







# 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: OR

Date: 4/30/15

90-day authority:  Yes  No

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

① 82 SEAFOOD Co. LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): 82 Seafood Company #107 to

3. Business Location: 2446 SE 87<sup>TH</sup> AVE #108, Portland, Multnomah, OR 97216  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-772-2258  
(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: 82 SEAFOOD MARKET

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

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

11. Contact person for this application: PAULINE WIL 971-344-0696  
(name) (phone number(s))  
2446 SE 87<sup>TH</sup> AVE \_\_\_\_\_ Pauline 12501@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:

x ① Corie Wang Ram Date 4/27/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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**90-DAY AUTHORITY**  
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

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**OLCC USE ONLY**

Application Rec'd by: MH

Date: 4/28/15

90-day authority:  Yes     No

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

① Silver Falls Country Store, LLC    ② \_\_\_\_\_    ③ \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): Silver Falls Country Store

3. Business Location: 172 Silver Falls Dr    Silverton    OR    (Marion)    97381  
(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: 503 874-0850  
(phone)    (fax)

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

7. If yes to whom: Silver Falls Country Store    Type of License: Off Premises

8. Former Business Name: n/a

9. Will you have a manager?  Yes     No    Name: Amber Junay Johanson - Daniel Barker  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Amber Junay Johanson    503 874-0850  
(name)    (phone number(s))  
172 Silver Falls Dr    Silverton, OR 97381    junay.johanson@gmail.com  
(address)    (fax number)    (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature]    Date 4/26/15    ③ \_\_\_\_\_    Date APR 26 2015

② [Signature]    Date 4-27-15    ④ \_\_\_\_\_    Date \_\_\_\_\_

SALEM REGIONAL OFFICE



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

11

<p>Application is being made for:</p> <p><b>LICENSE TYPES</b></p> <p><input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p><b>90-DAY AUTHORITY</b></p> <p><input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority</p> <p><b>APPLYING AS:</b></p> <p>Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals</p>	<p align="center"><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p align="center">(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p align="center">(signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p align="center"><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>K.O.</u></p> <p>Date: <u>4-29-15</u></p> <p>90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Batterman Enterprises, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Jess' Bly General Store

3. Business Location: 19311 Main Ave Bly Klamath OR 97622  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 402 Bly OR 97622  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-895-3039 503-715-4902  
(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: Lori Batterman  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Lori Batterman 541-895-3039  
(name) (phone number(s))  
56353 Bamford Road, Bly, OR 97622 503-715-4902 lbatterman@amberjackmortga  
(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 Lori Batterman Date 4/10/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② Thomas A. Batterman Date 4/10/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted  Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: R Howard

Date: 4/29/15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① CAPITOL ENTERTAINMENT INCORPORATED

② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): THE CAPITOL

3. Business Location: 761185 LAKEWOOD DR BEND OR 97702  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 190 NW OREGON AVE BEND OR 97701  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 420 7463  
(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: SEAN DAY  
(manager must fill out an Individual History form)

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

11. Contact person for this application: SEAN DAY 503.995.6001  
(name) (phone number(s))  
61185 LAKEWOOD DR BEND OR 97702 SEAN@THECAPITOLBAND.COM  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/1/15 ② [Signature] Date 4/24/15  
② [Signature] Date 4/1/15 ③ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

### ACTIONS

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

### 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: RT Hall

Date: 4/29/15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Ida G. Gurule ⑧

② HE Cakery LLC ④

2. Trade Name (dba): Ida's Cupcake Cafe

3. Business Location: 1314 NW Galveston, Bend OR 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

⑤ Business Numbers: 541-383-2345  
(phone) (fax)

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

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

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

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

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

11. Contact person for this application: David Gurule 971.678.3986  
(name) (phone number(s))  
1052 NE Parkview Ct Bend drdaucos12@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 David Gurule Date 4/29/15 ③ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
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- 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: R Hancock

Date: 4/29/15

90-day authority:  Yes  No

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

① Ida G. Gurule ③ \_\_\_\_\_

② Ida Le Bakery LLC ④ \_\_\_\_\_

2. Trade Name (dba): Idds Cupcake Cafe

3. Business Location: 1155 SW Division, Suite A7, Bend OR 97702  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-678-5057  
(phone) (fax)

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

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

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

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

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

11. Contact person for this application: David Gurule 971.678.3986  
(name) (phone number(s))  
1052 NE Parkview Ct Bend drdaucok2@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/24/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

Date: \_\_\_\_\_

90-day authority:  Yes  No

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

① CHI CSB INC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): CHI CHINESE AND SUSHI BAR

3. Business Location: 70 NW NEWPORT BEND DESSAUTES OR 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 945 NW BOND ST BEND OR 97701  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 914 2926  
(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: LIQUID LOUNGE

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

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

11. Contact person for this application: Di Long 541 914 2926  
(name) (phone number(s))  
2552 NE LYNDRA Lane BEND, OR 97701 dilong@me.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/25/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_





OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____
<b>90-DAY AUTHORITY</b> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>OC</u> Date: <u>05-01-15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Total Image L.L.C. ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Farm Food

3. Business Location: 6002 NE William R. Carr Ave. <sup>St. B.</sup> Adair Village Benton Co. OR 97330  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1435 S.E. Madison Albany OR 97322  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-979-7108 (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: Adair Deli and Pub

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

10. What is the local governing body where your business is located? Adair Village / Benton Co.  
(name of city or county)

11. Contact person for this application: James A. Jones (541) 979-7108  
(name) (phone number(s))  
1435 S.E. Madison Albany OR. 97322 totalimage@proaxis.com  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.  
 Applicant(s) Signature(s) and Date:  
 ① [Signature] Date 5/1/15 ③ James A. Jones 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
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- Other Public Location
- Private Club
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- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: Jah

Date: 5/1/15

90-day authority:  Yes  No

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

① KATRINA J. BROWN ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): La Maison

3. Business Location: 315 SW 9th St. Newport Lincoln Oregon 97365  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (541) 265-8812  
(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: Bessie T. Spangler  
(manager must fill out an Individual History form)

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

11. Contact person for this application: KATRINA J. BROWN (541) 961-9985  
(name) (phone number(s))  
277 NE 10th St., Idagag, OR, 97391 katelamaison@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 Katrina Brown Date 1/15/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

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**OLCC USE ONLY**

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

Date: 5-1 \_\_\_\_\_

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① MONGOLIANGRILL PDX, INC. ③
- Trade Name (dba): GOLDEN FLAME MONGOLIANGRILL
- Business Location: 210 SW YAMHILL ST. PORTLAND, MULT. OR 97204  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 204 SW YAMHILL ST. PORTLAND OR 97204  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: \_\_\_\_\_  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: \_\_\_\_\_
- Will you have a manager?  Yes     No Name: XU JIAN LU  
(manager, must fill out an Individual History form)
- What is the local governing body where your business is located? CITY OF PORTLAND  
(name of city or county)
- Contact person for this application: JACK L LIU (503) 777-9027  
(name) (phone number(s))  
5718 SE POWELL BLVD., (503) 777-3396 JP.ACCOUNTING@YAHOO.COM  
(address) (fax number) (e-mail address)  
PORTLAND, OR 97206

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 Xu Jian Lu Date 4/25/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

APPLYING AS:  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

P35874  
L213218

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

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

Date: 5/1

90-day authority:  Yes  No

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

~~SEAMUS M. FORAN~~     \_\_\_\_\_

Main Man LLC     \_\_\_\_\_

2. Trade Name (dba): ANASIA BISTRO

3. Business Location: 1303 NE FREMONT ST. PORTLAND MULTNOMAH OR 97212  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1303 NE FREMONT ST. PORTLAND OR 97212  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 249.5001  
(phone) (fax)

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

7. If yes to whom: ANASIA HIGGS TAIL GULL LLC Type of License: FULL ON PREMISE SALES

8. Former Business Name: ANASIA BISTRO

9. Will you have a manager?  Yes  No Name: SEAMUS M. FORAN  
(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: SEAMUS M. FORAN 503.329.5958  
(name) (phone number(s))  
212 N DEKUM ST. PORTLAND OR 97217 SEAMUSFORAN@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:

\_\_\_\_\_ Date 4.13.15     **RECEIVED**    Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_     **MAY 01 2015**    Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:		<b>CITY AND COUNTY USE ONLY</b>	
<b>LICENSE TYPES</b>	<b>ACTIONS</b>	Date application received: _____	
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	The City Council or County Commission: _____	
<input checked="" type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet	_____ (name of city or county)	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	recommends that this license be:	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	By: _____	
<input type="checkbox"/> Private Club		(signature) _____ (date) _____	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		Name: _____	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)		Title: _____	
<input type="checkbox"/> with Fuel Pumps			
<input type="checkbox"/> Brewery Public House (\$252.60)		<b>OLCC USE ONLY</b>	
<input type="checkbox"/> Winery (\$250/yr)		Application Rec'd by: _____	
<input type="checkbox"/> Other: _____		Date: <u>5-1</u>	
<b>90-DAY AUTHORITY</b>		90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority			
<b>APPLYING AS:</b>			
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals

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

① Weinhard LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Weinhard Grill, LLC

3. Business Location: 812 Main Street Oregon City Clackamas County OR 97045  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 804 main street Oregon City Clackamas County 97045  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-656-2621 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: Mcnauty and Barry Type of License: Full

8. Former Business Name: N/A

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

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

11. Contact person for this application: Andy Busch 503-656-2621  
(name) (phone number(s))  
804 main street 503-656-2621 weinhard@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 Andy Busch Date 02/20/15 ③ \_\_\_\_\_ Date 02/20/15

② \_\_\_\_\_ Date 02/20/15 ④ \_\_\_\_\_ Date 02/20/15

**RECEIVED**  
**MAY 01 2015**





OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<b>CITY AND COUNTY USE ONLY</b> Date application received: <u>4-3-2015</u> The City Council or County Commission: <u>City of Bandon</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Bob Wall</u> <u>04-08-15</u> <small>(signature) (date)</small> Name: <u>Bob Wall</u> Title: <u>Chief of Police</u>
<b>90-DAY AUTHORITY</b> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>[Signature]</u> Date: <u>5/5/15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual's		

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① MARTIN RUIZ MALDONADO ③  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): LA FIESTA
- Business Location: 396 FIRST ST SE BANDON COOS OR 97411  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 396 First St SE Bandon OR 97411  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-294-2699  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: LA FIESTA
- Will you have a manager?  Yes  No Name: owner is the manager  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Bandon  
(name of city or county)
- Contact person for this application: Martin Ruiz Maldonado 541-294-2699  
(name) (phone number(s))  
575 Edison Ave SE Bandon OR 97411 none  
(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:  
Martin Ruiz M Date 04-3-15 \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ③ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input checked="" type="checkbox"/> Other: <u>Brewery</u>	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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**80-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: 5/5/15

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① TABLE ROCK BREWING, LLC  
 ② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): Table Rock Brewing

3. Business Location: 825 Dakota Ave Medford Jackson Or 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 5450 Central Point Or 97502  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-944-0829  
(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: ANTHONY DE FRANCE  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Anthony De France 541-944-0829  
(name) (phone number(s))  
825 Dakota Ave Medford 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 Anthony De France Date 4-27-15 ② Julie M De France Date 4/27/15  
 ③ Paul De France Date 4/27/15

MEDFORD REGIONAL OFFICE  
 OREGON LIQUOR CONTROL COMMISSION



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED  
APR 24 2015

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.80) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other:	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other	<b>CITY AND COUNTY USE ONLY</b> Date application received: <u>4/24/2015</u> The City Council or County Commission: <u>Umatilla County</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>George Murdock</u> <u>4/30/15</u> <small>(signature) (date)</small> Name: <u>George Murdock</u> Title: <u>Chair, Board of Commissioners</u>
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208685

**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

<b>OLCC USE ONLY</b> Application Rec'd by: <u>FETTERHIPP</u> Date: <u>4-17-15</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Pendleton Country Club Inc  
 ② \_\_\_\_\_
2. Trade Name (dba): Pendleton Country Club
3. Business Location: 69772 Hwy 395 S Pendleton Umatilla OR 97801  
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: P.O. Box 1353 Pendleton OR 97801  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-443-8874 541-443-2323  
(phone) (fax)
6. Is the business at this location currently licensed by OLCC?  Yes  No
7. If yes to whom: Pendleton Country Club Inc Type of License: F-Com
8. Former Business Name: \_\_\_\_\_
9. Will you have a manager?  Yes  No Name: Tyler Brooks  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Umatilla County  
(name of city or county)
11. Contact person for this application: Tyler Brooks 541-443-4653  
(name) (phone number(s))  
S/A  
(address) (fax number) (e-mail address)

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

Applicant's Signature(s) and Date:  
 ① [Signature] Date 4/17/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: <u>CITY OF LABRANDE</u> <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature) (date)</small> Name: _____ Title: _____
<b>90-DAY AUTHORITY</b> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>S. PETERHUFF</u> Date: <u>5-5-15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]  
 ① DUSTY SPUR CAFE LLC ② \_\_\_\_\_  
 ③ \_\_\_\_\_  
 2. Trade Name (dba): DUSTY SPUR CAFE  
 3. Business Location: 1502 S. AVE LABRANDE Union OR 97850  
(number, street, rural route) (city) (county) (state) (ZIP code)  
 4. Business Mailing Address: S/A  
(PO box, number, street, rural route) (city) (state) (ZIP code)  
 5. Business Numbers: 541-763-8171  
(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: MICHELE MCKINNEY  
(manager must fill out an Individual History form)  
 10. What is the local governing body where your business is located? CITY OF LABRANDE  
(name of city or county)  
 11. Contact person for this application: MICHELE MCKINNEY 541-786-2632  
(name) (phone number(s))  
1502 S AVE dustyspurcafe@1502spur.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 Michele McKinney Date 5-5-15 ② \_\_\_\_\_ Date \_\_\_\_\_  
 ③ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

<p><b>LICENSE TYPES</b></p> <p><input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input checked="" type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p><b>90-DAY AUTHORITY</b></p> <p><input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority</p> <p><b>APPLYING AS:</b></p> <p><input type="checkbox"/> Limited Partnership    <input type="checkbox"/> Corporation    <input checked="" type="checkbox"/> Limited Liability Company    <input type="checkbox"/> Individuals</p>	<p><b>ACTIONS</b></p> <p><input type="checkbox"/> Change Ownership</p> <p><input checked="" type="checkbox"/> New Outlet</p> <p><input type="checkbox"/> Greater Privilege</p> <p><input type="checkbox"/> Additional Privilege</p> <p><input type="checkbox"/> Other _____</p>	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p>(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>(signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>JD</u></p> <p>Date: <u>5-4-15</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---	---

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
- ① Earthman LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_
2. Trade Name (dba): Kukai Ramen & Izakaya
3. Business Location: 11830 NW Cedar Falls Drive, Portland, Washington County, OR 97229  
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 10766 NW Jordan Ln, Portland, OR 97229  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 971-266-3188 503-207-6138  
(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: Briana Donovan  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Washington County  
(name of city or county)
11. Contact person for this application: Ron Yan 503-706-4238  
(name) (phone number(s))  
10766 NW Jordan Ln, Portland, OR 97229 ron@portland.kukairamen.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/30/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### 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: MB

Date: 5/4/15

90-day authority:  Yes  No

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

① Rosenstadt Brewery LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Rosenstadt Brewery

3. Business Location: 2224 SE 52nd Ave Portland Multnomah OR 97215  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 520-370-5842, 503-784-7947  
(phone) (fax)

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

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

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

9. Will you have a manager?  Yes  No Name: Tobias Hahn, Nick Greiner  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Tobias Hahn 520-370-5842  
(name) (phone number(s))  
4110 SE Hawthorne Blvd #735 Portland, OR 97214 tobias@rosenstadtbrewery.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① TGH Date 5/01/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② NHG Date 5/01/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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**90-DAY AUTHORITY**  
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by:

Date: 5-4-15

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① ~~Erick Caravantes Borrero~~    ③ \_\_\_\_\_  
 ② KAAH NEIGHBORHOOD MARKET LLC.
- Trade Name (dba): KAah Market
- Business Location: 7238 SE Foster Rd. Suite #3    Portland    OR    97206  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)
- Business Mailing Address: 7238 SE Foster Rd    Portland    OR    97206  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)
- Business Numbers: 503 5239747  
(phone)    (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: KAah Market
- Will you have a manager?  Yes     No    Name: \_\_\_\_\_  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Portland  
(name of city or county)
- Contact person for this application: Erick Caravantes - 503 523 9747  
(name)    (phone number(s))  
13410 SE Steele St    Portland OR    kaahmarket@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 5/4-2015    ③ \_\_\_\_\_    Date \_\_\_\_\_  
 ② \_\_\_\_\_    Date \_\_\_\_\_    ④ \_\_\_\_\_    Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: JP

Date: 5-4-15

90-day authority:  Yes  No

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

① Hop Dog LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Hop Dog

3. Business Location: 412 SW 12th Ave STE 105 Portland Multnomah Oregon 97205  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: K+M2 1355 NW Everett St STE: 100 PDX, OR 97209  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.358.11080 n/a  
(phone) (fax)

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

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

8. Former Business Name: n/a

9. Will you have a manager?  Yes  No Name: Katherine Poppe  
(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: Alex Ruff 503-358-1680  
(name) (phone number(s))  
Attn: K+M2 1355 NW Everett St. STE: 100 PDX, OR 97209 N/A alexpruff@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/21/15 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

Individual's

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:

Granted  Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: W. J. Ward

Date: 4-29-15

90-day authority:  Yes  No

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

① It's Party Time Catering, Inc. ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): It's Party Time Catering, Inc.

3. Business Location: 1026 Hwy 99W Dundee, OR 97115 Yamhill  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1375 Sherwood OR 97140  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-528-3616  
(phone)

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: Viki Dyrdahl  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Viki Dyrdahl 503-628-3616  
(name) (phone number(s))  
PO Box 1375 Sherwood, OR 97140 itspartytimecate@aol.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 Viki Dyrdahl - Pres Date 4-7-15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION  
APR 29 2015

SALEM REGIONAL OFFICE







OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:  
 \_\_\_\_\_  
 (name of city or county)  
 recommends that this license be:  
 Granted     Denied

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

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**OLCC USE ONLY**

Application Rec'd by: LS  
 Date: 5/7/15  
 90-day authority:  Yes     No

RECEIVED

MAY 06 2015

Oregon Liquor Control Commission  
Bend, Oregon

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① New Dang, LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): Dang House II
- Business Location: 507 SW 8th St Redmond OR 97756  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 507 SW 8th St Redmond OR 97756  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-526-5989  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: Dang House II LLC Type of License: Full on Premise
- Former Business Name: Dang House II
- Will you have a manager?  Yes     No Name: Cory Weyrick  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Redmond  
(name of city or county)
- Contact person for this application: John Nolan 541-480-1989  
(name) (phone number(s))  
1404 NW GARDEN AVE BEND, 97701 John.MATTHEVIC@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:  
 ① [Signature] Date 5/5/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

