OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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 23 2015

90-day authority: ☐ Yes ☐ No

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

① Dicks Kitchen LLC ③ _____

② [illegible] ④ _____

2. Trade Name (dba): DICKS KITCHEN

3. Business Location: 4905 SE Woodstock Blvd. Portland Multnomah OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3312 SE Belmont St. Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-209-4995
(phone) (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Liam M. Pelot
(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: Barbara Stutz 503-209-4995
(name) (phone number(s))

3312 SE Belmont St. Portland, OR 97214 barbara@dkportland.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 Richard Aatmick Date 4/9/15 ③ _____ Date _____

② Richard Aatmick Date 4/9/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [X] Other

L 203754
P 48718

90-DAY AUTHORITY

[X] 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 [X] 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 21 2015

90-day authority: ☐ Yes ☐ No

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

① A&JP Entertainment LLC ③ _____

② A+JP ④ _____

2. Trade Name (dba): AJ's Cabaret

3. Business Location: 13550 S.E. Powell Portland OR 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 66681 Portland OR 97266
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 780 0388 503.502.0746
(phone) (fax)

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

7. If yes to whom: Kings Wild Bar & Grill, LLC Type of License: Full On-Premises + limited on-premises

8. Former Business Name: Kings Wild Bar & Grill

9. Will you have a manager? [X] Yes [ ] No Name: Adrian Kallimanis
(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: Adrian Kallimanis 503.780.0388
(name) (phone number(s))

P.O. Box 66681, Portland, OR 97266
(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 Adrian Kallimanis Date 4/21/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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: 4-20

90-day authority: ☐ Yes ☐ No

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

① Deschutes Motel LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Deschutes Motel

3. Business Location: 616 Mill St (number, street, rural route) | Maupin (city) | Wasco (county) | Oregon (state) | 97037 (ZIP code)

4. Business Mailing Address: 616 Mill St (PO box, number, street, rural route) | Maupin (city) | Oregon (state) | 97037 (ZIP code)

5. Business Numbers: 541395-2626 (phone) _____ (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Dawna North (name) | 541395-2626 (phone number(s))

616 Mill St Maupin, Or 97037 (address) | _____ (fax number) | info@deschutesmotel.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3/20/15 ③ _____ Date _____

② _____ Date 3/20/15 ④ _____ Date _____

RECEIVED
4-2015

Initials: _____

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: 4/7/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Camille M. Gonzalez ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Atlas Wine Sales
3. Business Location: 111 SE Belmont St Portland OR 97214 multnomah
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 6531 SE 42nd Ave Portland OR 97206
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503.409.3975 NA
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes ☒ No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? ☐ Yes ☒ No Name: _____
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? multnomah
    (name of city or county)
11. Contact person for this application: Camille Gonzalez 503.409.3975
    (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 Camille M Gonzalez Date 4-7-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other 4/7/15

L 202919
P 5036

90-DAY AUTHORITY

[x] 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 [x] 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: APR 2 1 2015

Date: _____

90-day authority: ☐ Yes ☐ No

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

① Hopaganda LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): ~~Old Gilbert Road Tavern~~

3. Business Location: 5501 se 72nd Ave (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97206 (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? [x] Yes [ ] No

7. If yes to whom: Darcy Cadigan Type of License: Full On-Premise Sales

8. Former Business Name: Cadigan's Corner Bar

9. Will you have a manager? [ ] Yes [x] 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: Isaac Jarrel Cooprider (name) 503.997.0952 (phone number(s))

7330 N Seneca St Portland OR 97203 (address) (fax number) pdxcoop@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 _____ Date 4-21-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

L 218029
P 27797

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 [X] 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: 4-21-15

90-day authority: ☐ Yes ☐ No

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

① LEE, MOON KYOUNG ③ _____

② _____ ④ _____

2. Trade Name (dba): Nak Won Korean Restaurant

3. Business Location: 4600 SW WATSON Ave. Beaverton Washington OR 97005
(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) 646-9382
(phone) (fax)

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

7. If yes to whom: Chang H. Lee Type of License: Full On-P

8. Former Business Name: NAK WON korean Restaurant

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

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

11. Contact person for this application: Lee, Moon Kyoung (503) 706-4831
(name) (phone number(s))

8645 SW Wakeling Terrace Beaverton OR 97007 waniappa@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 _____ Date 04-20-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L 214894
P 7639

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: 4-22-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Sahak, Abdulrahman ③ _____
   ② ~~Cornell~~ _____ ④ _____
2. Trade Name (dba): Cornell Mini Mart
3. Business Location: 1910 NE Cornell Rd. Hillsboro, Washington, OR 97124
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1910 NE Cornell Rd Hillsboro OR 97124
   (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: Thomas Ha Type of License: OFF premises
8. Former Business Name: Cornell Mini Mart
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? Hillsboro, Washington
    (name of city or county)
11. Contact person for this application: Sahak, Abdulrahman 503-820-8841
    (name) (phone number(s))
    2305 SE 121st AVE Apt #68, Portland, OR 97216 rahman_shk@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 _____ Date 4/21/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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: 4-22-15

90-day authority: ❑ Yes ❑ No

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

① ~~Ken Chen~~ Sensei Sushi Bar+Grill LLC ③_____

② ~~Peng Yun Chen~~ ④

2. Trade Name (dba): Sensei Sushi Bar & Grill

3. Business Location: 710 SW 2nd Ave Portland Multnomah OR 97201
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 710 SW 2nd Ave Portland OR 97201
(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: Ken Chen
(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: Ken Chen 503-889-6005
(name) (phone number(s))

2339 SE 89th Ave, PHd 97214 Chen,ken@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 _____ Date 4/1/2015 ③ RECEIVED Date _____

② _____ Date 4/1/2015 ④ APR 21 2015 Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: DC

Date: 04/17/15

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Union Event Co, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Union Event Co.
3. Business Location: 301 Oak Street, Hood River, Hood River, OR, 97031
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 309 Oak Street, Hood River, OR, 97031
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 955-1746-0004
   (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: Stephanie Lauk
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Hood River
    (name of city or county)
11. Contact person for this application: Stephanie Lauk (name) 971-645-5123 (phone number(s))
    1110 Sherman Ave (address) _____ (fax number) stephanie@unioneventco.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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: 4-16

90-day authority: ☐ Yes ☐ No

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

① WOW! Burger of Oregon, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): WOW! Burger of Oregon

3. Business Location: 4823 Meadows Rd, Ste. 117 Lake Oswego Clackamas OR 97035
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16165 SW 72nd Ave Portland OR 97224
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-747-3974 503-303-8919
(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: Christopher Knouf
(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: Jennifer Miller 503-747-3974
(name) (phone number(s))

16165 SW 72nd Ave Portland, OR 97224 503-303-8919 jenniferm@cckrusa.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3/15/15 ③ _____ Date _____

② _____ Date 4/9/15 ④ _____ Date _____

RECEIVED
APR 16 2015
Initials: _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] 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
- [x] 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 [x] Limited Liability Company [x] 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: 4-22-15

90-day authority: [ ] Yes [ ] No

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

① Federico Rivera ③ _____

② Taqueria el Jalapeno LLC ④ _____

2. Trade Name (dba): Taqueria el Jalapeno

3. Business Location: 16555 SW 12th Av Ste F (number, street, rural route) Sherwood (city) (county) OR (state) 97140 (ZIP code)

4. Business Mailing Address: 16555 SW 12th Av Ste F (PO box, number, street, rural route) Sherwood (city) OR (state) 97140 (ZIP code)

5. Business Numbers: (503) 317-7987 (phone) _____ (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Federico Rivera (name) (503) 317-7987 (phone number(s))

1155 SW 183rd PL Beaverton, OR 97006 (address) (fax number) Taqueriaelajalapeno1@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 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 _____

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: 4-22-15

90-day authority: ❑ Yes ❑ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Brandy Lynn Knightly~~ ③ _____
   ② Puddle Town LLC ④ _____
2. Trade Name (dba): Merwin's Vape & Vintage
3. Business Location: 3611 SE Division Street Portland Oregon 97202 Multnomah
   (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: 503-235-3533
   (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: Rebelle's (Former lease holder)
9. Will you have a manager? ☑ Yes ☐ No Name: Marta Kalinska
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Portland,Oregon - Multnomah County
    (name of city or county)
11. Contact person for this application: Brandy Lynn Knightly 503-544-4382
    (name) (phone number(s))
    9050 SW Capitol Highway Portland, Oregon 97219 june@merwinsvape.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 4.7.15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
APR 20 2015
Initials: _____
Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES
- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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 21 2015

90-day authority: ☐ Yes ☐ No

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

① Barking Irons, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Victoria

3. Business Location: 4835 N. Albina Ave. (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97217 (ZIP code)

4. Business Mailing Address: 4835 N. Albina Ave. (PO box, number, street, rural route) Portland (city) OR (state) 97217 (ZIP code)

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

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Lisa Hare (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: Lisa Hare (name) (801) 441-9454 (phone number(s)) (No solicitations please)

4835 N. Albina, Portland OR 97217 (address) N/A (fax number) barkingironspdx@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 _____ Date 4-21-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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: 4-21-15

90-day authority: ☐ Yes ☐ No

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

① Post5 Theatre Company ③ _____

② _____ ④ _____

2. Trade Name (dba): The Bar[d]

3. Business Location: 1666 SE Lambert Street Portland OR 97202
(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: 971-258-8584
(phone) (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Cassandra Schwanke
(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: Cassandra Schwanke 503 560 6726
(name) (phone number(s))

1666 SE Lambert St Portland, OR 97202 cassandra@post5theatre.or
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
APR 07 2015
Initials: _____

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 Received by: APR 22 2015

Date: _____

90-day authority: ☐ Yes ☐ No

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

① FILLMORE COFFEE, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): FILLMORE COFFEE

3. Business Location: 7201 NE GLISAN ST SUITE A PORTLAND MULTNOMAH OR 97213
(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: 971-404-8048
(phone) (fax)

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

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

8. Former Business Name: N/A

9. Will you have a manager? ☒ Yes ☐ No Name: TIM WILLCOX (OWNER)
(manager must fill out an Individual History form)

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

11. Contact person for this application: TIMOTHY J. WILLCOX 971-404-8048
(name) (phone number(s))

3316 NE 72ND AVE, PORTLAND 97213 timothywillcox@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 4-22-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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 22 2015

90-day authority: ❑ Yes ❑ No

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

① Chills LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Rabbit Hole Show Club

3. Business Location: 8102 NE Killingsworth St Portland, OR 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8102 NE Killingsworth St Portland, OR 97218
(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 [x] No

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

8. Former Business Name: The Viewpoint

9. Will you have a manager? [ ] Yes [x] 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: Vincent Culp (name) 503-952-6986 (phone number(s))

po box 772 Sandy, OR 97055 (address) (fax number) vinceculp@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4/13/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] 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
- [X] 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 [X] 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: 4-22-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Kelli Fleischmann~~ ③ Rounders LLC
   ② ~~Matthew Knief~~ ④ _____
2. Trade Name (dba): Rounders
3. Business Location: 16353 SE Division (number, street, rural route) Suite 124 Portland (city) Mult. (county) Oregon (state) 97236 (ZIP code)
4. Business Mailing Address: 1509 NE 181st (PO box, number, street, rural route) Portland (city) Oregon (state) 97230 (ZIP code)
5. Business Numbers: 503 880-5167 (phone) 503 253-5036 (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [X] No
7. If yes to whom: _____ Type of License: _____ N/A
8. Former Business Name: _____ N/A
9. Will you have a manager? [ ] Yes [X] No Name: _____ (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Portland, Mult. (name of city or county)
11. Contact person for this application: Kelli Fleischmann (name) 503 880-5167 (phone number(s))
    3720 SW Bond Ave Apt 2 (address) Port, 97239 2012 (503) 253-5036 (fax number) KelliKay700 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 _____ Date 4/22/15 ③ _____ Date _____

② _____ Date 4-22-15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 4/15/2015 CW

90-day authority: ☐ Yes ☒ No

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

① Terrabella Vineyards, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Terrabella Vineyards

3. Business Location: 1360 W. Main Sheridan Yamhill OR 97140
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 786 [illegible] Or 97070
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: [illegible]
(phone) (fax)

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

7. If yes to whom: J. Wrigley Type of License: WY

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? Sheridan / Yamhill Co.
(name of city or county)

11. Contact person for this application: Jerry L. Drake [illegible]
(name) (phone number(s))

[illegible]
(address) (fax number) (e-mail address)

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OREGON LIQUOR CONTROL COMMISSION
APR 15 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 [signature] Date 3-27-15 ③ _____ Date _____

② [signature] 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 License

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: 4/22/14

90-day authority: ☐ Yes ☒ No

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

① Mckenzie River Brewing Company ③ _____

② _____ ④ _____

2. Trade Name (dba): Hop Valley Brewing Company

3. Business Location: 1400 Cross St Eugene, OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 990 W 1st Ave Eugene, OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.485.2337
(phone) (fax)

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

7. If yes to whom: Hop Valley Brewing Company Type of License: Brewery Public House

8. Former Business Name: _____

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

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

11. Contact person for this application: Greg Peck, 541.521.8662
(name) (phone number(s))

701 High St Ste 200 Eugene, OR 97402 5414346201
(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 4/8/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] Change Ownership
- [x] 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 [x] 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: 4-2015

90-day authority: ☐ Yes ☐ No

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

① Sheena Bell ③ _____

② Dario Pisoni ④ _____

2. Trade Name (dba): Pisoni Catering

3. Business Location: 10280 NE Oak Spring Farm Rd | Carlton | Yamhill | Oregon | 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 10510 NE 69th Ave | Vancouver | WA | 98686
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-421-8133
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Sheena Bell 503-421-8133
(name) (phone number(s))

10510 NE 69th Ave Vancouver WA 98686 pisoni_catering@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 Sheena Bell Date 4-10-15 ③ _____ Date _____

② _____ Date 4-10-15 ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
APR 20 2015
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other Master file

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 [x] 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: A Waurendy

Date: 4-22-15

90-day authority: [ ] Yes [ ] No

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

① Red Robin International, Inc. ② _____

③ _____ ④ _____

2. Trade Name (dba): Red Robin Gourmet Burgers and Brews

3. Business Location: 3060 Sprague Lane (number, street, rural route) | Woodburn (city) | Marion (county) | OR (state) | 97071 (ZIP code)

4. Business Mailing Address: 6312 S Fiddler's Green Circle, Suite 200N (PO box, number, street, rural route) | Greenwood Village (city) | CO (state) | 80111 (ZIP code)

5. Business Numbers: (303) 846-6187 (phone) _____ (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] 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 Woodburn (name of city or county)

11. Contact person for this application: Jeffrey D. Hern (name) (503) 796-2919 (phone number(s))

1211 S.W. Fifth Ave., Suite 1900, Portland, OR 9720 (address) (503) 796-2900 (fax number) jhern@schwabe.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4/17/2015 ② _____ Date _____

③ _____ Date _____ ④ _____ Date _____

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APR 22 2015
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: 4/22/2015

90-day authority: ☐ Yes ☒ No

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

① Ma Belle Fleur Wines LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Ma Belle Fleur

3. Business Location: 979 SW Alder Street Dundee, Yamhill, Oregon, 97115
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 848 SW Taft Street #14 McMinnville, Oregon, 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-244-1748
(phone) (fax)

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

7. If yes to whom: Andrea Terra Type of License: WF

8. Former Business Name: _____

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

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

11. Contact person for this application: Karen Irizarry 856-230-3193
(name) (phone number(s))

848 SW Taft Street #14, McMinnville, OR 97128 karenirizarry1@gmail.com
(address) (fax number) (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
APR 22 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 _____ 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 _____

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: 4/15/2015

90-day authority: ☐ Yes ☐ No

RECEIVED
APR 09 2015
Oregon Liquor Control Commission
Bend, Oregon

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

① ROBERT ROLLINS ③ _____

② _____ ④ _____

2. Trade Name (dba): KORNER CAFE

3. Business Location: 540 FIRST STR (number, street, rural route) Fossil (city) (county) (state) 97830 (ZIP code)

4. Business Mailing Address: P.O. BOX 27 (PO box, number, street, rural route) FOSSIL (city) OR (state) 97830 (ZIP code)

5. Business Numbers: 541-763-3333 (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: "KOUNTRY CAFE" ~~KORNER CAFE~~

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

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

11. Contact person for this application: CARMEN OAKES (name) 541-763-3333 (phone number(s))

44210 Alder Creek Rd, FOSSIL, OR 97830 (address) / N/A (fax number) / bias_one@hotmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 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 _____

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: 4/17/2015 (CW)

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① The Renton Family Vineyard, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Renton Family Vineyard
3. Business Location: 18830 NE Williamson Rd. Newberg Yamhill Jackson OR 97132
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1490 NW Puccoon Court Bend OR 97701
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 925-408-7925
   (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: Chase Renton
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Newberg / Yamhill County
    (name of city or county)
11. Contact person for this application: Elaine R. Albrich 503-294-9394
    (name) (phone number(s))
    900 SW Fifth Ave., Suite 2600 Portland OR 97204 503-220-2480 eralbrich@stoel.com
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3/12/2015

② _____ Date _____

③ _____ Date _____

④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION
APR 15 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: OLCC

Date: 4/17/2015 CW

90-day authority: ☐ Yes ☒ No

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

① Cougar's Mark Vineyard, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Cougar's Mark Vineyard

3. Business Location: 6451 Hilltop Lane (number, street, rural route) Dayton (city) Yamhill (county) Oregon (state) 97114 (ZIP code)

4. Business Mailing Address: 1711 NW Garris Lane (PO box, number, street, rural route) McMinnville (city) Oregon (state) 97128 (ZIP code)

5. Business Numbers: 503-472-8028 (phone) _____ (fax)

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

7. If yes to whom: Winter's Hill Vineyard Type of License: Winery

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? Yamhill County (name of city or county)

11. Contact person for this application: Michael Smith (name) 503-472-8028 310-809-8898 (phone number(s))

1711 NW Garris Lane, McMinnville, Oregon 97128 (address) _____ (fax number) michaelsoffice@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 Michael Smith Date 4-17-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION
APR 17 2015
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES
- [X] 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
- [X] 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
- [X] 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: [illegible]

Date: 4/17/15

90-day authority: [ ] Yes [X] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Gormley LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Club 1444
3. Business Location: 1444 Main Street (number, street, rural route) Spfld (city) Lane (county) OR (state) 97477 (ZIP code)
4. Business Mailing Address: 7776 Thurston Rd (PO box, number, street, rural route) Spfld (city) OR (state) 97478 (ZIP code)
5. Business Numbers: 541-414-5328 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [X] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? [X] Yes [ ] No Name: Mary Dolores Buentiempo (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Springfield / Lane County (name of city or county)
11. Contact person for this application: Bryce Gormley (name) 541-414-5328 (phone number(s))
    7776 Thurston Rd, Spfld, OR 97478 (address) _____ (fax number) bgormley@msn.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4/4/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

RECEIVED
FEB 27 REC'D
By

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: 4/20/15

90-day authority: ☐ Yes ☐ No

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

① QUICK E MART LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): QUICK E MART LLC

3. Business Location: 1880 NEWMARK STREET NORTH BEND COOS OR 97459
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 665 MADRAS OREGON 97741
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-475-6307 541-475-6308
(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: Kirstin A Casey
(manager must fill out an Individual History form)

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

11. Contact person for this application: HARBANS K SANGHA 541-475-3607
(name) (phone number(s))

1009 NW EAGLE COURT MADRAS OR 97741 541-475-6308 truckloads247@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 H. K. S. Date 2-16-15 ③ _____ Date _____

② G. S. S. Date 2-16-15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

203329

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: 4/20/15

90-day authority: ☐ Yes ☒ No

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

① Eugene Country Club ③ _____

② _____ ④ _____

2. Trade Name (dba): Eugene Country Club

3. Business Location: 255 Country Club Road, Eugene, Lane County, Oregon, 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 255 Country Club Road, Eugene, Lane County, Oregon, 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 345-0181 / (541) 345-5365
(phone) (fax)

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

7. If yes to whom: Eugene Country Club Type of License: F-CLU

8. Former Business Name: _____

9. Will you have a manager? ☑ Yes ☐ No Name: ~~Richard Spurlin~~ Ian Prichard
(manager must fill out an Individual History form)

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

11. Contact person for this application: Steve Badenoch, Club Controller, (541) 345-0181
(name) (phone number(s))

255 Country Club Road, Eugene, OR, 97401 (541) 5365 / sbadenoch@ eugenecountryclub.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 4/10/15 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: _____

207984

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: 4/21/15

90-day authority: ☐ Yes ☐ No

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

① Jimmy & Kevin Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Butte Falls General Store

3. Business Location: 415 Broad St Butte Falls Jackson OR 97522
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 205 Obrien OR 97534
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 865-3223
(phone) (fax)

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

7. If yes to whom: Troy G McConnell Type of License: Off-premises Sales

8. Former Business Name: Butte Falls General Store

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

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

11. Contact person for this application: Jimmy Su (541) 287-2196
(name) (phone number(s))

P.O. Box 205 Obrien, OR 97534 (541)596-8546 Obrienstore@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 _____ Date 3/26/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OPENS 05 MAY 15

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

205255

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: Jah

Date: 4-20-15

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Ona Plate LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Ona Restaurant & Lounge
3. Business Location: 131 Hwy 101 N, Yachats, Lincoln, OR, 97498 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 870, Yachats, OR 97498 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-547-6627 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: Ona Plate LLC Type of License: Full On-Premises Sales
8. Former Business Name: Yachats River House
9. Will you have a manager? ☑ Yes ☐ No Name: Madeline Webb (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Yachats, Lincoln County (name of city or county)
11. Contact person for this application: Michelle Korgan (name) 541-961-0216 (phone number(s))
    65 Spencer NW (PO Box 870), Yachats OR 97498 (address) (fax number) michelle@onarestaurant.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4/5/15 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

$202.50

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 (CM)

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 (number, street, rural route) | Salem, (city) | Marion (county) | OR (state) | 97303 (ZIP code)

4. Business Mailing Address: 1661 Eugene Court NE (PO box, number, street, rural route) | Keizer (city) | OR (state) | 97303 (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. J. Spencer (name) 503-449-0834 (phone number(s))

1661 Eugene Ct NE, Keizer OR 97303 (address) _____ (fax number) MIASONATINA@GMAIL.COM (e-mail address)

RECEIVED
APR 16 2015
OREGON LIQUOR CONTROL COMMISSION

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 J Spencer Date 4-16-15 ③ _____ Date _____

② _____ Date _____ ④ SALEM REGIONAL OFFICE Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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

- [X] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [X] Other C/TA

216984

90-DAY AUTHORITY

[X] 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 [X] 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 CWalling

Application Rec'd by: 4-20-15

Date: 4-20-15

90-day authority: [X] Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Creekside Golf Operations, LLC
   ② _____ ③ _____ ④ _____
2. Trade Name (dba): Creekside Pub
3. Business Location: 6250 Clubhouse Dr SE (number, street, rural route) Salem (city) Oregon (county) Marion (state) 97306 (ZIP code)
4. Business Mailing Address: _____ (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-363-4653 (phone) 503-581-9008 (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: Creekside F&B LLC Type of License: full on Premises Sales
8. Former Business Name: Creekside Golf Club
9. Will you have a manager? [X] Yes [ ] No Name: Tom Whitaker (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Marion Salem (name of city or county)
11. Contact person for this application: Tom Whitaker (name) 317-902-2995 (phone number(s))

6250 Clubhouse Dr SE Salem Ore 97306 (address) 503-581-9008 (fax number) GM@GolfCreekside.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4-17-15 ③ _____ Date _____

② _____ Date 4-20-15 ④ _____ Date 4/20/15

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
APR 20 2015
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

COPY

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 _____

215535

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: 4/22/15

90-day authority: ☒ Yes ☐ No

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

① SVENSEN MARKET LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): SVENSEN MARKET

3. Business Location: 40490 OLD HWY 30 ASTORIA CLATSOP OREGON 97103
(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: 503-458-6288
(phone) (fax)

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

7. If yes to whom: COUNTRY MARKET INC. Type of License: OFF-PREMISES

8. Former Business Name: COUNTRY MARKET INC.

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

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

11. Contact person for this application: PAVNEET KAUR 360-975-9766
(name) (phone number(s))

92154 Svensen Market Rd. Astoria OR, 97103 503-738-4249 sandhutek@comcast.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① GOVADAN SINGH Date 4/20/15 ③ Sandeep S Date 4/20/15

② Pavneet Brar Date 4/20/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

215532

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: 4/22/2014

90-day authority: ☒ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Kirtley Ventures, LLC ③ ~~Glen Kirtley member~~
   ② ~~DBA~~ ~~Katie Kirtle member~~ ④
2. Trade Name (dba): Gorilla Gas and Market
3. Business Location: 1883 S Roosevelt Dr. Seaside Or 97138 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1883 S. Roosevelt dr. Seaside Or 97138 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-738-9417 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Travis Moore 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? Seaside OR. (name of city or county)
11. Contact person for this application: Kathryn Kirtley 208 597-5770 / 509-447-5765 (name) (phone number(s))

PO Box 1038 Newport Wa 99156 5094475765 Kdisma2yahoo.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 Katie Kirtley member Date 4-17-15 ③ _____ Date _____

② Glen Kirtley member Date 4-17-15 ④ _____ Date _____

RECEIVED

APR 17 2015

MEDFORD REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- [X] 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
- [X] Other CHANGE OF LOCATION

209772

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 [X] 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: 4/22/15

90-day authority: [ ] Yes [X] No

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

① URIBE GARCIA JIM O. ③ _____

② URIBE SOLIS MARIA E. ④ _____

2. Trade Name (dba): RESTAURANT EL KORA

3. Business Location: 4041 CRATER LAKE AVE "D" MEDFORD JACKSON OR. 97504
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4041 CRATER LAKE AVE SUITE "D" MEDFORD OR. 97504
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 772-2439 _____
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: JIM OLSON URIBE GARCIA (541) 621-2557
(name) (phone number(s))

135 FERN VALLEY RD #31 MEDFORD OR. 97501 _____
(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 4/16/2015 _____ Date _____

② Maria Elva Uribe S. Date 4/16/2015 ④ _____ Date _____

Maria E. Uribe Solis.

1-800-452-OLCC (6522) • www.oregon.gov/olcc

FAXED: 4/22/15
Posted: 4/22/15

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

ACTIONS
- ☐ Change Ownership
- ☑ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☐ Other _____

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 4/21/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① DnD Deli Mart LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): DnD Deli Mart
3. Business Location: 1650 Hwy 101 Reedsport Douglas OR 97467 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 16654 Carlisle Ln Myrtle Point OR 97458 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-297-2526 or 541-404-4957 (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: N/A
9. Will you have a manager? ☒Yes ☐No Name: Tony Bristow (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Douglas (name of city or county)
11. Contact person for this application: Denise Larsen (name) 541-297-2526 (phone number(s))
    16654 Carlisle Lane Myrtle Point OR 97458 (address) (fax number) 541-Luffy@live.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 Denise Larsen Date 4/21/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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 23 2015

90-day authority: ☐ Yes ☑ No

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

① Howl and Growl Filling Stations, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Howl 'n Growl

3. Business Location: 2010 NW Front Ave. Suite A | Portland | Multnomah | OR | 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1706 NW 24th Ave. #10442 | Portland | OR | 97210
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 404.939.3767
(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: Thomas L Speigner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Thomas L Speigner 404.939.3767
(name) (phone number(s))

1706 NW 24th Ave. #10442, PHD 97210 tommy@howlingrowl.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:

RECEIVED
MAR 30 2015

① _____ Date 3/26/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Initials: _____