



# 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

*2/10/15*

### 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: 4/1/15

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 Craft Kitchen and Brewery LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Craft Kitchen and Brewery

3. Business Location: 803 SW Industrial Way #202 Bend, Deschutes OR 97702  
(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: 541-647-2772  
(phone) (fax)

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

7. If yes to whom: Old Mill Brew Works LLC Type of License: Full on (F-com)

8. Former Business Name: Old Mill Brew Works

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

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

11. Contact person for this application: Courtney Stevens 541-390-1490  
(name) (phone number(s))  
803 SW Industrial Way #202 CraftKitchenandBrewery@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 3/29/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
  - New Outlet
  - Greater Privilege
  - Additional Privilege
  - Other 470

209525

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: 4/1/15

90-day authority:  Yes  No

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

- ① Karen L. Stark & Flat Iron Steak Houses LLC
- ② MARK STARK

2. Trade Name (dba): Flat Iron Steakhouse

3. Business Location: 306 Wroten St. Jordan Valley Malheur OR 97910  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 77 Jordan Valley OR 97910  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-586-2800 N/A  
(phone) (fax)

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

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: Old Basque Inn

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 Jordan Valley  
(name of city or county)

11. Contact person for this application: Karen Stark/Mark Stark 541-586-2800  
(name) (phone number(s))  
P.O. Box 77 Jordan Valley OR N/A starksc@canyonranch15.com  
(address) (fax number) (e-mail address)  
97910

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 Karen Stark Date 2/26/15
- ② MARK STARK Date 2/26/15





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: C. J. Jourd'andj

Date: 3.31.15

90-day authority:  Yes  No

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

- ① A1 MARKET, LLC
- ② \_\_\_\_\_

2. Trade Name (dba): A1 MARKET

3. Business Location: 295 DEANN DR. INDEPENDENCE POLK OR 97351  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 852 BURGUNDY AVE NE KELZER OR 97303  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 - 510-0602  
(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: D MARKET 101, LLC; IVY'S MINI MART 102, 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? INDEPENDENCE, OR  
(name of city or county)

11. Contact person for this application: MICHAEL J. PALUSKA, P.C. 503-585-2066  
(name) (phone number(s))  
1820 COMMERCIAL ST. SE, SALEM 5035852086 kelsey@PALUSKAPC.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 2-26-15

② [Signature] Date 2-26-15

**RECEIVED**  
OREGON LIQUOR CONTROL COMMISSION

Date MAR 27 2015  
Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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**LICENSE TYPES**

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

**ACTIONS**

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

P49348  
L198897

**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: P

Date: 3-27

90-day authority:  Yes  No

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

① Andrea Loyce Bartelamia ③ \_\_\_\_\_

② Noah Michael Bartelamia ④ \_\_\_\_\_

2. Trade Name (dba): Lee Farms Market

3. Business Location: 21975 SW 65th AVE Tualatin, Washington County, OR 97062  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 945 Tualatin, OR 97062 OR 97062  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-638-1869 503-638-5337  
(phone) (fax)

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

7. If yes to whom: Lee Farms Country Store LLC Type of License: off premises

8. Former Business Name: Lee Farms

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? Tualatin  
(name of city or county)

11. Contact person for this application: Annie (Andrea) 503-810-4750  
(name) (phone number(s))  
21975 SW 65th AVE Tualatin, OR 97062 503-638-5337 annie@leefarmsoregon.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 2/24/15 ⑤ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 3-26-15 ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

MAR 30 2015

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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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: AW

Date: 3/25/15

90-day authority:  Yes  No

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

- ① Aaron Hassell ③ Astral Games LLC
- ② Trent Le Clair ④ \_\_\_\_\_

2. Trade Name (dba): Astral Games

3. Business Location: 125 South Central Ave Suite 110 Medford, Jackson, OR 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 125 South Central Ave Suite 110 Medford, OR 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 776-7888 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? Medford, Jackson  
(name of city or county)

11. Contact person for this application: Aaron Hassell (541) 776-7888 (541) 441-8282  
(name) (phone number(s))  
2198 E McAndrew Rd, Medford, OR 97504 N/A AstralgamesRVC@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 2/11/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② [Signature] Date 2/18/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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  - Other Public Location
  - Private Club
- 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: 2/10/15

The City Council or County Commission:

Lebanon City Council  
(name of city or county)

recommends that this license be:

Granted  Denied  
By: Linda Kaser 2/11/15  
(signature) (date)

Name: Linda Kaser

Title: City Clerk

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 2/10/15

90-day authority:  Yes  No

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

① Uncle Doc's Incorporated ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Uncle Doc's Diner

3. Business Location: 638 S. Main Street  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Lebanon, OR 97355  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-570-1346  
(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: Tracey Holliday  
(manager must fill out an Individual History form)

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

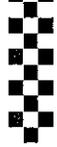
11. Contact person for this application: Tracey Holliday 541 - 409 - 9862  
(name) (phone number(s))  
610 Vaughn Lane Unit 58, Lebanon, OR 97355  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 01/25/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

MAR 26 2015

MEDFORD REGIONAL OFFICE

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: 3/30/15

90-day authority:  Yes  No

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

① Southern Oregon Beverage, Inc

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Southern Oregon Speedway Beer Booth

3. Business Location: 6900 Kershaw Rd White City, Jackson, OR 97503  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2177 S. Pacific Hwy Medford, OR 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-772-6264 541-772-6932  
(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: RACHEL NEFF  
(manager must fill out an Individual History form)

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

11. Contact person for this application: JOHN SKINNER 541-941-5626  
(name) (phone number(s))  
2177 S. Pacific Hwy Medford, OR 97501 541-772-6932  
(address) (fax number) (e-mail address)  
JOHNS2177@HOTMAIL.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 3/19/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date 3/30/15

PAID  
POSTED  
Date: 3/30/15  
Date: 3/22/15



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

**APPLYING AS:**  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: Lo Brown

Date: 3/30/2015

90-day authority:  Yes     No

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

① LUVS DONUT CORPORATION    ③ \_\_\_\_\_

② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): LUVS DONUT CORPORATION

3. Business Location: 1604 S. Highway 97 space #4, REDMOND, OR 97756  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)

4. Business Mailing Address: 10 NW MINNESOTA AVE. STE 100, BEND, OR 97701  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)

5. Business Numbers: ~~503-382-0900~~ 541-497-8009  
(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: TRAVIS WREN  
(manager must fill out an Individual History form)

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

11. Contact person for this application: TRAVIS WREN    541-497-8009  
(name)    (phone number(s))  
1050 NE BUTLER MKT. # 35, BEND, OR 97701    traviswren@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 3/18/15    ③ \_\_\_\_\_    Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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  - Other Public Location
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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 \_\_\_\_\_

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

Date: 3-30-15

90-day authority:  Yes  No

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

① Jan-Marc Wine Cellars, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Jan-Marc Wine Cellars / Garagiste

3. Business Location: 1225 N. Killingsworth St, Portland, Multnomah, OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2110 N. Ainsworth St., Portland OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-341-4531 503-285-5754  
(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: Jan-Marc Baker  
(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: Jan-Marc Baker 503-341-4531  
(name) (phone number(s))

2110 N. Ainsworth St. 503-285-5754 janmarc@janmarcwinecellars.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-Marc Baker Date 3-30-2015 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:

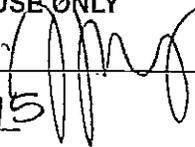
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: 3-27-15

90-day authority:  Yes  No

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

① Vinos LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): VINOS

3. Business Location: 7316 N Lombard St Portland Multnomah OR 97203  
(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: 503-789-2009  
(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: \_\_\_\_\_

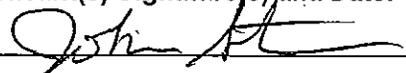
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: John Stevens 503-789-2009  
(name) (phone number(s))  
3524 NE 78th Ave Portland OR 97213 johnyvino@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

①  Date 3/27/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: L. Brown

Date: 3/31/15

90-day authority:  Yes  No

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

- ① Steep Planet Outdoors Corp      ③ Brad Kaufman
- ② Lisa Scharitz      ④ \_\_\_\_\_

2. Trade Name (dba): Steep Planet Gear and Beer

3. Business Location: 371 W Cascade Ave      Sisters      Deschutes      Oregon      97759  
(number, street, rural route)      (city)      (county)      (state)      (ZIP code)

4. Business Mailing Address: 577 E Tye Drive      Sisters      Oregon      97759  
(PO box, number, street, rural route)      (city)      (state)      (ZIP code)

5. Business Numbers: 503-333-6061  
(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? Sisters  
(name of city or county)

11. Contact person for this application: Brad H Kaufman      503-333-6061  
(name)      (phone number(s))  
577 E Tye Drive, Sisters, OR 97759      brad@steepplanet.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      1 MAR 0 2015
- ② [Signature]      Date 2/27/15      \_\_\_\_\_

Oregon Liquor Control Commission  
Bend, Oregon



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

821

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: 3/31

90-day authority:  Yes  No

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

① The Noodle Shop, Co. - Colorado, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Noodles & Company

3. Business Location: 29991 SW Town Center Loop W Wilsonville Clackamas OR 97070  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 520 Zang Street, Suite D Broomfield CO 80021  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 720-214-1900 913-273-0564  
(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: To be determined  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sue Hamilton 913-488-6250 cell  
(name) (phone number(s))  
520 Zang Street, Suite D, Broomfield, CO 80021 913-273-0564 shamilton@noodles.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 3/26/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

819 ✓

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: 3/31

90-day authority:  Yes  No

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

① The Noodle Shop, Co. - Colorado, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Noodles & Company

3. Business Location: 10218 SW Washington Square Rd Tigard Washington OR 97223  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 520 Zang Street, Suite D Broomfield CO 80021  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 720-214-1900 913-273-0564  
(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: To be determined  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sue Hamilton 913-488-6250 cell  
(name) (phone number(s))  
520 Zang Street, Suite, Broomfield, CO 80021 913-273-0564 shamilton@noodles.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 P. L. A. [Signature] Date 3/26/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**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: 2/27/15

90-day authority:  Yes  No

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

- ① Gary R. Carl
- ② Lynda J. Kammerzell
- ③ John Oastene
- ④ Cedar Creek Meats & Provisions LLC

2. Trade Name (dba): Smoken' Oak BBQ

3. Business Location: 47482 Hwy 58 Oakridge Lane OR 97463  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 48175 E. 1st St Oakridge OR 97463  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 782 4000  
(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: John Oastene  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Gary Carl 541 913 6212  
(name) (phone number(s))  
48175 E 1st St Oakridge, OR 97463 g.carl@38pmsn.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 2/27/15  
 ② \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

RECEIVED

MAR 23 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 C/TA

209008

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 OFFICE

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: 3/31/15

90-day authority:  Yes  No

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

① JOHIT KUMAR ③ MANJU ANESA

② Johnman, Inc. ④ \_\_\_\_\_

2. Trade Name (dba): STOP N. GO #4

3. Business Location: 523 E. Central Ave Medford Jackson OR 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-772-5333  
(phone) (fax)

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

7. If yes to whom: SELENA ASSOCIATES INC Type of License: OFF Premises Sale

8. Former Business Name: LITTLE MARKET

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

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

11. Contact person for this application: JOHIT KUMAR 707-703-2144  
(name) (phone number(s))  
940 N. Mountain Ave \_\_\_\_\_  
(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 03-22-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 03-22-15 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 \_\_\_\_\_

**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: Jak

Date: 3-27-15

90-day authority:  Yes  No

203548

**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 SAWYER 1 LLC

② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): Sawyer's Landing

3. Business Location: 4098 YAQUINA BAY RD. NEWPORT LINCOLN OREGON 97365  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4098 YAQUINA BAY RD NEWPORT OREGON 97365  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-265-3907 541-265-9677  
(phone) (fax)

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

7. If yes to whom: LLC Lawrc # 3 Type of License: OFF PREMISES SALES

8. Former Business Name: Sawyer's Landing

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

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

11. Contact person for this application: Dion Blake 541-265-3907 360.624.3643  
(name) (phone number(s)) (cell)  
4098 YAQUINA BAY Rd Newport, OR 97365 541-265-9677 SawyersLanding@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 Dion Blake Date 03-23-15  
 ② \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

L 207303  
P 53218

### 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:

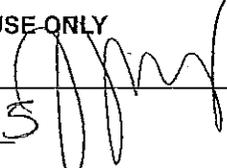
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: 3-30-15

90-day authority:  Yes  No

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

① DarSalam LLC ③ \_\_\_\_\_

② Ghazith & Tiffany Sahib ④ \_\_\_\_\_

2. Trade Name (dba): DarSalam

3. Business Location: 320 SW Alder St. Portland, Multnomah OR 97204  
(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: no phone yet  
(phone) (fax)

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

7. If yes to whom: Sugar Mama's Cafe Type of License: Full on-premises sales

8. Former Business Name: Sugar Mama's Cafe 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? Portland, OR  
(name of city or county)

11. Contact person for this application: Tiffany Sahib 503-740-3696  
(name) (phone number(s))  
5012 NE 23rd Ave Portland 97211 tifanona@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 J. Sahib Date 3/25/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② J. Sahib Date 3/25/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

201325

<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: _____ County of Baker (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____
<b>OLCC USE ONLY</b> Application Rec'd by: <u>J. Marquardt</u> Date: <u>March 31, 2015</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Expires <u>July 4, 2015</u>

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

① Christina L. Jensen ③ \_\_\_\_\_

② Scott C. Jensen ④ \_\_\_\_\_

2. Trade Name (dba): Scottys Hells Canyon Outdoor Supply

3. Business Location: 53969 Highway 86 Halfway Baker OR 97834  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 53969 Highway 86 Halfway OR 97834  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-785-3367 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: Diana Jensen/ Scott E. Jensen Type of License: Off-Premises

8. Former Business Name: Scottys Hells Canyon Outdoor Supply

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? Baker County  
(name of city or county)

11. Contact person for this application: Christina Jensen 541-785-3367  
(name) (phone number(s))  
53969 Highway 86, Halfway, OR 97834 chris@scottysHELLscanyon.co  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/23/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 3/23/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 4LOZ

*PS2681  
L202490*

### 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: 3-30-15

90-day authority:  Yes  No

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

- ① ~~Starling Whittier~~ ③ ~~[Redacted]~~ *Holden Wine Company LLC*
- ② ~~Michael Garofola~~ ④ ~~[Redacted]~~

2. Trade Name (dba): Holden Wine Company

3. Business Location: 404 SE 6th Ave. Portland Multnomah OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3612 SE Stark St. Portland OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 810-0680 *n/a.*  
(phone) (fax)

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

7. If yes to whom: Bulkhead LLC / Cooper's Hall Type of License: Winery / Full on + off premise

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? Multnomah  
(name of city or county)

11. Contact person for this application: Michael Garofola (503) 810-0680  
(name) (phone number(s))

3612 SE Stark St. Portland OR 97214 mgarofola77@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 3/23/15 ③ n/a Date \_\_\_\_\_
- ② *[Signature]* Date 4/7/15 ④ n/a 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 \_\_\_\_\_

P53860  
L214567

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: 3-30-15

90-day authority:  Yes  No

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

① One Drop, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): One Drop Shop

3. Business Location: 2410 E. Burnside St. Portland Multnomah OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1950 NE Couch St Portland OR 97232  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (302) 841-0865  
(phone) (fax)

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

7. If yes to whom: One Drop, LLC Type of License: Off-Premises Sales

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? PORTLAND  
(name of city or county)

11. Contact person for this application: MARGARET BOOTH (302) 841-0865  
(name) (phone number(s))  
1950 NE Couch St #103 Portland OR onedroppdx@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 3/30/15 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 CFN

207144

### 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 CFN
- 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: SN

Date: 3/31/15

90-day authority:  Yes  No

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

- ① Sean Simpson ③ This little Piggy ~~50000~~ LLC
- ② Preston Hill ④ \_\_\_\_\_

2. Trade Name (dba): This little Piggy s corp. The Playwright Public

3. Business Location: 258 A Street #3B Ashland Jackson OR 97520 House  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 258 A Street #3B ASHLAND OR 97520  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-488-9128  
(phone) (fax)

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

7. If yes to whom: Scott Giossi Type of License: full on Premises

8. Former Business Name: The Playwright Public House

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

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

11. Contact person for this application: Sean Simpson 541 944 6857  
(name) (phone number(s))  
310 Oak St. #1 info@totrestaurant.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 3/11/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② [Signature] Date 3/11/15 ④ \_\_\_\_\_ Date \_\_\_\_\_

DMR 3/30/15 1-800-452-OLCC (6522) • www.oregon.gov/olcc (rev. 08/2011)

RECEIVED

MAR 24 2015

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION  
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 \_\_\_\_\_

P39909  
L214890

### 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: 3-27-15

90-day authority:  Yes  No

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

① Anh Tuan Trang Huynh ③ TOP MARKET CORP.

② Anhtuan Jacob Huynh ④ \_\_\_\_\_

2. Trade Name (dba): Top Market Corporation

3. Business Location: 5287 N. Lombard Portland Mult. OR 97203  
(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: 503.283.9686 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: Nga Nguyen Type of License: off Premises

8. Former Business Name: Top Market

9. Will you have a manager?  Yes  No Name: Anhtuan Jacob H  
(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: Anh Tuan (Tom) Huynh 503.860.2458  
(name) (phone number(s))  
5287 N. Lombard St. 97203 anhtuan3901@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 Anhtuan Huynh Date 3/24/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 03/23/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

Piscola  
LA18181

### 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: 3-31

90-day authority:  Yes  No

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

- ① Sabrina Huang ③ CNH LLC
- ② Howard Huang ④ \_\_\_\_\_

2. Trade Name (dba): How How Lounge

3. Business Location: 1895 SE Tualatin Valley Hwy Hillsboro OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97123

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: Jim Tso TKT INC Type of License: Full on Premise

8. Former Business Name: How How Lounge Restaurant & Lounge

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  
(name of city or county)

11. Contact person for this application: Howard  
(name) (phone number(s))

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

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

Applicant(s) Signature(s) and Date:

- ① Sabrina Huang Date 3/28/2015 ③ \_\_\_\_\_ Date 3/28/2015
- ② Howard Huang Date 3/28/2015 ④ \_\_\_\_\_ Date 3/28/2015



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L 2120 US  
P 373

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:

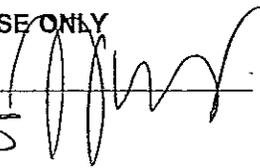
- Granted
- Denied

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

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

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

OLCC USE ONLY

Application Rec'd by: 

Date: 3-31-15

90-day authority:  Yes  No

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

① Haneul Sullivan, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Stark Market

3. Business Location: 19120 SE Stark St Portland (Gresham) OR 99233  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19120 SE Stark St Portland (Gresham) OR 91233  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 666-5330  
(phone) (fax)

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

7. If yes to whom: S&C, Inc Type of License: Off-Premises

8. Former Business Name: Stark Market

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

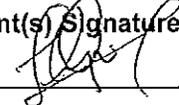
10. What is the local governing body where your business is located? City of Gresham  
(name of city or county)

11. Contact person for this application: Chong H. Sullivan (360) 904-8266  
(name) (phone number(s))

11714 NE 29th St. Vancouver, WA 98682 Sullivan8487@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  Date 3/31/15 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 \_\_\_\_\_

L 204490  
P 20200

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:

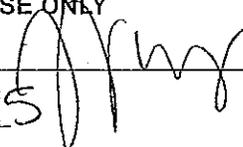
- Granted
- Denied

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

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

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

OLCC USE ONLY

Application Rec'd by: 

Date: 3-27-15

90-day authority:  Yes  No

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

① ~~KENDRA JENE ABRAMS~~ Labor 700 LLC

② \_\_\_\_\_

2. Trade Name (dba): LB MARKET

3. Business Location: 3629 SE DIVISION ST, PORTLAND OR 97202  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3740 SE SHERMAN ST, PORTLAND OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-913-0071  
(phone) (fax)

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

7. If yes to whom: 7 STARS LLC Type of License: limited on-premise

8. Former Business Name: LB MARKET

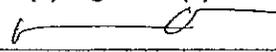
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: KENDRA JENE ABRAMS  
(name) (phone number(s)) 503 913-0071  
3740 SE SHERMAN ST, PORTLAND, OR 97214  
(address) (fax number) a3dlrbill@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 3/27/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

Full On-Premises Sales (\$402.60/yr)  
 Commercial Establishment  
 Caterer  
 Passenger Carrier  
 Other Public Location  
 Private Club

Limited On-Premises Sales (\$202.60/yr)  
 Off-Premises Sales (\$100/yr)  
 with Fuel Pumps  
 Brewery Public House (\$252.60)  
 Winery (\$250/yr)  
 Other: \_\_\_\_\_

**ACTIONS**

Change Ownership  
 New Outlet  
 Greater Privilege  
 Additional Privilege  
 Other CTN

**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: 3-27-15

90-day authority:  Yes  No

P53597  
L211465

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

① Kristine U Thuyah ③ OL House LLC  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): OL House

3. Business Location: 4229 SE 82<sup>nd</sup> Ave #3, PDX, OR 97266  
 (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: 503-841-5610  
 (phone) (fax)

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

7. If yes to whom: Lava Cafe LLC Type of License: Full on Premises

8. Former Business Name: Lava Cafe

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, Multnomah  
 (name of city or county)

11. Contact person for this application: Kristine U Thuyah 503-473-9822  
 (name) (phone number(s))  
10281 NW Spyglass Dr., Butn, OR 97006 octhousepdx@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 3/9/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



\* MASTERFILE \*  
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: Polanco

Date: 3/26/15

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 #445

3. Business Location: 812 NW Wall Street Bend Deschutes OR 97701  
(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: 541-382-9438  
(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: Brittany Counts  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty (No Solicitations Please) 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: 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: P

Date: 3-27

90-day authority:  Yes  No

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

- ① Candice Jauchius ③ Scientific Distributors LLC
- ② Daniel Jauchius ④ \_\_\_\_\_

2. Trade Name (dba): Scientific Distributors LLC dba Nurnberg Scientific

3. Business Location: 6310 SW Virginia Ave Portland Multnomah OR 97239  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 408 Lake Oswego OR 97034  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-246-0297 503-246-0360  
(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: Keith Nasman  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Keith Nasman 503-542-0747  
(name) (phone number(s))  
6310 SW Virginia Ave Portland OR 97239 503-542-0121 keith@nurnberg.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 Candice Jauchius Date 3-16-15
- ② [Signature] Date 3-12-15

RECEIVED Date \_\_\_\_\_  
MAR 23 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 \_\_\_\_\_

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: OP

Date: 3-30-15

90-day authority:  Yes  No

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

① E. PAULSON CO. LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): BLOCK & BOARD

3. Business Location: 8421 SW TERWILLIGER BLVD PORTLAND, MULTNOMAH, OREGON, 97219  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6312 SW CAPITOL HWY PORTLAND OR 97239  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 866-3262 N/A  
(phone) (fax)

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

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

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

9. Will you have a manager?  Yes  No Name: ERICK PAULSON  
(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: ERICK PAULSON 503 866-3262  
(name) (phone number(s))

6312 SW CAPITOL HWY PORTLAND OR 97239 N/A ERICK @ BLOCKANDBOARD.PDX  
(address) (fax number) (e-mail address) .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 3/30/15 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 \_\_\_\_\_

**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 30 2015**

90-day authority:  Yes  No

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

- ① The 649 Taphouse & Bottle Shop, LLC      ③ Jeffry Washburn
- ② Hilda Washburn      ④ \_\_\_\_\_

2. Trade Name (dba): The 649 Taphouse & Bottle Shop

3. Business Location: 18647 & 18649 SW Farmington Rd Beaverton Washington OR 97078  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18647 & 18649 SW \_\_\_\_\_  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-649-2337 \_\_\_\_\_  
(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: Jeffry Washburn  
(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: Jeffry Washburn 503-250-4129  
(name) (phone number(s))  
20078 SW Oster Ct. Aloha, Or 97007  
(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 3-30-15 ③ [Signature] Date 03/31/15  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### 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:

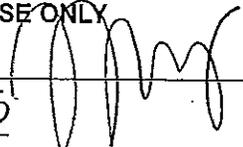
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: 3-30-15

90-day authority:  Yes  No

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

① Si Nae Lim ③ Refresh LLC

② Sara McMahon ④ \_\_\_\_\_

2. Trade Name (dba): REFRESH  
Unit 102 of East Building

3. Business Location: 2860 SE Gladstone St #102 Portland Multnomah OR 97202  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1107 NE Knott St. Portland OR 97212  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 610-716-2975 \_\_\_\_\_  
(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: Si Nae Lim & Sara McMahon  
(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: Si Nae Lim 610-716-2975  
(name) (phone number(s))  
1107 NE Knott St. Portland, OR 97212 Sinae.lim@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 Si Nae Lim Date 3/19/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② Sml Date 3/19/15 ④ \_\_\_\_\_ Date \_\_\_\_\_