



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 PIZZA DEPOKOS LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): HANDSOME PIZZA & SEASTAR BAKERY

3. Business Location: 1603 NE KILLINGSWORTH ST. PORTLAND MULT OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3020 N. GANTENBEIN AVE PORTLAND OR 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 301-502-6529 (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: WILL FAIN
(manager must fill out an Individual History form)

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

11. Contact person for this application: WILL FAIN 301-502-6529
(name) (phone number(s))
3820 N. GANTENBEIN AVE. PORTLAND, OR 97227 WILL@HANDSOMEPIZZA.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 _____

RECEIVED
APR 03 2015



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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:

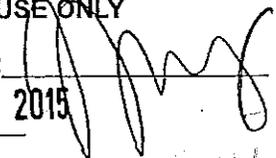
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: **APR 14 2015**

90-day authority: Yes No 

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

① Taming of the Brew, LLC

② _____ ④ _____

2. Trade Name (dba): Taming of the Brew

3. Business Location: 530 SW Lundgren Terrace #100 Beaverton Washington OR 97006
(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: 503-533-9717
(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: W

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

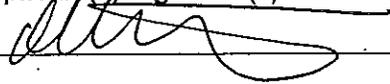
10. What is the local governing body where your business is located? Washington County
(name of city or county)

11. Contact person for this application: Marc Henry Peterson 503-320-9048
(name) (phone number(s))

3310 SW Lundgren Terrace Beaverton, OR 97005
(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 Mar 16, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



**OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION**

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 - Passenger Carrier
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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

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: if

Date: 4-14-15

90-day authority: Yes No

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

① Coffee House Holdings, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #2866

3. Business Location: 2002 NW Stucki Avenue Hillsboro Washington OR 97124
(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: 503-645-5029
(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: Jolene Whiteside
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Hillsboro
(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 Charles J. Turner Date 3-23-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

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: JR

Date: 4-14-15

90-day authority: Yes No

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

- ① Coffee House Holdings, Inc. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #2794

3. Business Location: 1882 East Baseline Street Cornelius Washington OR 97113
(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: 503-357-6858
(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: Kate Owen
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Cornelius
(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 _____



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

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: 4-9

90-day authority: Yes No

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

① Rosenstadt Brewery LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Rosenstadt Brewery

3. Business Location: 12300 SE Carpenter Drive Clackamas Clackamas OR 97015
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4110 SE Hawthorne Blvd #735 Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 520-370-5842, 503-784-7947
(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: Tobias Hahn, Nick Greiner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Tobias Hahn 520-370-5842
(name) (phone number(s))
4110 SE Hawthorne Blvd #735 Portland, OR 97214 tobias@rosenstadtbrewery.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 Tobias Hahn Member Rosenstadt Br. LLC Date 03/25/2015 ③ _____ Date _____

② Nick Greiner Member Rosenstadt Br. LLC Date 03/25/2015 ④ _____ Date _____

RECEIVED

4-9-15



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

ACTIONS

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

90-DAY AUTHORITY

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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: JP

Date: 4-9-15

90-day authority: Yes No DME

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

① GRACKLE GROUP, INC. ③ MATTHEW JOHNSON

② ANDRES GONZALEZ-DIAZ ④ _____

2. Trade Name (dba): INTERSTATE PIZZA COMPANY

3. Business Location: 3530 SW MULTNOMAH BLVD PORTLAND OR 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3525 NE 44TH AVE PORTLAND, OR 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 821-9188
(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: _____

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: MATTHEW JOHNSON
(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: ANDRES GONZALEZ-DIAZ
(name) (phone number(s))
3525 NE 44TH AVE PORTLAND, OR 97213
(address) (fax number) (e-mail address)
blackbirdwine@gmail.com

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

Applicant(s) Signature(s) and Date:

① Andres Gonzalez-Diaz Date 3/16/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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

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: 4-15

90-day authority: Yes No

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

① Southern Wine & Spirits of Washington, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Southern Wine & Spirits of Washington

3. Business Location: 9805 SW Boeckman Road, Wilsonville, Clackamas, OR 97070
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o Steven Becker, 1600 NW 163rd Street, Miami, FL 33169
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (305) 627-1102
(phone) (fax)

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

7. If yes to whom: PLEASE SEE ATTACHED RIDER Type of License: _____

8. Former Business Name: N/A

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

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

11. Contact person for this application: Angela M. Minckler, Buchman Law Firm, LLP (415) 434-5740
(name) (phone number(s))
505 Sansome Street, Suite 1500, San Francisco, CA (415) 394-9564 aminckler@buchmanlaw.com
(address) 94111 (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 Steven R. Becker, Manager Date 3/25/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

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: J. Smother

Date: 4/13/15

90-day authority: Yes No

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

① McKenzie River Tap House LLC ③ Kenneth L Mashak

② _____ ④ _____

2. Trade Name (dba): McKenzie River Tap House

3. Business Location: 5818 Main St Spfld Lane OR 97478
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4895 Glacier Dr Spfld OR 97478
(PO box number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-729-6901
(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: Kenneth L Mashak
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kenneth Mashak
(name) 541-729-6901
(phone number(s))
4895 Glacier Dr Spfld OR 97478 Ken.Mashak@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 Kenneth Mashak Date 3/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

City of Gold Beach
(name of city or county)

recommends that this license be:

Granted Denied

By: [Signature] 3/9/2015
(signature) (date)

Name: Bob Fris

Title: City Administrator

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 4/14/15

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 MARY Bonstein ③ _____
② _____ ④ _____

2. Trade Name (dba): Rogue River apple works

3. Business Location: 29750 Ellensburg Ave Gold Beach Curry OR 97444
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1385 Gold Beach OR 97444
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-285-7950 / 541-247-6809 0
(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? Gold Beach / Curry
(name of city or county)

11. Contact person for this application: MARY Bonstein 541-285-7950 / 541-247-6809
(name) (phone number(s))
29750 Ellensburg Ave G.B Bonstein mary@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 Mary Bonstein Date 12-10-14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

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: 4/8/15

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 Vector Volcano Classic Arcade LLC

② _____

2. Trade Name (dba): Vector Volcano Classic Arcade LLC ②

3. Business Location: 111 NW Oregon Ave. Bend OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-668-0546
(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 Name: Danielle Pulliam
(manager must fill out an Individual History form)

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

11. Contact person for this application: Brett Pulliam 541-668-0546
(name) (phone number(s))
111 NW Oregon Ave. brettpulliam@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① B-P-O Date 4/8/15 ③ _____ Date _____

② [Signature] Date _____ ④ _____ Date _____

RECEIVED
APR 08 2015
Oregon Liquor Control Commission
Bend, Oregon



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

FEB 25 2015

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 4/10/15

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Blue Productions, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): New Napa Wine

3. Business Location: 1144 Ashford Way Medford, OR 97504
(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: 541 301 9974
(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: Ben Abben
(manager must fill out an Individual History form)

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

11. Contact person for this application: Corey McTaggart 541 218 3359
(name) (phone number(s))

PO Box 744 Jacksonville, OR 97530 coreymcgart@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 2/22/15 ③ _____

② _____ Date _____ ④ _____

PAID: 4/10/15
POSTED

VII. CERTIFICATE / LICENSE INFORMATION			
License Applied For: TTB Permit #		Type of Action:	
OFF PREMISES SALES		New Outlet	
Applicant #1: <input type="checkbox"/> Masterfile PACIFIC OCEAN HARVESTERS, LLC Server Ed Class	Applicant #2: <input type="checkbox"/> Masterfile Server Ed Class		
Applicant #3: <input type="checkbox"/> Masterfile Server Ed Class	Applicant #4: <input type="checkbox"/> Masterfile Server Ed Class		
New Trade Name: PACIFIC OCEAN HARVESTERS		Premises Phone #: 541-251-3643	
Address: 16372 Lower Harbor Road	City: Brookings	County: Curry	Zip: 97415
Mailing Address (if different from above):	City:	State:	Zip:
Former Trade Name:	Former Licensee:	Former Lic Type:	Former Location: (for CLOC only)
Checklist: <input type="checkbox"/> 90 Day Temp. Authority Exp: <input type="checkbox"/> Catering Pre-Approval (Small) <input type="checkbox"/> Catering Pre-Approval (Large) <input type="checkbox"/> Tasting Privileges <input type="checkbox"/> Same Day Delivery Approval <input type="checkbox"/> Next Day Delivery Approval <input type="checkbox"/> Gas Pumps <input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other: <input type="checkbox"/> Restriction (see report/rx letter)	<input type="checkbox"/> Server Ed Designee Name: DOB: Date of Class: Permit Expiration: <input type="checkbox"/> LLI Exemption <input type="checkbox"/> SVED Exemption Name:	License Process Office Use Only: <input type="checkbox"/> Okay to issue	
VIII. APPROVAL			
Investigator: S.HOOVER Recommendation: GRANT	Signature:	Date:	
Reviewer:	Signature:	Date:	
Manager: Recommendation: <input type="checkbox"/> Grant <input type="checkbox"/> Refuse Summary Sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Date:	
Executive Director Decision/Recommendation:			Date:
Commissioner Decision:			Date:

*use as app page per summer.
 she accepted app in field & gave app to applicant to take to CLO.*



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY Date application received: <u>2-10-15</u> The City Council or County Commission: <u>Curry</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Susan Brown</u> <u>2-18-15</u> <small>(signature) (date)</small> Name: <u>Susan Brown</u> Title: <u>Chair, Curry County</u>	OLCC USE ONLY Application Rec'd by: <u>SK</u> Date: <u>3/27/15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ① Dowlene Rhodes ② _____
 - ③ _____ ④ _____
- Trade Name (dba): Asana Grille and Village Wine Smith
- Business Location: 15957 Highway 101 Harbor Oregon, Curry County 97415
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: P.O. Box 7772 Brookings Oregon 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: new business, no phone at this time. please call cell 541-251-4567
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Curry County
(name of city or county)
- Contact person for this application: George Rhodes 541-251-4567
(name) (phone number(s))
P.O. Box 7772 Brookings Oregon 97415 georhodes@charter.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Dowlene Rhodes Date 02/02/15 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: 4-9-15

90-day authority: Yes No

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

① Coffee House Holdings, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #13327

3. Business Location: 2298 Gable Road St. Helens Columbia OR 97051
(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: 503-397-1259
(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: Steven Smallwood
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? St. Helens
(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 Clarice J Turner Date 3-23-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr) **WYNC - 1st LOCATION**
- 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: 4/15/15

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 Naumes Crush & Fermentation LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Naumes Crush & Fermentation

3. Business Location: 1311 N Central Ave. Medford Jackson OR 97501
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 996 Medford OR 97501
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: TBD _____
(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: TBD
(manager must fill out an Individual History form)

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine 503-778-5469
(name) (phone number(s))
1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 alyssamctimpeny@dwt.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 4/6/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 4-10-15

90-day authority: Yes No

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

① WINE EDUCATION CONSULTANTS LLC ③ _____

② RANDALL REEDER ④ _____

2. Trade Name (dba): STEECHINO BISTRO & WINE BAR

3. Business Location: 2014 MAIN ST, FOREST GROVE, OR 97116 WA COUNTY
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2014 MAIN ST, FOREST GROVE, OR 97116
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 352 9921
(phone) (fax)

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

7. If yes to whom: WINE EDUCATION CONSULTANTS LLC Type of License: Full On-Premise

8. Former Business Name: _____

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

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

11. Contact person for this application: RANDALL REEDER 206 200 9218
(name) (phone number(s))
2014 MAIN ST FOREST GROVE, OR 97116 randy@steechinobistro.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 4/10/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- 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: OR

Date: 4-9-15

90-day authority: Yes No

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

① Macdamy K Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): WB Market

3. Business Location: 222 Molalla Ave Oregon Clackamas OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 222 Molalla Ave Oregon OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 425-238-5282
(phone) (fax)

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

7. If yes to whom: LCS Inc Type of License: Beer & Wine

8. Former Business Name: WB Market

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

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

11. Contact person for this application: Andrew Kim 425-238-5282
(name) (phone number(s))
16520 Larch Way R2 Lynnwood WA 98037
(address) (fax number) (e-mail address)
andrewk0424@gmail.com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/9/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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 13 2015**
 90-day authority: Yes No

L 213498
P 40758

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① 412 Partners, LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): PINTS

3. Business Location: 412 NW 5th Avenue, Suite 100 Portland, Multnomah Oregon 97209
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 412 NW 5th Avenue, Suite 200, Portland Oregon 97209
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-564-2739 (phone) 503-288-6209 (fax)
 (phone) (fax)

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

7. If yes to whom: 412 Partners, LLC Type of License: Brewery-Public House

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: Robert Gibson (503)752-1396
 (name) (phone number(s))
412 NW 5th Avenue, Suite 200 Portland OR 97029 503-288-6209 rgibson@pacificap.com
 (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
 ① Robert Gibson Date 4/1/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P 28772
L 217491

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JR

Date: 4-13-15

90-day authority: Yes No

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

- ① B.D. CUISINE LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): B.D. CUISINE LENTIL GARDEN

3. Business Location: 18033 NW Evergreen Pkwy #C, Beaverton, Washington, OR 97006
(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: 503-531-0802
(phone) (fax)

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

7. If yes to whom: Suski Town Inc e of License: Limited On-Premises Sales

8. Former Business Name: Suski Town

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

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

11. Contact person for this application: Balbir Singh 918-812-8387
(name) (phone number(s))

18465 sw stepping stone dr, apt 2, Beaverton, OR, 97003
(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 Balbir Singh Date 4/8/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

*PA 8084
L 2/8080
L 2/8083*

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: 4/5

90-day authority: Yes No

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

① CSM Oregon F&B, L.L.C. ③ _____

② _____ ④ _____

2. Trade Name (dba): Hilton Garden Inn

3. Business Location: 15520 NW Gateway Court Beaverton Washington OR 97006
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 500 Washington Avenue South #3000 Minneapolis MN 55415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-439-1717
(phone) (fax)

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

7. If yes to whom: CSM Beaverton LLC & CSM Lodging Serv Type of License: Full On-Premises and Full Off-Premises

8. Former Business Name: Hilton Garden Inn Portland/Beaverton

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

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

11. Contact person for this application: Kelly Schmidt 612-395-7025
(name) (phone number(s))
500 Washington Ave. S. Suite 3000 Minneapolis, MN kschmidt@csmcorp.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *Eugene M. Bowar* Date 4/10/15 ③ _____ Date _____
Eugene M. Bowar - Manager of CSM Oregon F&B L.L.C.

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 Moving

*P49714
L203981*

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 15 2015** _____

90-day authority: Yes No

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

① My Bartender LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Bartender

3. Business Location: 2305 SE 9th Avenue, Portland, Multnomah, 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: 503-278-7349
(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: Cooper Construction Company

9. Will you have a manager? Yes No Name: Sean Moloney
(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: Sean Moloney - 503-680-1794
(name) (phone number(s))
133 SE Madison Street, Portland, OR 97214 sean@mybartender.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 *Sean Moloney* Date 04/09/2015 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 _____

P52780
L217580

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JR

Date: 4-15-15

90-day authority: Yes No

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

① Wine & Growl LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Wine & Growl

3. Business Location: 8108 SW Beaverton-Hillsdale Hwy Portland Washington OR 97225
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8108 SW Beaverton-Hillsdale Hwy Portland OR 97225
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-477-7306
(phone) (fax)

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

7. If yes to whom: Wine and Growl LLC Type of License: Limited On-Premises, Off-Premises

8. Former Business Name: _____

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

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

11. Contact person for this application: Pascal Dobert 503-729-9792
(name) (phone number(s))
1010 NW Naito Pkwy #M16 Portland, OR 97209 pdobert@me.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Pascal Dobert 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 UPN

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: 4-15

90-day authority: Yes No

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

- ① Jon TANK
- ② Tom Burke
- ③ Sunset Recreation Inc.
- ④ _____

2. Trade Name (dba): 20th Century Lanes

3. Business Location: 3550 SE 92ND AVE Portland Multnomah Oregon 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12770 SW Walker Rd Benton Oregon 97005
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 646-1116 (503) 646-6813
(phone) (fax)

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

7. If yes to whom: Bowling Centers Inc Type of License: Full On-Premises Sales

8. Former Business Name: AMF 20th Century Lanes

9. Will you have a manager? Yes No Name: Aaron Whitford
(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: Jon TANK (503) 646-1116
(name) (phone number(s))

12770 SW Walker Rd Benton 97005 (503) 646-6813 Jon@SunsetLanes.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 4/9/15 ③ _____ Date _____

② [Signature] Date 4/9/15 ④ _____ Date _____

RECEIVED

APR 15 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 CTN

*Pa 8000
L 218084
L 218082*

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: 4-15

90-day authority: Yes No

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

- ① CSM Oregon F&B, L.L.C. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Courtyard by Marriott

3. Business Location: 9300 SE Sunnybrook Blvd Clackamas OR 97015
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 500 Washington Ave. S. #3000, Minneapolis, MN 55415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-652-2900 503-654-6754
(phone) (fax)

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

7. If yes to whom: CSM CY Clackamas, L.L.C. & CSM Lodging Services Inc. Type of License: Full On Premises & Full Off Premises

8. Former Business Name: Courtyard by Marriott

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

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

11. Contact person for this application: Kelly Schmidt 612-395-7025
(name) (phone number(s))
500 Washington Ave. S. #3000 Minneapolis, MN 55415 kschmidt@csmcorp.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 4/10/15 ③ _____ Date _____
Eugene M. Bowar - Manager of CSM Oregon F&B, L.L.C.
- 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 _____

P5151
L 203456
L 203454

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 4-14-15

90-day authority: Yes No

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

① Breakwater Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Ship Ahoy Tavern

3. Business Location: 2889 SE Gladstone St. Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2889 SE Gladstone St Portland OR 97202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-239-0868
(phone) (fax)

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

7. If yes to whom: Grand Trading Inc. Type of License: Full On Premises & Off-Premises

8. Former Business Name: Ship Ahoy Tavern

9. Will you have a manager? Yes No Name: William Hassenpflug
(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: Darrell Moles 503-239-0868
(name) (phone number(s))
2889 SE Gladstone St. Portland OR 97202 darrell.m@ 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 _____

② _____ Date _____ ④ _____

RECEIVED

APR 09 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 _____

207515

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: AW

Date: 4-13-15

90-day authority: Yes No

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

① HAM Markets Inc. ③ _____
 ② _____ ④ _____

2. Trade Name (dba): ~~Ham Markets Inc.~~ Medford Fruit Quality Market

3. Business Location: 1211 East Jackson St. Medford Jackson OR 97504
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 918 Medford OR 97524
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-608-2800 541-608-2800
(phone) (fax)

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

7. If yes to whom: HAM Markets Inc. Type of License: Off-Premise

8. Former Business Name: _____

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

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

11. Contact person for this application: Herb Miller 541-951-1519
(name) (phone number(s))
PO Box 918 Eagle Point OR 97524
(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 M/M Date 4/3/15 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 _____

217407

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: ce

Date: 4/14/15

90-day authority: Yes No

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

① ~~Nadine Cearley~~ MNC Enterprises, Inc.

② ~~Dale Mahant Cearley~~

2. Trade Name (dba): Triangle Tavern

3. Business Location: 222 W. Marine Dr. Astoria Pacific Oregon 97103
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 256 Chinook WA 98614
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 325-7405
(phone) (fax)

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

7. If yes to whom: MNC Enterprises Inc Type of License: L+O

8. Former Business Name: Triangle Tavern

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? Astoria
(name of city or county)

11. Contact person for this application: Nadine Cearley cell 503 298-9699 wk 503 325-7405
(name) (phone number(s))
8 Mary St, Chinook, WA 98614 360-777-8244 mCearley@Centurytel.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Nadine Cearley Date 4-13-15 ③ _____ Date _____

② Dale Cearley Date 4-13-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED FEB 11 REC'D By Jmc

Application is being made for:

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

203040

90-DAY AUTHORITY <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Susan Brown</u> 3/18/15 (signature) (date) Name: <u>Susan Brown</u> Title: <u>Chair, Commissioner</u>
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual's	OLCC USE ONLY Application Rec'd by: <u>[Signature]</u> Date: <u>2/11/15</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① YIN LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Chan's Restaurant

16483 3. Business Location: 16389 Lower Harbor Rd. Brookings Curry OR 97415
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16389 Lower Harbor Rd. ? Brookings OR 97415
 (PO box, number, street, rural route) (city) (state) (ZIP code)
 (Mail to PO Box 3230, Harbor, OR 97415)

5. Business Numbers: 541-469-7013 _____
 (phone) (fax)

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

7. If yes to whom: Jason Chan and Cindy Chan Type of License: Limited On-Premises Sales

8. Former Business Name: Chan's Restaurant

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

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

11. Contact person for this application: Baoqin Wang 503-626-7051
 (name) (phone number(s))
PO Box 111, Beaverton, OR 97075 503-596-3657 immigration@askwang.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 Wei Biao Liu Date 2/4/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: 2nd location

ACTIONS

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

210420

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. H. [Signature]

Date: 4/13/15

90-day authority: Yes No

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

① Atlas Hard Cider Co LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Atlas Cider Co

3. Business Location: 550 SW Industrial LN Bend OR 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-390-8096
(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: Daniel McCoy
(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: Dan McCoy 541-390-8096
(name) (phone number(s))
61350 Huckleberry Pl Bend, OR 97702
(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 4/13/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 2nd location

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: 4/16/2015 (CA)

90-day authority: Yes No

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

① Mia Sonatina Cellars, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Mia Sonatina Cellars

3. Business Location: NW Distribution, 2900 Pringle Rd SE Salem, Marion OR 97303
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1661 Eugene Court NE Keizer OR 97303
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-449-0834 (phone) (fax)

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

7. If yes to whom: NW Distribution Type of License: Warehouse

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, Marion Co
(name of city or county)

11. Contact person for this application: M. M. J. Spencer 503-449-0834
(name) (phone number(s))
1661 Eugene Ct NE, Keizer OR 97303 Miasonatina@gmail.com
(address) (fax number) (email address)

RECEIVED

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 M. M. J. Spencer Date 4-16-15 ③ _____ Date _____
APR 16 2015

② _____ Date _____ ④ _____ SALEM REGIONAL OFFICE Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Chg. location
From Premises #
44760

Application is being made for:

<p>LICENSE TYPES</p> <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 checked="" type="checkbox"/> Other: <u>Change of location for winery</u>	<p>ACTIONS</p> <input 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>Location C/Trade Name</u> <u>215178</u>	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____ (name of city or county)</p> <p>recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ (signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p>
<p>90-DAY AUTHORITY</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>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		<p>OLCC USE ONLY</p> <p>Application Rec'd by: <u>OLCC</u></p> <p>Date: <u>4/3/2015</u> <u>CO</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Bodhichitta Winery LLC ③
 ② _____ ④ _____
- Trade Name (dba): The Winery at Manzanita
- Business Location: 253 Laneda Avenue, Manzanita, Tillamook Co., OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97130
- Business Mailing Address: 526 SW Yamhill St, Portland, OR 97204
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 580 9463
(phone)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Bodhichitta Winery LLC Type of License: Winery
- Former Business Name: _____
- Will you have a manager? Yes No Name: Mark Proden (history form on file)
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Manzanita
(name of city or county)
- Contact person for this application: Mark Proden 503-580-9463
(name) (phone number(s))
526 SW Yamhill St, Portland, OR 97204 mark@islandmark
(address) (fax number) (e-mail address) wines.com

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 MAR 11 2015
 SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① Mark Proden Date 2/19/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____

