



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
<b>LICENSE TYPES</b>	<b>ACTIONS</b>	Date application received: _____	The City Council or County Commission:
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	_____	(name of city or county)
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet	recommends that this license be:	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	By: _____	(signature) (date)
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	Name: _____	
<input type="checkbox"/> Private Club		Title: _____	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		<b>OLCC USE ONLY</b>	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)		Application Rec'd by: <u>Jeh</u>	
<input type="checkbox"/> with Fuel Pumps		Date: <u>5/8/15</u>	
<input type="checkbox"/> Brewery Public House (\$252.60)		90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
<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>APPLYING AS:</b>			
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals

- Entirely or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Pier 839 Restaurant & Bar LLC  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): Pier 839 Restaurant & Bar
- Business Location: 839 SE Bay Blvd OR Newport OR 97365  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: PO. Box 474 Tualatin, OR 97062  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 971-312-5162  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: Bay 839
- Will you have a manager?  Yes  No Name: Yaricel Eustaquio  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Newport  
(name of city or county)
- Contact person for this application Yaricel Eustaquio 971-312-5162  
(name) (phone number(s))  
2909 SE 109th Ave, Portland 97266 Yaricel23@yahoo.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 05/07/15 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: JP

Date: 5-7-15

90-day authority:  Yes  No

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

① West Level Burger Company Inc ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): West Level Burger

3. Business Location: 4121 SE Hawthorne Portland Multnomah OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 70 SW 2nd Century Dr Suite 120 Bnd OR 97702  
(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: na Type of License: na

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

9. Will you have a manager?  Yes  No Name: Matt DeGrunter  
(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: Matt DeGrunter 303 610 1707  
(name) (phone number(s))  
3492 W McCrack matt@westlevelburger.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 \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

### 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: 5-7

90-day authority:  Yes  No

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

1. Entity or individual(s) applying for the license: [See SECTION 1 of the Guide]

~~1. Faith Myers Camp~~

1. Hammertime, LLC

2 Trade Name (dba): Blondie's Pizza

3. Business Location: 112 N. Main Ave, Gresham, OR, 97030. Multnomah Co

4 Business Mailing Address: 1000 N. Main Ave, Gresham OR 97030

5. Business Numbers: Faith Myers Camp (phone) 503 319 0469 (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: The Feathered Nest - Quilt Shop

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

10. What is the local governing body where your business is located? Gresham - Multnomah Co

11 Contact person for this application: Faith Myers Camp (name) (phone number(s)) 503 319 0469

912 SE Phoebe Court, Gresham OR 97080 (address) (fax number) (e-mail address) myers\_faith@gmail.com

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

RECEIVED

Applicant(s) Signature(s) and Date: Faith Myers Camp Date 5.2.15

MAY 07 2015

② \_\_\_\_\_ Date \_\_\_\_\_

Initials: FM



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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  - 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: \_\_\_\_\_ *P*

Date: 5-7

90-day authority:  Yes  No

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

① 360 Business Solutions, Inc. ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): The UPS Store #0826

3. Business Location: 2459 SE Tualatin Valley Hwy, Hillsboro, Washington, OR 97123  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2459 SE Tualatin Valley Hwy, Hillsboro, OR 97123  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-681-4660 503-681-4830  
(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? Hillsboro, Washington  
(name of city or county)

11. Contact person for this application: Scott Myers  
(name) (phone number(s))  
2459 SE Tualatin Valley Hwy, Hillsboro, OR 97123 503-681-4830 store0826@theupsstore.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 5/2/15 ③ \_\_\_\_\_  
② *[Signature]* Date 5/2/15 ④ \_\_\_\_\_

RECEIVED

MAY 07 2015





# 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: **MAY 07 2015**

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Tri Trinh LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
2. Trade Name (dba): Smokers Zone
3. Business Location: 16101 SE Division St. Portland, Multnomah, OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97236
4. Business Mailing Address: (Same as above)  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 737-5862 (503) 657-8294  
(phone) (fax)
6. Is the business at this location currently licensed by OLCC?  Yes  No
7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
8. Former Business Name: \_\_\_\_\_
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Portland  
(name of city or county)
11. Contact person for this application: Tri Trinh (503) 737-5862  
(name) (phone number(s))  
12618 SE 147th Ave. Happy Valley OR 97086  
(address) (fax number) (e-mail address) (503) 737-5862 TrinhTm@gmail.com

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

**Applicant(s) Signature(s) and Date:**

① [Signature] Date 5/6/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

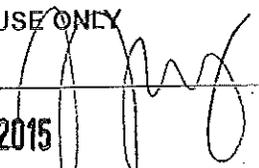
- Granted       Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: **MAY 07 2015**

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership     Corporation     Limited Liability Company     Individuals

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

① Tri Trinh LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): In & Out Food Market

3. Business Location: 800 N. Killingsworth, Portland OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 800 N Killingsworth Portland Multnomah OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 737-5862 (phone) (503) 283-7162 (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: In & Out Food Market

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

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

11. Contact person for this application: Tri Trinh (name) (503) 737-5862 (phone number(s))  
12618 SE 147th Ave Happy Valley OR 97086 (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: 5/6/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: CEW

Date: 5-7-15

90-day authority:  Yes  No

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

① Sawyer Wood Products, Inc.

14 DAY P/N 5-7-15

2. Trade Name (dba): Sawyer Paddles \* Oars

3. Business Location: 404 2nd Ave Gold Hill, Jackson, Oregon 97525  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 389 Gold Hill OR 97525  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-535-3606 541-535-3621  
(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 Gold Hill, Oregon  
(name of city or county)

11. Contact person for this application: PETER NEWPORT 541-306-1921  
(name) (phone number(s))

452 Riverside Ave Gold Hill, OR 97525 541-535-3621 peter@paddlesandoars.com  
(address) (fax number) (e-mail address)

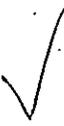
I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date: \_\_\_\_\_ Date 5/5/15 \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5-6-15 \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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: DP

Date: 5-7-15

90-day authority:  Yes  No

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

① The Feisty Lamb, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): The Feisty Lamb

3. Business Location: 2174 West Burnside, Portland, Multnomah, OR 97210  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2174 West Burnside, Portland, OR 97210  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: not yet  
(phone) (fax)

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

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

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

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

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

11. Contact person for this application: Michah Edelstein

Apt. #301 355 Lost Springs Terrace, Portland OR 97229 (name) (phone number(s))  
(address) (fax number) (e-mail address)  
theifeistylamb@gmail.com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/5/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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  - Private Club
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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 Change of Privilege  
(From WMBW to BP)

P52355  
L214334

### 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: 5-7-15

90-day authority:  Yes  No

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

① Royale Brewing Company, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Royale Brewing Company

3. Business Location: 55 NE Farragut Street, Suite 6, Portland, OR 97211  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 55 NE Farragut Street, Suite 6, Portland, OR 97211  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 201-2130 (phone) \_\_\_\_\_ (fax)

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

7. If yes to whom: Royale Brewing Company, LLC Type of License: WMBW

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 Portland  
(name of city or county)

11. Contact person for this application: Marcus H. Reed, Miller Nash Graham & Dunn (503) 205-2357  
(name) (phone number(s))

111 SW 5th Ave., Ste. 3400, Portland, Or 97204 (503) 224-0155 marcus.reed@millernash.com  
(address) (fax number) (e-mail address)

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

Applicant's Signature(s) and Date:

① Paul Bastian Date 4/14/2015 ③ \_\_\_\_\_ Date 4/14/2015

② [Signature] Date 4/14/2015 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:

CITY OF LAGRANDE  
(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

OLCC USE ONLY

Application Rec'd by: S. FETTERHOFF

Date: 5-5-15

90-day authority:  Yes  No

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

① EVE INC. ② \_\_\_\_\_

② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): Earth & Vine Wine Bar & Bistro

3. Business Location: 1405 Washington Ave, La Grande, Union, OR, 97850  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2001 Washington Ave Baker City Oregon 97814  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-523-1687 541-523-1689  
(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: Calgary Stevenson  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Mary E Stevenson 541-403-1282  
(name) (phone number(s))  
2303 1st Street Apt B 541-523-1689 earthandvine@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 Mary E Stevenson Date 4-23-15 ② \_\_\_\_\_ Date \_\_\_\_\_

③ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<p><b>LICENSE TYPES</b></p> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<p><b>ACTIONS</b></p> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" 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: Umatilla County  
(name of city or county)  
 recommends that this license be:  
 Granted     Denied  
 By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**OLCC USE ONLY**  
 Application Rec'd by: S. FETTS  
 Date: 5-8-15  
 90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Ana C. Alcala Rodriguez  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): JALISCO MARKET
- Business Location: 85720 Hwy 339 Milton-Freewater OR 97862  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: \_\_\_\_\_  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541 558 3830  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: Jany E. Alcala Rodriguez Type of License: OFF
- Former Business Name: Jalisco Market
- Will you have a manager?  Yes     No Name: Rosa Maria Rodriguez  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Milton-Freewater Umatilla Co.  
(name of city or county)
- Contact person for this application: Ana Alcala 509 386 1807  
(name) (phone number(s))  
85720 Hwy 339 M-F OR marcialopez@yahoo  
(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 Ana Alcala Date 5-8-15 ② \_\_\_\_\_ Date \_\_\_\_\_  
 ③ \_\_\_\_\_ 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:

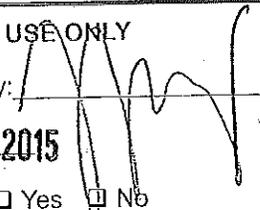
- Granted
- Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: 

Date: **MAY 07 2015**

90-day authority:  Yes  No

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

① Roseway Play Cafe LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Roseway Play Café

3. Business Location: 7135 & 7137 NE Fremont St. Portland Multnomah OR 97213  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4316 NE 74th Ave. Portland OR 97218  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-477-9441 503-200-1274  
(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: \_\_\_\_\_

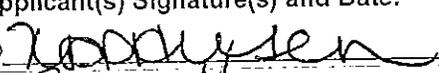
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kayla Husen 503-752-2472  
(name) (phone number(s))  
4316 NE 74th Ave., Portland, OR 97218 503-200-1274 kayla.husen@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 Apr 1, 2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

②  Date Apr 1, 2015 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: \_\_\_\_\_ *P*

Date: 5-8

90-day authority:  Yes  No

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

① DELTA INN INC. ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): FAIRFIELD INN & SUITES

3. Business Location: 11929 NE AIRPORTWAY, PORTLAND, MULTNOMAH, OR, 97220  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9930 N WHITAKER RD PORTLAND, OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-285-8601 503-253-1400 503-285-8457  
(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: SHERYL SMITH  
(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: BARNETT N. CHURCH (503)285-8601  
(name) (phone number(s))

SEE ABOVE (address) \_\_\_\_\_ (fax number) \_\_\_\_\_ (e-mail address)

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

Applicant(s) Signature(s) and Date:  
① [Signature] Date 3/14/15 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: Wholesale Malt Beverage and Wine

**ACTIONS**

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

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted       Denied

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

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

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

**OLCC USE ONLY**

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

Date: MAY 08 2015

90-day authority:  Yes  No

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership     Corporation     Limited Liability Company     Individuals

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

① Alebriated Distribution LLC ③

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Alebriated Distribution LLC

3. Business Location: 7940 SE Stark St. Portland, Multnomah OR 97215  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6834 SW 2nd Ave Portland OR 97219  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-756-3617  
(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 Baker  
(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: Christopher Baker 503-756-3617  
(name) (phone number(s))

6834 SW 2nd Ave Portland OR 97219 AlebriatedDistribution@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 5-8-15 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 \_\_\_\_\_

### 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: JD

Date: 5-8-15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership     Corporation     Limited Liability Company     Individuals

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

① THE COOP LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): THE COOP

3. Business Location: 6214 N. Interstate PDX Multnomah OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1935 N. JANZEN AVE PDX OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.200.0033  
(phone) (fax)

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

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

8. Former Business Name: N/A

9. Will you have a manager?  Yes  No Name: SOLOMON FLOREA  
(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: SOLOMON FLOREA 503.200.0033  
(name) (phone number(s))

1935 N. JANZEN AVE PDX, OR 97217 Solomon.florea@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 5/1/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5/1/15 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 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: \_\_\_\_\_

---

**OLCC USE ONLY**

Application Rec'd by: S. Mathers

Date: 5/8/15

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Membrillo LLC Membrillo2, LLC  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Membrillo

3. Business Location: 1530 Williamette St Eugene Lane OR 97401  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1530 Williamette St Eugene OR 97401  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 458-205-8470 Same  
(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: Kopia

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

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

11. Contact person for this application: Sarah Foottit 541-215-2172  
(name) (phone number(s))  
1595 W. 11th Eugene, OR sfoottit@msn.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:  
 ① Sarah Foottit Date 5/1/15 ② \_\_\_\_\_ Date \_\_\_\_\_  
 ③ \_\_\_\_\_ 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 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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CHG T/N</u>
---	--

**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>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: <u>CITY OF PENDLETON</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>OLCC USE ONLY</b> Application Rec'd by: <u>SPETERPHAT</u> Date: <u>5-11-15</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 Global AF Enterprises Inc  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
2. Trade Name (dba): Rail Road Bare Bones Smoke Shop
3. Business Location: 1304 SW Dorion Ave Pendleton Umatilla OR 97801  
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1304 SW Dorion Ave Pendleton OR 97801  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-276-9447  
(phone) (fax)
6. Is the business at this location currently licensed by OLCC?  Yes     No
7. If yes to whom: Sahil Food Mart LLC Type of License: Off Premises Sales
8. Former Business Name: Pendleton Bare Bones
9. Will you have a manager?  Yes     No Name: Faruqh Abdullah  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Pendleton  
(name of city or county)
11. Contact person for this application: Faruqh Abdullah 949-331-5598  
(name) (phone number(s))  
3780 SW Crest Ct Redmond OR 97756  
(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 5/6/15 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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>C/TN</u>
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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

<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>OLCC USE ONLY</b> Application Rec'd by: <u>J. S. Mother</u> Date: <u>5/11/15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Guangliang Lei    ③ \_\_\_\_\_  
 ② Liu Ping chen    ④ \_\_\_\_\_
- Trade Name (dba): Ocean Garden Restaurant
- Business Location: 5676 main ST. springfield lane OR. 97478  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)
- Business Mailing Address: 5676 main ST. springfield OR. 97478  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)
- Business Numbers: 541-736-8060    (phone)    (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: Chu TOAN ping, chu kwan yeung    Type of License: Limited on premises sales
- Former Business Name: chu's chinese Restaurant
- Will you have a manager?  Yes     No    Name: Liu ping chen  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Lane, city of springfield  
(name of city or county)
- Contact person for this application: Guangliang Lei    503-988-8336  
(name)    (phone number(s))  
5676 main ST. springfield OR. 97478  
(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:  
Guangliang Lei    Date 05-07-15    Date \_\_\_\_\_  
Liu ping chen    Date 05-07-15    Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<p><b>LICENSE TYPES</b></p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input checked="" type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<p><b>ACTIONS</b></p> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <i>Additional Location</i>	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____  <small>(name of city or county)</small></p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<p><b>90-DAY AUTHORITY</b></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><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>OLCC</u></p> <p>Date: <u>5/11/2015 (Su)</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>APPLYING AS:</b></p> <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 Marshall Davis Wine LLC  
 ② \_\_\_\_\_

2. Trade Name (dba): Marshall Davis Wine

3. Business Location: 975 NE 7<sup>th</sup> McMinnville Yamhill OR 97128  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15080 NE Yamhill Rd Yamhill OR 97148  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-350-6113  
(phone)

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

7. If yes to whom: MAD Wines Co. Type of License: Winery MAY 1, 2015

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

9. Will you have a manager?  Yes  No Name: Sean Davis **SALEM REGIONAL OFFICE**  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sean Davis 541-350-6113  
(name) (phone number(s))  
15080 NE Yamhill Rd, Yamhill 97148 mdavis@marshall-davis-wine.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 \_\_\_\_\_ **SALEM REGIONAL OFFICE**

② \_\_\_\_\_ Date \_\_\_\_\_ **MAY 08 2015**

③ \_\_\_\_\_ Date \_\_\_\_\_ **OREGON LIQUOR CONTROL COMMISSION**

RECEIVED



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

<p>Application is being made for:</p> <p><b>LICENSE TYPES</b></p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input checked="" type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____ <p><b>ACTIONS</b></p> <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 _____ <p><b>90-DAY AUTHORITY</b></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><b>APPLYING AS:</b></p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____ (name of city or county)</p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied <p>By: _____ (signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>OLCC</u></p> <p>Date: <u>4/30/2015</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Franny Beck Wines, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Franny Beck Wines

3. Business Location: 4285 N Pacific Hwy W Rickreall OR 97371  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 759 Maple St. Spartanburg SC 29302  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 804-397-5328  
(phone) (fax)

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

7. If yes to whom: Johan Vineyards 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? Polk  
(name of city or county)

11. Contact person for this application: Michael Sterling  
(name) 804-397-5328  
(phone number(s))  
759 Maple St. Spartanburg SC 29302 sterling78nbc@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 Michael Sterling Date 3-27-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ SALEM REGIONAL OFFICE 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 checked="" type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<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>OLCC</u> Date: <u>5/11/15</u> <u>CU</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

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

① Hazelfern Cellars Inc.    ② \_\_\_\_\_

③ \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): Hazelfern Cellars

3. Business Location: 4008 NE Zimri Drive    Newberg    Yamhill    OR    97132  
(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: 971-645-3354  
(phone)

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

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

8. Former Business Name: N/A

9. Will you have a manager?  Yes     No    Name: Bryan Laing  
(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: Alyssa McTimpeny, Davis Wright Tremaine    503-778-5469  
(name)    (phone number(s))  
1300 SW Fifth Ave., Suite 2400, Portland, OR 97201    503-778-5299    alyssamctimpeny@dwt.com  
(address)    (fax number)    (e-mail address)

RECEIVED  
 OREGON LIQUOR CONTROL COMMISSION  
 MAY 11 2015  
 SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① [Signature] Attorney-in-Fact    Date May 4, 2015    ③ \_\_\_\_\_    Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
<b>LICENSE TYPES</b>	<b>ACTIONS</b>	Date application received: _____	The City Council or County Commission: _____
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	_____ (name of city or county)	recommends that this license be:
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	By: _____ (signature) _____ (date)
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	Name: _____	Title: _____
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	OLCC USE ONLY	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	Application Rec'd by: <u>OLCC</u>	Date: <u>5/11/2015</u> <u>(Cu)</u>
<input type="checkbox"/> Private Club		90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)			
<input type="checkbox"/> Off-Premises Sales (\$100/yr)			
<input type="checkbox"/> with Fuel Pumps			
<input type="checkbox"/> Brewery Public House (\$252.60)			
<input checked="" type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
<b>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>APPLYING AS:</b>			
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Individuals

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

① Chad Ryan Stock ② \_\_\_\_\_

③ \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Stock Cellars

3. Business Location: 213 N Yamhill St Carlton Yamhill OR 97111  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3038 NE Karen Ct McMinville OR 97128  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.583.0853 (phone) \_\_\_\_\_ (fax)

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

7. If yes to whom: Moore Family Enterprises LLC Type of License: Winery

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

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

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

11. Contact person for this application: Chad Stock 503-583-0853  
(name) (phone number(s))  
3038 NE Karen Ct McMinville OR 97128 chadrstock@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: Chad Stock Date 5/11/15 ③

① \_\_\_\_\_ Date \_\_\_\_\_ ④

② \_\_\_\_\_ Date \_\_\_\_\_ ④

RECEIVED  
 OREGON LIQUOR CONTROL COMMISSION  
 Date  
 MAY 08 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: 03/23/15

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

recommends that this license be:

Granted  Denied  
By: Mike Patrick 4-3-2015  
(signature) (date)

Name: MIKE PATRICK

Title: MAYOR

### OLCC USE ONLY

Application Rec'd by: K.O.

Date: 4-11-15

90-day authority:  Yes  No

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

① JOSE DE JESUS GUITRON ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): JERRY'S RESTAURANT

3. Business Location: 508 N 2ND ST LAKEVIEW, LAKE OREGON 97630  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 508 N 2ND ST LAKEVIEW, OR 97630  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-880-6928 (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: IVAN & CINDY INC

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

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

11. Contact person for this application: JEJEI ESTES 541-947-3636  
(name) (phone number(s))  
220 N G ST LAKEVIEW, OR 97630 541-947-3936 JEJEI.LOGIK@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 Mar 20, 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: K.O.

Date: 5-11-15

90-day authority:  Yes  No

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

- ① LES SQUARED, LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): CLEO'S ESPRESSO

3. Business Location: 5410 RUNNING Y RD SUITE 104 KEMATH OREGON 9760  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5850 COOPERS HAWK RD KEMATH OREGON 97601  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-273-7367 541-884-1938  
(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: RANCH ESPRESSO

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

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

11. Contact person for this application: LARRY GREEN 541-591-9298  
(name) (phone number(s))  
5850 COOPERS HAWK RD KEMATH OREGON 97601 541-884-1938 Lforrestj1951@yahoo.com  
(address) (city, state, ZIP code) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 3-2-15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_





APR 27 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 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: 5/12/15

90-day authority:  Yes  No

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

- ① ROB MARLETT
- ② CLIFF WALLACE
- ③ OMEGA ENTERPRISES, LLC
- ④ \_\_\_\_\_

2. Trade Name (dba): PALMS GARDEN MEDITERRANEAN BAR & GRILL

3. Business Location: 25 J. RIVERSIDE MEDFORD JACKSON OR 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2529 OVELL AVE MEDFORD OR 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-821-4427 NR!  
(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: CLIFF WALLACE  
(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: CLIFF WALLACE 541-821-4427  
(name) (phone number(s))  
2529 OVELL AVE MEDFORD OR CLWALLACE@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 5/12/15 ② \_\_\_\_\_ Date \_\_\_\_\_  
③ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

*PAID 5/12/15  
POSTED*



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 _____
---	--

**RECEIVED**  
MAY 08 2015

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: L. Shepard

Date: 5/11/15

90-day authority:  Yes     No

1. Entry or individual(s) applying for the license: (See SECTION 4 of the Guide)

① Jeff Vosgien    ② Dorothy Vosgien

2. Trade name (dba): KAIROS RANCH PIZZA

3. Business Location: 341 N. MAIN ST. Prineville Crook Oregon 97754  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)

4. Business Mailing Address: 2944 SE Hill St. Prineville Or 97754  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)

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

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

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

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

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

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

11. Contact person for this application: Jeff Vosgien 541-990-5735  
(name)    (phone number(s))  
2944 SE Hill St. Prineville Or JSMJABE@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 Jeff Vosgien    Date 5/6/2015    Date \_\_\_\_\_

② Dorothy M. Vosgien    Date 5/7/2015    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 OLCC

*which 209720 premises*

### 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: CMG

Date: 5/8/15

90-day authority:  Yes  No

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

① SDA INVESTMENTS LLC ③ STEVE APTEO  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): LUMPYS

3. Business Location: 2390 WEST MAEN SWITA MEDFORD JACKSON OR 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 401 S. REVERSED MEDFORD OR 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-608-7800 (phone) 541-821-2700 (cell) 541-458-9500 (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: LUMPYS (MOVING)

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? MEDFORD  
(name of city or county)

11. Contact person for this application: STEVE APTEO 541-821-2700  
(name) (phone number(s))  
401 S. REVERSED MED OR 541-458-9500 PROLUMPY@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 [Signature] Date 5-6-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: Ju

Date: 5/12/2015

90-day authority:  Yes  No

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

① Buzzed Beer Wine and more LLC

② \_\_\_\_\_

2. Trade Name (dba): Buzzed beer wine and more

3. Business Location: 1404 NE 3<sup>rd</sup> St Bend Oregon 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1404 3<sup>rd</sup> St Suite 1 Bend Oregon 97701  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-408-0107  
(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: \_\_\_\_\_  
(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: Carol Keiper 541-408-0107  
(name) (phone number(s))  
Allannah Keiper 541-419-4202  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Carol Keiper Date 5-12-15 ③ Allannah Keiper Date 5-12-15  
 ② Allannah Keiper Date 5-12-15 ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
MAY 12 2015

Oregon Liquor Control Commission  
Bend, Oregon



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

<b>Application is being made for:</b> <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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CLN</u>	<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 checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>CLB</u> Date: <u>5/1/15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals			

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Geno's Mexican Restaurant, Inc. ③  
 ② \_\_\_\_\_ ④
  2. Trade Name (dba): Geno's Mexican Restaurant, Inc.
  3. Business Location: 102 S. Main St Phoenix Jackson Oregon 97535  
(number, street, rural route) (city) (county) (state) (ZIP code)
  4. Business Mailing Address: 939 S. Valley View Rd #10 Ashland Oregon 97520  
(PO box, number, street, rural route) (city) (state) (ZIP code)
  5. Business Numbers: (541) 535-8446  
(phone) (fax)
  6. Is the business at this location currently licensed by OLCC?  Yes  No
  7. If yes to whom: Soco's La Burreita, Inc Type of License: Limited On-Premises Sales
  8. Former Business Name: Soco's La Burreita
  9. Will you have a manager?  Yes  No Name: Dave S. Gall  
(manager must fill out an Individual History form)
  10. What is the local governing body where your business is located? Phoenix  
(name of city or county)
  11. Contact person for this application: Dave S Gall (541) 690-7167  
(name) (phone number(s))  
939 S. Valley View Rd #10 (541) 535-8446 d.laker74@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: APR 27 2015
- ① Maria Luz Gall Date 4.26.15 ③ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ Date \_\_\_\_\_





OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:
LICENSE TYPES: Full On-Premises Sales, Commercial Establishment, Caterer, Passenger Carrier, Other Public Location, Private Club, Limited On-Premises Sales, Off-Premises Sales, Brewery Public House, Winery, 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 recommends that this license be: Granted/Denied, By: (signature/date), Name, Title.
OLCC USE ONLY: Application Rec'd by: CMG, Date: 5/1/15, 90-day authority: Yes/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. Southern Oregon Growlers, LLC
2. Trade Name (dba): Southern Oregon Growlers
3. Business Location: 345 Lithia Way Ashland Jackson OR 97520
4. Business Mailing Address: 901 NW E Street Grants Pass OR 97526
5. Business Numbers: TBD
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Type of License:
8. Former Business Name:
9. Will you have a manager? Yes No Name: TBD
10. What is the local governing body where your business is located? Ashland
11. Contact person for this application: Duke Tufty 503-517-8137
1721 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com

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

Applicant(s) Signature(s) and Date

1. [Signature] Date 04/23/15
2. [Signature] Date APR 24 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: OR

Date: 5-8-15

90-day authority:  Yes  No

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

- ① TSC Group, Inc. ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Dog House Growlers

3. Business Location: 14350 SW Barrows Rd, Ste 3 Tigard Washington OR 97223  
(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: td (503) 206-1970 (cell)  
(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: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Travis Conway (503) 206-1970  
(name) (phone number(s))  
16078 SW Mason Lane, Beaverton, OR 97006 na travis.conway@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 5/1/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

**RECEIVED**

**MAY 08 2015**



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

Granted  Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: JP

Date: 5-8-15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① JACOBSEN SALT CO. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): ~~XXXXXXXXXX~~ JACOBSEN SALT CO.

3. Business Location: 602 SE SALMON ST PORTLAND OR [MULTNOMAH] 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 602 SE SALMON ST PORTLAND OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503/719/4973 N/A  
(phone) (fax)

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

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

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

9. Will you have a manager?  Yes  No Name: Benjamin Einar Jacobsen  
(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: CLAIRE BENSON 503/719/4973  
(name) (phone number(s))

602 SE SALMON ST. PDX 97214 N/A CLAIRE@JACOBSENSALT.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 5/5/15 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 \_\_\_\_\_

### 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:

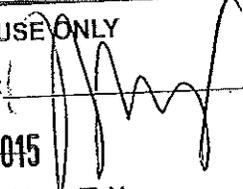
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: MAY 11 2015

90-day authority:  Yes  No

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

① Muse Winebar LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Muse

3. Business Location: 2264 NW Raleigh St. Portland, OR 97210  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2264 NW Raleigh St. Portland, OR 97210  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-444-7670 (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 Vazquez  
(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: Lance Linder 503-853-5720  
(name) (phone number(s))

2268 NW Raleigh St. Portland, OR 97210 (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 5/7/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

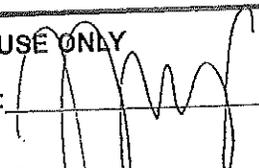
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: **MAY 13 2015**

90-day authority:  Yes  No

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

- ① LOMBARD 2001 LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): TBD

3. Business Location: 2001 N LOMBARD ST Portland OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 10180 SE Washington St Portland OR 97216  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-750-0698 971-404-0893  
(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: NA

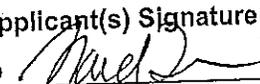
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: NAVEED TANVEER 503-750-0698  
(name) (phone number(s))

3904 Wellington Pl Westlawn OR 97068 - 971-404-0893 Naveed Tanveer  
(address) (fax number) (e-mail address) HOTMAIL.COM

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

Applicant(s) Signature(s) and Date:  
 ①  Date 5/13/15 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: 5/11

90-day authority:  Yes  No

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

- ① Dale Lewis      ③ DS Enterprises LLC
- ② Shawna Lewis      ④ \_\_\_\_\_

2. Trade Name (dba): The Kooler

3. Business Location: 1427 SE Orient Dr. Gresham Mult OR 97080  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1427 SE Orient Dr. Gresham OR 97080  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-705-8763  
(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: ~~WEA~~ Weather Vane

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

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

11. Contact person for this application: Shawna Lewis 503 380.5582  
(name) (phone number(s))  
5285 SE woodland Dr. dspplawis@man.  
(address) Gresham OR 97080 (fax number) (e-mail address) com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4-8-15 ③ **RECEIVED** Date \_\_\_\_\_  
② [Signature] Date 4-8-15 ④ **MAY 01 2015** 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: \_\_\_\_\_

**OLCC USE ONLY**

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

Date: 5/13

90-day authority:  Yes     No

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

① James Molalla Whitehorse LLC    ③ \_\_\_\_\_

② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): The Whitehorse

3. Business Location: 106 E Main St    Molalla    Clackamas    OR    97038  
(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: 503 798 2699    N/A  
(phone)    (fax)

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

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

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

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

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

11. Contact person for this application: Ben Rash    503-798-2699  
(name)    (phone number(s))  
401 Lydin Lane    Mt. Angel OR 97362    BEN RASH@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 5-7-15    ③ \_\_\_\_\_

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

**RECEIVED**

**MAY 13 2015**

Initials: [Signature]  
 Oregon Liquor Control Commission



# 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# 217224  
P# 40469

### 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: MAY 13 2015

90-day authority:  Yes  No

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

① Charbonneau Golf Club Inc ③

② \_\_\_\_\_ ④

2. Trade Name (dba): Charbonneau Golf Club

3. Business Location: 31020 SW Charbonneau DR Wilsonville Clackamas OR 97070  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 31020 SW Charbonneau DR Wilsonville OR 97070  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 694 1246 (phone) (503) 694-2323 (fax)

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

7. If yes to whom: Charbonneau Golf Club Inc Type of License: Off Premise Sales

8. Former Business Name: na

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

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

11. Contact person for this application: Chris Bense (name) (503) 694-1245 (phone number(s))  
31020 SW Charbonneau DR Wilsonville OR 97070 (address) (503) 694-2323 (fax number) headpr@charbonneaugolf.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 5/13/15 ③ Date \_\_\_\_\_

② Dorian Christie Date 5/13/15 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: wholesale malt beverage & wine

**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: \_\_\_\_\_

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**OLCC USE ONLY**

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

Date: 5-13

90-day authority:  Yes  No

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

① Kent Tracey Spear ③ \_\_\_\_\_

② Dateline International Inc ④ \_\_\_\_\_

2. Trade Name (dba): Dateline International Inc

3. Business Location: 7098 N MARINE DR Multnomah OR 97203

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

4. Business Mailing Address: 4855 SW EASTGATE DR Wilsonville OR 97070

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

5. Business Numbers: 503 855 4558

(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? Wilsonville

(name of city or county)

11. Contact person for this application: KENT TRACEY SPEAR 503 855 4558

(name) (phone number(s))

4855 SW Eastgate Dr Wilsonville OR 97070 tracyspear@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 Kent Tracey Spear Date 4-14-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

**RECEIVED**

Initials: \_\_\_\_\_  
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

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

**ACTIONS**

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other \_\_\_\_\_

**90-DAY AUTHORITY**

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

**APPLYING AS:**

Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

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

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

(name of city or county)

recommends that this license be:

Granted     Denied

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

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

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

---

**OLCC USE ONLY**

Application Rec'd by: *David [Signature]*

Date: 5/14/15

90-day authority:  Yes     No

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

① Pinhook Public House LLC    ③ \_\_\_\_\_

② PIN Hook Public House, LLC

2. Trade Name (dba): Conversion Brewing Company

3. Business Location: 833 S. Main St Lebanon Oregon 97355

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

4. Business Mailing Address: 833 S. Main St Lebanon Oregon 97355

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

5. Business Numbers: 541-401-3332

(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: Matthew Cowart

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Matthew Cowart    541-401-3332

(name)    (phone number(s))

41186 Conser Hill Dr Lebanon Oregon 97355    matthewcowart@yahoo.com

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

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

Applicant(s) Signature(s) and Date:

① *[Signature]*    Date 5/8/15    ③ \_\_\_\_\_    Date \_\_\_\_\_

② *[Signature]*    Date 5/8/15    ④ \_\_\_\_\_    Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<p><b>LICENSE TYPES</b></p> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Commercial Establishment</li> <li><input type="checkbox"/> Caterer</li> <li><input type="checkbox"/> Passenger Carrier</li> <li><input type="checkbox"/> Other Public Location</li> <li><input type="checkbox"/> Private Club</li> </ul> <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <ul style="list-style-type: none"> <li><input type="checkbox"/> with Fuel Pumps</li> </ul> <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<p><b>ACTIONS</b></p> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<p><b>CITY AND COUNTY USE ONLY</b></p> Date application received: <u>5/14/15</u> The City Council or County Commission: <u>Douglas Co Sheriff</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Kenneth A Cross</u> <u>5-14-15</u> <small>(signature) (date)</small> Name: <u>Kenneth A Cross</u> Title: <u>Supervisor</u>
<p><b>90-DAY AUTHORITY</b></p> <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<p><b>OLCC USE ONLY</b></p> Application Rec'd by: <u>CM</u> Date: <u>5/14/15</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>APPLYING AS:</b></p> <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 Rusty Porthole LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Double D on the Rocks

3. Business Location: 460 Beach Boulevard Winchester Bay, OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97467

4. Business Mailing Address: 4430 Bela Way Carmichael CA 95608  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 916 832-8780  
(phone) (fax)

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

7. If yes to whom: Double D on the Rocks Type of License: F-SOM

8. Former Business Name: Double D on the Rocks

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

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

11. Contact person for this application: James Wright 916 832-8680  
(name) (phone number(s))  
4430 Bela Way Carmichael JWright58@gmail  
(address) (fax number) (e-mail address) 95608

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 5/14/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

P42489  
LA12303

### 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: 5-13-15

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 CDR Corp. ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Underdog

3. Business Location: 2100 NW Orleans Port Mkt OR 97210  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3720 SW Dosch Rd, PHD OR 97239  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-290-4967  
(phone) (fax)

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

7. If yes to whom: Old Pharmacy Café Inc Type of License: Full on premises

8. Former Business Name: Old Pharmacy Café Inc Underdogs Sports Bar

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

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

11. Contact person for this application: Peter Reynolds 503-290-4967  
(name) (phone number(s))  
3720 SW Dosch Rd, PHD 97239  
(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 5/12/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
MAY 12 2015