Application Rec'd by: <u>JL</u>	
90-DAY AUTHORITY		Date: <u>3-25-15</u>	
<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		90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLYING AS:			
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals

L# 212903
P# 38574

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① The Deck POX, INC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Deck SLIP 61

3. Business Location: 2915 NE Marine Dr. Portland Multnomah, OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97211

4. Business Mailing Address: 500 E Broadway #605 Vancouver, WA 98660
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-467-6130
(phone) (fax)

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

7. If yes to whom: The Deck, INC Type of License: FOP Full on Premise Sales.

8. Former Business Name: The Deck LLC

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

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

11. Contact person for this application: Jessica Chisholm 503-467-6130
(name) (phone number(s))
500 Broadway St Vancouver, WA 98660 Jessica.Chisholm11@yahoo.com
(address) (fax number) (e-mail address)
TheDeckPox@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 3/13/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

L# 206106
P# 51689

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: **MAR 25 2015**

90-day authority: Yes No

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

① Growler Gals, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Growlers Hawthorne

3. Business Location: 3343 SE Hawthorne Blvd. Portland, Multnomah, OR 97140

(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: 503.628.8000

(phone) (fax)

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

7. If yes to whom: Growler Gals LLC Type of License: Off-premise

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Ruby Fusaro

(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: Jim Hillman 503.330.8991

(name) (phone number(s))

18480 SW Courtney Rd, Sherwood, OR 97140 N/A jim@growlers.net

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

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

Applicant(s) Signature(s) and Date:

① Date 2.20.2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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 - 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:

Klamath
(name of city or county)

recommends that this license be:

Granted Denied

By: James Bellet 3/23/15
(signature) (date)

Name: James Bellet

Title: Commissioner

OLCC USE ONLY

Application Rec'd by: K.O.

Date: 3-23-15

90-day authority: Yes No

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

① DAVID BREWER WRIGHT ③ _____

② _____ ④ _____

2. Trade Name (dba): ROUND LAKE BAR & GRILL

3. Business Location: 4000 ROUND LAKE KLAMATH FALL OR 97601
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4000 ROUND LAKE KLAMATH FALL OR 97601
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 805-746-5545
(phone) (fax)

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

7. If yes to whom: DAVID WRIGHT Type of License: BEER/WINE/FOOD

8. Former Business Name: ROUND LAKE BAR & GRILL

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

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

11. Contact person for this application: DAVID WRIGHT 805-746-5545
(name) (phone number(s))

4000 ROUND LAKE RD K.F. OR 541-887-8509 ROUND LAKE BAR & GRILL@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date: 2-1-15 ③ _____ Date: _____

② _____ Date: _____ ④ _____ Date: _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JD

Date: 3-25-15

90-day authority: Yes No

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

① GAYATRI INTERNATIONAL LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): BOLLYWOOD BITES- INDIAN RESTAURANT

3. Business Location: 13551 NW CORNELL RD PORTLAND WA OR 97229
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17420 SW JAY ST BEAVERTON OR 97003
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-330-3821
(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: QUIZNOS AT SUNSET MALL

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, WA
(name of city or county)

11. Contact person for this application: RAVI DANGETI 503-330-3821
(name) (phone number(s))
17420 SW JAY ST DANGETI@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 03/24/2015 ③ _____ Date _____

② [Signature] Date 03/24/2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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:

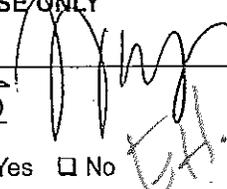
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 3-20-15

90-day authority: Yes No

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

① Andre' Grande, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Schmizza Public House - Orengo

3. Business Location: 998 NE Orengo Station Loop Hillsboro OR 97124
(number, street, rural route) (city) (county) - Washington (ZIP code)

4. Business Mailing Address: 5353 SE Thomas Rd. Prineville OR 97154
Acctg. Office (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 320-8899 or (503) 899-9187 (phone) (971) 327-2710 (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: _____

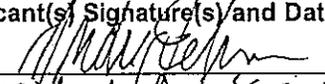
9. Will you have a manager? Yes No Name: Andre' M. Jehan
(manager must fill out an Individual History form)

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

11. Contact person for this application: Andre' Jehan (name) (503) 320-8899 (phone number(s))
4135 NW 192nd Ave Portland, 97229 (address) (fax number) schmizzagod@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 3/9/15 ③ _____ Date _____

② President, Andre' Grande, Inc. 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: OL

Date: 3/19/15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Shelley CRANE ③
 - Press ON Enterprises, INC.
- Trade Name (dba): The Oil and Vinegar Bar
- Business Location: 139 W. 2nd St. Unit 2 Cannon Beach, Clatsop, OR 97110
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: P.O. Box 1443 Cannon Beach, OR 97110
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 511-961-1294 cell 503-436-4148 store
(phone)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: Shelley CRANE
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Cannon Beach
(name of city or county)
- Contact person for this application: Shelley Crane 511-961-1294
(name) (phone number(s))
P.O. Box 1443 Cannon Beach OR oilandvinegar@gmail
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Shelley Crane Date 2-22-15 ③

② _____ Date _____ ④

Oregon Liquor Control Commission
 P.O. Box 967 Date _____
 Warrenton, OR 97146
 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: AC

Date: 03-18-15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① West Moreland Liquids, LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Lebanon Liquor Store
- Business Location: 2780 S. Santiam Hwy Lebanon Linn OR 97355
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 3018 E Erie St Gilbert AZ 85295
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-258-6126 541-259-6674
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Jesse Bolander Type of License: Exclusive
- Former Business Name: _____
- Will you have a manager? Yes No Name: Charles Watts
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Lebanon, Linn County
(name of city or county)
- Contact person for this application: Jesse Bolander 541-409-2645
(name) (phone number(s))
3018 E Erie St Gilbert, AZ 85295 jessebolander@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 J. Bolander Date 3/18/15 ③ _____
 ② _____ Date _____ ④ _____

RECEIVED

Date
MAR 03 2015
 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 Add Partner
- Extension of Premises

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JK

Date: 03-12-15

90-day authority: Yes No

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

① Samaritan Enterprises, LLC ③ _____

② Boulder Falls Inn, LLC ④ _____

2. Trade Name (dba): Best Western Premier Boulder Falls Inn / Samaritan Center

3. Business Location: 505 Mullins Drive, Lebanon, OR 97355
(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: 541-451-1000 / 541-768-5100
(phone) (fax)

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

7. If yes to whom: Samaritan Enterprises Type of License: F-OPL

8. Former Business Name: Samaritan Center

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

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

11. Contact person for this application: Nia Ridley 541-451-6305
(name) (phone number(s))
605 Mullins Drive 541-768-5100 nridley@samhealth.org
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 02/27/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 3-19

90-day authority: Yes No

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

① RMDM, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): The South Store Cafe

3. Business Location: 24485 SW Scholls Ferry Rd., Hillsboro, Washington County, OR 97123
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17235 SW Swank Rd., Sherwood, OR 97140
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: cafe: (503) 628-1920 fax: (503) 214-5389
(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
(name of city or county)

11. Contact person for this application: Ralph Morgan, cafe: (503) 628-1920 cell: (503) 317-5740
(name) (phone number(s))
17235 SW Swank Rd., Sherwood, OR 97140 (503) 214-5389 ralph@southstorecafe.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 by Ralph Morgan, President Date 3/8/15 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) *(NE)*
- Other: _____

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *David Green*

Date: *3/24/15*

90-day authority: Yes No

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

① Slaughterhaus Meadery LLC. ③ _____

② _____ ④ _____

2. Trade Name (dba): Slaughterhaus Meadery LLC.

3. Business Location: 761 Polk St. Eugene Lane OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

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

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Jan Sonneemann / Dan O'Louhy
(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: Jan Sonneemann (541) 687-9413
(name) (phone number(s))
761 Polk St Eugene OR 97402 flannanaka@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 Jan Sonneemann Date 3/23/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - 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: _____

90-day authority: Yes No

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

① Fields Mac LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Barberry & 1882 Grille

3. Business Location: 645 NE 3rd St. McMinnville, Yamhill, OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 645 NE 3rd St. Suite 100 McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(phone)

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OREGON LIQUOR CONTROL COMMISSION
(fax)

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

MAR 19 2015

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

8. Former Business Name: N/A SALEM REGIONAL OFFICE

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

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

11. Contact person for this application: DUSTIN WYANT (503) 730-3591
(name) (phone number(s))
645 NE 3rd St. McMinnville OR 97128 dustin.wyant@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 2/21/15 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, Distillery

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 3-25-15

90-day authority: Yes No

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

- ① Bridgetown Distillery, Inc. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Bridgetown, Bridgetown Distillers

3. Business Location: 6000 SW 152nd Ave. Beaverton Washington OR 97007
(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: 404-460-8421
(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? _____
(name of city or county)

11. Contact person for this application: Jeff Mixon 404-460-8421
(name) (phone number(s))
6000 SW 152nd Ave. Beaverton, OR 97007 jeff@mixon.me
(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 (\$252.80)
- 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: OC

Date: 03-23-15

90-day authority: Yes No

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

① MARIANO GONZALEZ ③ _____

② _____ ④ _____

2. Trade Name (dba): WORLD WINE EDVY

3. Business Location: 1901 Long St Sweet Home Lind OR 97386
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1901 Long St Sweet Home OR 97386
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-570-2065
(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: MARIANO GONZALEZ
(manager must fill out an Individual History form)

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

11. Contact person for this application: MARIANO GONZALEZ 541-570-2065
(name) (phone number(s))
1901 Long St Sweet Home OR 97386 ASEESEEITM@COMCAST.NET
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 2-6-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 3-25

90-day authority: Yes No

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

① Raon LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Wok N Guys

3. Business Location: 4655 SW Griffith Dr. Suite 115 Beaverton, Washington County, OR 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4655 SW Griffith Dr. Suite 115 Beaverton, OR 97005
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-526-1123
(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? Beaverton
(name of city or county)

11. Contact person for this application: Jungwon Jin
(name) (phone number(s))
385 NW 116th ave APT 204 Portland, OR 97229 503-629-8327 Joongwonjin@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 03/11/15 ③ _____

② _____ Date _____ ④ _____ Initials: [Signature] Date _____

RECEIVED
MAR 16 2015

Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - 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: 3/23

90-day authority: Yes No

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

① Crooked Acres Vineyard LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Crooked Acres Vineyard

3. Business Location: 13 Railroad Ave, Hood River; Hood River county; Oregon 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1260 NW Naito PKWY unit 901 Portland, OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-807-2533
(phone) (fax)

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

7. If yes to whom: Custom Crush only 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? Hood River
(name of city or county)

11. Contact person for this application: Robert Crooke 503-807-2533
(name) (phone number(s))
1260 NW Naito PKWY unit 901 Portland, OR 97209 robcrooke@msn.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 _____

② Bert P. Crooke Date 3/16/15 ④ _____

RECEIVED

MAR 23 2015

Initials: _____
Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

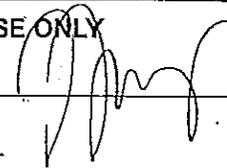
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 3-24-15

90-day authority: Yes No

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

① CEDAR AND ROSE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): RENDEZ VOUS CAFE

3. Business Location: 817 SE 34th ave PORTLAND MULTNOMAH OREGON 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 817 SE 34th ave PORTLAND OREGON 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 459 9861
(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: NOUR PETRA HAMIEH
(manager must fill out an Individual History form)

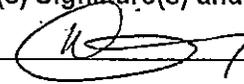
10. What is the local governing body where your business is located? PORTLAND MULTNOMAH
(name of city or county)

11. Contact person for this application: NOUR PETRA HAMIEH (503) 459 9861
(name) (phone number(s))

13101 SE NORMANDY Dr
(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 03/2/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____