



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: OLCC

Date: 4/5/2015 COO

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Le Dabble Trouble Wine Co. LLC ③  
 ② \_\_\_\_\_ ④

2. Trade Name (dba): Le Dabble Trouble Wine Co.

3. Business Location: 801 North Scott Street Carlton Yamhill OR 97111  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 659 NE 9th St McMinnville OR 97128  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (518) 593-6339  
(phone)

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

7. If yes to whom: Carlton's Winemaker Studio Type of License: WY APR 07 2015

8. Former Business Name: \_\_\_\_\_ **SALEM REGIONAL OFFICE**

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

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

11. Contact person for this application: McIntosh Florence 518 593 6339  
(name) (phone number(s))  
659 NE 9th St, McMinnville OR 97128 skingapple@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 4/5/14 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

**RECEIVED**  
(fax)  
 OREGON LIQUOR CONTROL COMMISSION  
 APR 07 2015  
 SALEM REGIONAL OFFICE





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 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: 4-4

90-day authority:  Yes  No

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

① Lughnasadh Farms Malthouse and Brewery LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Lughnasadh Farms Malthouse and Brewery

3. Business Location: 639 645 SE 223rd Ave, Gresham, Multnomah, OR, 97030  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 40 Cowlitz St. #B, Saint Helens, OR 97051  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-757-8359  
(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: MARK T. WILSON  
(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: Dylan Goldsmith  
(name) (phone number(s))  
40 Cowlitz Street #A, Saint Helens OR 97051 (address) (fax number) lughnasadhfarm@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:  
 ① [Signature] Date Feb 24, 2014 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
 MAR 30 2015  
 RECEIVED  
 APR 06 2015



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 \_\_\_\_\_

**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: 4-6

90-day authority:  Yes  No

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

① Aniche Cellars, OR, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Aniche Cellars

3. Business Location: 311 Oak St St. B Hood River, Hood River, OR 97031  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 311 Oak St St. B Hood River, OR 97031  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (360) 624-8537  
(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: Rachael Horn  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Rachael Horn (360) 624-8537  
(name) (phone number(s))

71 Little Buck Creek Rd, Underwood, WA 98651 rachael@anichecellars.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 \_\_\_\_\_

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

RECEIVED

APR 06 2015



# 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
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- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
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- 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: 4-7

90-day authority:  Yes  No

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

① K-TOWN KOREAN BBQ, INC. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): K-TOWN KOREAN BBQ

3. Business Location: 5450 SE 82ND AVE., PORTLAND MULTNOMAH OR 97266  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12844 NW LORRAINE DR. PORTLAND OR 97229  
(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: KRISTEN BAE  
(manager must fill out an Individual History form)

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

11. Contact person for this application: KRISTEN BAE \_\_\_\_\_  
(name) (phone number(s))

12844 NW LORRAINE DR., PORT., OR 97229 wow Kristenbae@live.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 2/25/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ 4-7-2015 Date \_\_\_\_\_

Initials: \_\_\_\_\_

RECEIVED



OREGON LIQUOR CONTROL COMMISSION  
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- Winery (\$250/yr)
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ACTIONS

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90-DAY AUTHORITY

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APPLYING AS:

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- 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: OK

Date: 04-03-15

90-day authority:  Yes  No

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

① Timber Wolf, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Peel Country Store

3. Business Location: 6019 Little River Rd Glide Douglas OR 97449  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-496-9100 541-496-9101  
(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: Thunder Mountain Market

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

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

11. Contact person for this application: Victoria Rondeau 541-496-0521  
(name) (phone number(s))  
749 Conifer Ln Glide OR 541-496-4679 vwolf@live.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 Timber Wolf, Inc. Date 3/24/15 ③ \_\_\_\_\_

② Victoria J Rondeau Date 3/24/15 ④ \_\_\_\_\_

RECEIVED

Date

MAR 27 2015



# 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
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- Additional Privilege
- Other \_\_\_\_\_

**90-DAY AUTHORITY**

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**APPLYING AS:**

- Limited Partnership
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**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. Wynn  
Date: 3-4-15

90-day authority:  Yes  No

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

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

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

3. Business Location: 1045 NE 3rd St. Suite 100, McMinnville, Yamhill, OR 97128  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1045 NE 3rd St. Suite 100 McMinnville OR 97128  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: \_\_\_\_\_ (phone)

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

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

8. Former Business Name: N/A

9. Will you have a manager?  Yes  No Name: Euse 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))  
1045 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 \_\_\_\_\_

**RECEIVED**  
OREGON LIQUOR CONTROL COMMISSION  
MAR 19 2015  
SALEM REGIONAL OFFICE



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 \_\_\_\_\_

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
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- 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. W. Quandy

Date: 4-3-15

90-day authority:  Yes  No

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

① Kellie T Smith ③ \_\_\_\_\_

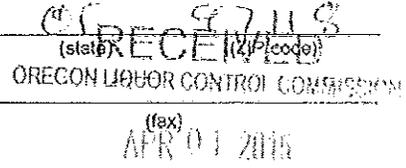
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Packside Cafe Coffee House Tillamook

3. Business Location: 235 Cambaldi Ave Cambaldi OR 97118  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 319 Cambaldi OR 97118  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 322-0351  
(phone)



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

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

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? Cambaldi Or  
(name of city or county)

11. Contact person for this application: Kellie Smith 503 912-3263  
(name) (phone number(s))  
612 Sawyer Lane rodney.c@natural.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 Kellie Smith Date 2-13-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
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- Other: \_\_\_\_\_

ACTIONS

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APPLYING AS:

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- Individuals

CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

OLCC USE ONLY

Application Rec'd by: JR

Date: 4-8-15

90-day authority:  Yes  No

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

- ① Scott Shields
- ② Nicole Shields
- ③ Shields Family Golf LLC
- ④ \_\_\_\_\_

2. Trade Name (dba): Greenlea Golf Course

3. Business Location: 2460 SE Kelso Rd Boring Clackamas OR 97009  
(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: 503-663-3934  
(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: Greenlea Golf Course

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? Boring, Clackamas County  
(name of city or county)

11. Contact person for this application: Nicole Shields 503-793-0259  
(name) (phone number(s))  
27255 SE Wally Rd. Boring OR 97009 Nicscotts@mac.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 Scott Shields Date 4/6/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② Nicole Shields Date 4/6/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
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- 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: **APR 01 2015**

90-day authority:  Yes  No

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

① Redbone LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Mama San Soul Shack

3. Business Location: 8037 Lombard St, Portland, Multnomah, OR 97203  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8037 Lombard St, Portland, OR 97203  
(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: Tio Panchos

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: Andrew Boygs - 347.429.0302  
(name) (phone number(s))  
8028 N Willamette Blvd N/A ajacobboygs@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 \_\_\_\_\_

### 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: **APR 07 2015**

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① ~~Oregon Wine Garden/Wine Garden Inc.~~ ③

② Wine Garden Inc ④

2. Trade Name (dba): OREGON wine GARDEN

3. Business Location: 37050 SW Charbonneau dr. #8 Wilsonville OR 97070  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-867-6888  
(phone) (fax)

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

7. If yes to whom: Oregon Wine Garden Type of License: Temp Sales Permit

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

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

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

11. Contact person for this application: Bill Hayden 503-349-7151  
(name) (phone number(s))

37050 SW Charbonneau dr. Wilsonville Shawn Wilite@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 4/7/15 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:

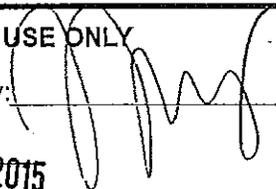
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: APR 01 2015

90-day authority:  Yes  No

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

① Elizabeth Ives Manwaring ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Roger and Ives

3. Business Location: 10613 SE Main St. Milwaukie Clackamas Oregon 97222  
(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: 415 999 8101  
(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: ~~XXXXXXXXXX~~

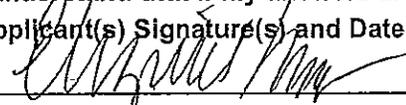
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Elizabeth Manwaring 415.999.8101  
(name) (phone number(s))  
611 SE St. Andrews Dr. Portland, Ore 97202 elizabeth@rogerandives.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 10 MAY 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: [Signature]

Date: 4-3-15

90-day authority:  Yes  No

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

① ~~Holly Jami Springfels~~ ③ \_\_\_\_\_

② Kern Park Flower Shoppe LLC ④ \_\_\_\_\_

2. Trade Name (dba): Kern Park Flower Shoppe LLC

3. Business Location: 6713 SE Holgate Blvd Portland Mult OR 97206  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (503) 771-9000  
(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: Kimberly Walker  
(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: Holly Jami Springfels (503) 869-2018  
(name) (phone number(s))  
852 NE 110th Ave Portland, OR 97220 itamih66@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 Holly Jami Springfels Date 03/10/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### 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: AR

Date: 4-3-15

90-day authority:  Yes  No

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

① PAUL A SCHMUDDE ③ \_\_\_\_\_

② Gateway Express Inc ④ \_\_\_\_\_

2. Trade Name (dba): GATEWAY EXPRESS, INC

3. Business Location: 9455 NE ALDERWOOD RD PORTLAND MULTNOMAH OR 97220  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9455 NE ALDERWOOD RD PORTLAND OR 97220  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-914-6317 503-487-0190  
(phone) (fax)

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

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

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

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

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

11. Contact person for this application: PAUL A SCHMUDDE 503-622-8208  
(name) (phone number(s))  
9455 NE ALDERWOOD RD, PORTLAND OR 97220 503-487-0190 paul.schmudde@gatewayexpressinc.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 Paul A Schmudde Date 4/1/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

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# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission: \_\_\_\_\_

(name of city or county)

recommends that this license be:

Granted       Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: AM

Date: 4/8/2015

90-day authority:  Yes     No

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

① Adrift Hotels Inc      ③ \_\_\_\_\_

② \_\_\_\_\_      ④ \_\_\_\_\_

2. Trade Name (dba): Ashore Hotel

3. Business Location: 125 Ocean Way Seaside Or 97138

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

4. Business Mailing Address: 409 Sid Snyder Dr Long Beach WA 98631

(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: owner/operators Tiffany Turner

(manager must fill out an individual History form)

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

(name of city or county)

11. Contact person for this application: Tiffany Turner      503.298.7915

(name)      (phone number(s))

\_\_\_\_\_ (address)      \_\_\_\_\_ (fax number)      tiffany@adrifthotel.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature]      Date 02/10/15      ③ \_\_\_\_\_      Date \_\_\_\_\_

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





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

Umatilla County

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_

(signature)

(date)

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

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### OLCC USE ONLY

Application Rec'd by: SPETER WOFF

Date: 4-7-15

90-day authority:  Yes  No

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

① A1 GRUB LLC

② \_\_\_\_\_

2. Trade Name (dba): HAT ROCK CAMP GROUNDS GOOD SAM PARK

3. Business Location: 82284 HAT ROCK Rd. hermiston, Umatilla, OR 97838  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 82284 HAT ROCK Rd. hermiston, OR 97838  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-567-4188 541-567-1645  
(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: Nicole Gildewell

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Umatilla County

11. Contact person for this application: Nicole Gildewell 541-379-1318  
(name) (phone number(s))  
82284 HAT ROCK Rd. hermiston, OR. 97838 space #2  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application. pierce.nicole5@gmail.com

Applicant(s) Signature(s) and Date:

① Nicole Gildewell Date 4/7/15

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 \_\_\_\_\_

### 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: Abuandy

Date: 4-3-15

90-day authority:  Yes  No

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APR 01 2015

SALEM REGIONAL OFFICE

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

① OMEXSAL LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Adoba Mexican Grill

3. Business Location: 4403 Commercial St SE Salem OR 97302  
(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: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Guillermo Zalapa 503 231-3181  
(name) (phone number(s))  
4297 SW Chestnut Dr. Beaverton, OR guillermo@adobamex.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 4-15-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted \_\_\_\_\_ Denied \_\_\_\_\_

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

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

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

OLCC USE ONLY

Application Rec'd by: Subramany

Date: 4-3-15

90-day authority: Yes  No

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

OYSTER SHACK LLC

2. Trade Name (dba): THE OYSTER SHACK AT NEVAR SHELLFISH Co.

3. Business Location: 0060 WHISKEY CREEK RD, TILLAMOOK, TILLAMOOK COUNTY, OR 9714  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 0060 WHISKEY CREEK RD, TILLAMOOK, OR 97141  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (707) 696-1327 (TEMPORARY)  
(phone)

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OREGON LIQUOR CONTROL COMMISSION

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

APR 02 2015

8. Former Business Name: N/A

SALEM REGIONAL OFFICE

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

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

11. Contact person for this application: ERIC JOPPIE (707) 696-1327  
(name) (phone number(s))  
914 N. FORTUNE AVE., PORTLAND, OR 97203 ERICJOPPIE@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:

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



# LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: OLCC

Date: 4/3/2015 EW

90-day authority:  Yes  No

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

① JEFFERY L. HAVLIN ② \_\_\_\_\_

② LING D. HAVLIN ③ \_\_\_\_\_

2. Trade Name (dba): HAVLIN VINEYARD

3. Business Location: 5000 PERRYDALE RD DALLAS POLK OR 97338  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3285 WINDSOR AVENUE, SALEM OR 97301  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-363-6607  
(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: JEFFERY HAVLIN  
(manager must fill out an Individual History form)

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

11. Contact person for this application: JEFFERY L. HAVLIN 503-400-1131  
(name) (phone number(s))

3285 WINDSOR AVENUE, SALEM OR 97301 Jeffery.l.havlin@oregon.gov  
(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 Jeffery L. Havlin Date 1-12-15 ③ \_\_\_\_\_ MAR Date 2/11/15

② Ling Havlin Date 1-12-15 ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

Full On-Premises Sales (\$402.60/yr)

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: \_\_\_\_\_

**ACTIONS**

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other \_\_\_\_\_

**90-DAY AUTHORITY**

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

**APPLYING AS:**

Limited Partnership

Corporation

Limited Liability Company

Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

\_\_\_\_\_

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_

(signature) (date)

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

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

---

**OLCC USE ONLY**

Application Rec'd by: OLCC

Date: 4/2/2015 (C.K.)

90-day authority:  Yes  No

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

① Kiff Ranch, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): JL Kiff Vineyard

3. Business Location: 1722 SW Highway 18, Suite C, McMinnville Yamhill Co. Oregon 97128

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

4. Business Mailing Address: 13546 NW Willis Rd McMinnville OR 97128

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

5. Business Numbers: 916-275-0139

(phone)

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

7. If yes to whom: Biggio Hamana Cellars Type of License: WY MAR 27 2015

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

9. Will you have a manager?  Yes  No Name: Joel Kiff

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Yamhill County

(name of city or county)

11. Contact person for this application: Joel Kiff 916-275-0139

(name) (phone number(s))

13546 NW Willis Rd, McMinnville OR 97128 kiff@onlinemac.com

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

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION

SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/19/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### 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: 4/8/15

90-day authority:  Yes  No

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

① Flip, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Flip

3. Business Location: 92 N. Main Street Ashland OR 97520  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 57 N. Main St. Ashland Oregon 97520  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.326.7480  
(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: Jamie North  
(manager must fill out an individual history form)

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

11. Contact person for this application: Jamie North  
(name) 541.326.7480  
(phone number(s))  
920 Pinecrest Terrace Ashland OR  
(address) (fax number) jamie@damuserestaurant.com  
(e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 3/12/15 ③ \_\_\_\_\_

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

RECEIVED  
MAILED: 4/8/15  
POSTED: 4/8/15  
Date: MAR 16 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

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

Date: 4-8

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 #15430

3. Business Location: 15645 Boones Ferry Road Lake Oswego Clackamas OR 97035  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-635-2266  
(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: Chrissy Demuth  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Lake Oswego  
(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 Carol J. Turner Date 3-23-15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

MAR 27 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 \_\_\_\_\_

### 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: 4/9/15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① ~~SIA QING~~ HAPPY BOWL LLC

② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): CUCUS

3. Business Location: 4150 S. Pacific HWY STE A, Medford OR. 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4150 S. Pacific HWY STE A Medford OR. 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-535-4411  
(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: Pho Sun

9. Will you have a manager?  Yes  No Name: SIA QING WU  
(manager must fill out an individual History form)

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

11. Contact person for this application: Jia Qing 541-778-1450 934 NW Valley View Dr, GP. OR. 97526 nina6688@msn.com  
(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 [Signature] Date 03/27/15 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 \_\_\_\_\_

207832  
207835

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: 4/6/2015

90-day authority:  Yes  No

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

① Dunn Recreation LLC. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Twin Lakes Resort

3. Business Location: 11200 South Century Drive, La Paze, Deschutes OR 97739  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 968 Bend OR 97709  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-382-6432 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: James and Joann Frazee Type of License: Limited On-Premises Sales, off Premiser

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

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

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

11. Contact person for this application: Kathryn Dunn 503-703-2299  
(name) (phone number(s))  
14375 SW Beef Bend Rd Apt F2, Tigard, OR 97224 Katedunn@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 Kate Dunn Date 3/24/15 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 C7A1

L 213107  
P 39475

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: APR 07 2015

90-day authority:  Yes  No

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

① SUNG JIN LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): HANA JAPANESE BISTRO

3. Business Location: 2236 NE ALBERTA ST. PORTLAND MULTNOMAH OR 97211  
(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: 503-719-6984 N/A  
(phone) (fax)

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

7. If yes to whom: J&S HANA LLC Type of License: Full-on-premises

8. Former Business Name: HANA BY SUSHI HANA

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: Matthew Lee 503-307-0819  
(name) (phone number(s))

1495 SW 131st Pl Tigard OR 97224 N/A MJL777BK@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 4/1/2015 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 UTA

P50827  
L214594

### 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: 4-6

90-day authority:  Yes  No

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

① FAUNTLEROY LIBATIONS LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): THE POOL & PEN TAVERN

3. Business Location: 2327 NW KEARNEY ST. PORTLAND, MULTNOMAH, OR 97210  
(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: 310-616-6707  
(phone) (fax)

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

7. If yes to whom: EAT THIS! LLC Type of License: FULL ON-PREMISES SALES

8. Former Business Name: THE HUCKLEBERRY PUB

9. Will you have a manager?  Yes  No Name: MATTHEW C. FREITAS  
(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: MATTHEW C. FREITAS 310-616-6707  
(name) (phone number(s))  
6621 NORWICH AVE. VAN NUYS CA 91405 MATCFREITAS@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 3/31/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

Initials: \_\_\_\_\_

RECEIVED

APR 06 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 9TA

P35456  
L203822

### 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: 4-6

90-day authority:  Yes  No

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

① El Herradero LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Cocina Garcia

3. Business Location: 17102 SE Powell Blvd, STE A, Portland, Clackamas OR 97236  
(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) 661-0141  
(phone) (fax)

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

7. If yes to whom: La Costita II, Inc Type of License: Full on premises sales

8. Former Business Name: La Costita II, Inc Mexican Restaurant

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

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

11. Contact person for this application: Saul H Silva (206) 270-9278  
(name) (phone number(s))  
1222 N 185th St, STE 202, Shoreline, WA 98133 (206) 283-9805  
(address) (fax number) silvafinancial@comcast.net  
(e-mail address)

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

Applicant(s) Signature(s) and Date:

① Abraham Garcia Date 3/31/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② Abraham Garcia By Power Date 3/31/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

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

Date: 4-3-15

90-day authority:  Yes  No

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

① SAJ Management, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Pallas Club

3. Business Location: 13639 SE Powell Blvd Portland OR 97236  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13639 SE Powell Blvd Portland OR 97236  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 760-8128  
(phone) (fax)

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

7. If yes to whom: Agean, Inc. Type of License: F-COM

8. Former Business Name: Pallas Club

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

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

11. Contact person for this application: Duke Tufty (No Solicitations) (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 2/10/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

50 ✓

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)
- ther: \_\_\_\_\_

### ACTIONS

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

P39643  
L203903

### 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: 4-3-15

90-day authority:  Yes  No

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

① Nostrano, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Nostrano

3. Business Location: 1401 SE Morrison, Portland, Multa OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-234-2427 503-235-5180  
(phone) (fax)

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

7. If yes to whom: Nostrano, LLC Type of License: Full on-Premis

8. Former Business Name: N/A

9. Will you have a manager?  Yes  No Name: Michael Ernsting  
(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: Michael Ernsting 503-234-2427  
(name) (phone number(s))  
1401 SE Morrison, Port, OR 97214 503-235-5180 michael@nostrano.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 12/2/14 ③ **RECEIVED** Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ **APR 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 \_\_\_\_\_

207701

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: R. Anderson

Date: 4/3/15

90-day authority:  Yes  No

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

① 7-Eleven, Inc. ② \_\_\_\_\_

② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): 7-Eleven # 20391M

3. Business Location: 1185 SE Third Street Bend Deschutes OR 97702  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Licensing, P.O. Box 219089, Dallas, TX 75221  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 388-1300  
(phone) (fax)

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

7. If yes to whom: Russell Anderson Type of License: Beer and Wine Off premises

8. Former Business Name: 7-Eleven # 20391E

9. Will you have a manager?  Yes  No Name: Stephanie Shirley  
(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: Alyssa Brooks (850) 577-9090  
(name) (phone number(s))

301 S. Bronough St. Ste. 600, Tallahassee, FL 32301 alyssa.brooks@gray-robinson.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 ② \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ③ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

MAR 28 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <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: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
--	--

2106049

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: LS

Date: 4/7/15

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - Amy Lowes PEAM, LLC    ③ \_\_\_\_\_
  - Peter Lowes    ④ \_\_\_\_\_
- Trade Name (dba): Kokanee Cafe
- Business Location: 25545 Forest Service Rd Camp Sherman, OR 97730  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: PO Box 482 Camp Sherman, OR 97730  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-595-6420    N/A  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: Peter Lowes    Type of License: Full On-Premises
- Former Business Name: Dog's Bollox, LLC
- Will you have a manager?  Yes     No    Name: Amy Lowes  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Jefferson  
(name of city or county)
- Contact person for this application: Amy Lowes    503-803-3863  
(name) (phone number(s))  
65145 Smokey Butte Dr    N/A    amynlowes@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:

- Amy Lowes    Date 4/3/15    ③ \_\_\_\_\_    Date \_\_\_\_\_
- [Signature]    Date 4/3/15    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 C/TN

209878

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: J. Smother

Date: 4/3/15

90-day authority:  Yes  No

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

- ① Teresa M Dixon
- ② Jozet Clark
- ③ Lucky Ladies Saloon LLC
- ④ \_\_\_\_\_

2. Trade Name (dba): Lucky Ladies saloon LLC

3. Business Location: 117 S. 14<sup>th</sup> St, Springfield Lane Or 97477  
(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: 541-600-8865  
(phone) (fax)

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

7. If yes to whom: Steve Breakfast & more Type of License: Full On-Premises

8. Former Business Name: Steve's Breakfast & more

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

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

11. Contact person for this application: Teresa Dixon 541-606-1338  
(name) (phone number(s))  
1716 E. St Springfield  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Teresa M Dixon Date 2-5-15 ② \_\_\_\_\_ Date \_\_\_\_\_  
 ③ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<p><b>LICENSE TYPES</b></p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <ul style="list-style-type: none"> <li><input type="checkbox"/> Commercial Establishment</li> <li><input type="checkbox"/> Caterer</li> <li><input type="checkbox"/> Passenger Carrier</li> <li><input type="checkbox"/> Other Public Location</li> <li><input type="checkbox"/> Private Club</li> </ul> <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <ul style="list-style-type: none"> <li><input type="checkbox"/> with Fuel Pumps</li> </ul> <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<p><b>ACTIONS</b></p> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CLP</u>
--	--

209315

**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: 4/DTTON

Date: 4/2/15

90-day authority:  Yes     No

**90-DAY AUTHORITY**

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

**APPLYING AS:**

 Limited Partnership     Corporation     Limited Liability Company     Individuals

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - ① Canyon Creek Market, LLC      ③ \_\_\_\_\_
  - ② \_\_\_\_\_      ④ \_\_\_\_\_
- Trade Name (dba): Canyon Creek Market, LLC
- Business Location: 755 S. Canyon Blvd, John Day, Grant, OR 97845  
(number, street, rural route)      (city)      (county)      (state)      (ZIP code)
- Business Mailing Address: 39120 Proctor Blvd, suite 5, Sandy, OR 97055  
(PO box, number, street, rural route)      (city)      (state)      (ZIP code)
- Business Numbers: 503-676-6683      503-676-6881  
(phone)      (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: Elkhorn Country Store + Motel Type of License: Off-Premises
- Former Business Name: Elkhorn Country Store + Motel
- Will you have a manager?  Yes     No    Name: Taylor Lyn Manuel  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? John Day  
(name of city or county)
- Contact person for this application: Darcian Manuel 971-222-7470 or 503-676-6683  
(name)      (phone number(s))  
35140 SE Brooks Rd, Boring, OR 97009 (503) 676-6881 CanyonCreekMkt@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 3/25/2015      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: Distillery

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other ExL. Premises

218374

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: OLCC

Date: 3/24/2015

90-day authority:  Yes  No

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

① Oregon Wine Country Distribution, Inc ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Oregon Wine Country Distribution, Inc

3. Business Location: 2767 - 2763 NE Bunn Rd. McMinnville Yamhill Oregon 97128  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2767 NE Bunn Rd. McMinnville Oregon 97128  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-435-1398 503-435-1658  
(phone) (fax)

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

7. If yes to whom: Oregon Wine Country Distribution, Inc Type of License: WMBW

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? Yamhill County  
(name of city or county)

11. Contact person for this application: Marc Harris 503-435-1398  
(name) (phone number(s))  
2767 NE Bunn RD. McMinnville, OR 97128 503-435-1658 marc@owcdist.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 03/22/2015 ③ \_\_\_\_\_ Date MAR 24 2015

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ SALEM REGIONAL OFFICE 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 203400  
PS240

### 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: **APR 08 2015**

90-day authority:  Yes  No

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

① HOP HOUSE LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): PRODUCE ROW CAFE

3. Business Location: 204 SE OAK ST. PORTLAND, OR 97214 (MULT)  
(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: 503-232-8355  
(phone) (fax)

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

7. If yes to whom: Davis Restaurant Enterprises LLC, type of License: F-COM

8. Former Business Name: Produce Row Cafe

9. Will you have a manager?  Yes  No Name: JOSH JOHNSTON  
(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: JOSH JOHNSTON 503-314-8559  
(name) (phone number(s))  
2703 NE Alberta, PORTLAND, OR 97211 JOSHJOHNSTON2009@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 4/2/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② Jim Hall Date 4/2/2015 ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

<p>Application is being made for:</p> <p><b>LICENSE TYPES</b></p> <p><input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input checked="" type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input checked="" type="checkbox"/> Other: <u>Distillery</u></p> <p><b>90-DAY AUTHORITY</b></p> <p><input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority</p> <p><b>APPLYING AS:</b></p> <p><input type="checkbox"/> Limited Partnership   <input type="checkbox"/> Corporation   <input checked="" type="checkbox"/> Limited Liability Company   <input type="checkbox"/> Individuals</p>	<p style="text-align: center;"><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission:</p> <p style="text-align: center;">(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted      <input type="checkbox"/> Denied</p> <p>By: _____ (signature)      _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p style="text-align: center;"><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>R. Hand</u></p> <p>Date: <u>4/16/15</u></p> <p>90-day authority: <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
---	--

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

① Maverick Spirit, LLC      ③ \_\_\_\_\_

② \_\_\_\_\_      ④ \_\_\_\_\_

2. Trade Name (dba): ~~The Barrel Thief~~    OREGON SPIRIT DISTILLERS | THE BARREL THIEF

3. Business Location: 740 NE 1st Street      Bend      Deschutes      OR      97701

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

4. Business Mailing Address: 740 NE 1st Street      Bend      OR      97701

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

5. Business Numbers: 541-382-0002      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: Kathleen K. Irwin

(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: ~~Kim Merz~~ Brend Irwin      541-382-0002

(name)      (phone number(s))

490 NE Butler Market Rd., Suite 110 Bend, OR 97701    N/A      brend    kim@oregonspiritdistillers.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 2/25/15      ③ \_\_\_\_\_      Date \_\_\_\_\_

② John Becker      Date 2/25/15      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: Winery

**ACTIONS**

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other Second 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: [Signature]

Date: APR 06 2015

90-day authority:  Yes  No

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

① Logsdon Farmhouse Ales, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): N/A Logsdon Barrel house & Taproom

3. Business Location: 101 Fourth Street, Hood River, Hood River, OR 97031  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4785 Booth Hill Rd, Hood River, OR 97031  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-490-9161  
(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: David Logsdon  
(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: David Logsdon 541-490-9161  
(name) (phone number(s))  
4785 Booth Hill Rd, Hood River, OR 97031 dave@farmhousebeer.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 Apr 2015 Date \_\_\_\_\_

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