OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Does not want (L)

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: 5/18/15

90-day authority: ☐ Yes ☒ No

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

① HARYANA LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Randy's Riverview Market

3. Business Location: 10792 Highway 126 Mapleton LANE OREGON 97453
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 603 S. 5th St COTTAGE GROVE OR - 97424
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-269-4478
(phone) (fax)

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

7. If yes to whom: RCLK, Inc (Randy Swallow, Pres) Type of License: off Premise

8. Former Business Name: SAME

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

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

11. Contact person for this application: Ishwer Singh 1-916-708-3571
(name) (phone number(s))

603 S. 5th St. Cottage Grove Ore. 97424 (address) (fax number) SumiTdindayal@Yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/6/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

RECEIVED

MAY 1 8 2015

OREGON LIQUOR CONTROL COMMISSION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd By: _____

Date 5/15/15

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

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

① Rendezvous, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Rendezvous

3. Business Location: 414 NW 6 St (number, street, rural route) G.P (city) Josephine (county) OR (state) 97526 (ZIP code)

4. Business Mailing Address: 0 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 476 2469 (phone) 541 476 2312 (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Pongpeera Bulyalert (name) 541 218 3488 (phone number(s))

414 NW 6 St (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 5/13/15 ③ _____ Date _____

② _____ Date 5/13/15 ④ _____ Date _____

FAXED: 5/15/15

POSTED:

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 Baker (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: J. Marquardt

Date: May 15, 2015

90-day authority: ☑ Yes ☐ No

Expires

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

① Big Chief's BBQ, LLC. ③ _____

② _____ ④ _____

2. Trade Name (dba): Big Chiefs BBQ

3. Business Location: 781 Campbell St. (number, street, rural route) Baker City (city) Baker County (county) OR (state) 97814 (ZIP code)

4. Business Mailing Address: 781 Campbell St. (PO box, number, street, rural route) Baker City (city) OR (state) 97814 (ZIP code)

5. Business Numbers: 541 523 5755 (phone) _____ (fax)

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

7. If yes to whom: Alfredo Arceo Type of License: Full On Premises Sales

8. Former Business Name: Arceos

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

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

11. Contact person for this application: Steven Lee De Leon (name) 541 325 9721 (phone number(s))

1140 S. Myrtle Pl (address) _____ (fax number) sdeleon208@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 4/30/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

- DELIVERY
- 2ND DAY
- SAMPLE TASTINGS
- ENDORSEMENT TO RECEIVE

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CMG

Date: 5/18/15

90-day authority: ☐ Yes ☑ No

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

① The Cheesemonger's Wife, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): THE CHEESEMONGER'S WIFE

3. Business Location: 150 S. Oregon St., Jacksonville, OR, 97530 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13696 N. Applegate Rd., Grants Pass, OR, 97527 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 202-413-4167 (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? Jacksonville City (name of city or county)

11. Contact person for this application: Erik Luckau (name) 202-413-4167 (phone number(s))

13696 N. Applegate Rd., Grants Pass, OR, 97527 (address) (fax number) erik.luckau@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Erik Luckau 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)
- [x] Off-Premises Sales ($100/yr)
  - [ ] with Fuel Pumps
- [ ] Brewery Public House ($252.60)
- [ ] Winery ($250/yr)
- [ ] Other:

ACTIONS
- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other C/TN

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

APPLYING AS:
[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY
Date application received: _____
The City Council or County Commission: _____ (name of city or county)
recommends that this license be:
☐ Granted ☐ Denied
By: _____ (signature) (date)
Name: _____
Title: _____

OLCC USE ONLY
Application Rec'd by: _____
Date: _____
90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① M & K Marketplace LLC ③ _____
② _____ ④ _____
2. Trade Name (dba): Jefferson Thriftway
3. Business Location: 103 Old Pacific Hwy (number, street, rural route) Jefferson (city) Marion (county) OR (state) 97352 (ZIP code)
4. Business Mailing Address: 0837 SW Palatine Hill Rd (PO box, number, street, rural route) Portland (city) OR (state) 97219 (ZIP code)
5. Business Numbers: 503 915 7357 or 503 915 4495 (phone) N/A (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Jefferson Hometown Market LLC Type of License: Off-Premises Sales
8. Former Business Name: _____
9. Will you have a manager? [x] Yes [ ] No Name: Siaw Ming Png (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Marion county (name of city or county)
11. Contact person for this application: Kurt Beuter (name) 503 915 4495 (phone number(s))
0837 SW Palatine Hill Rd, Portland, OR 97219 (address) N/A (fax number) jkbeuter@gmail.com (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Applicant(s) Signature(s) and Date:
① [signature] Date 5/14/2015 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
MAY 14 2015
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [illegible]

Date: 14 May 15

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Michael Megarity~~ Rogue Growlers LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Rogue Growlers
3. Business Location: 454 Highland Ave Medford OR 97504 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 215 Hillhouse Ave. Medford OR 97504 (PO box, rural route) (city) (state) (ZIP code)
5. Business Numbers: [redacted] (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? Jackson County (name of city or county)
11. Contact person for this application: Michael Megarity (name) [redacted] 215 Hillhouse Ave. Medford OR (address) [redacted] (fax number) [redacted] (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 MEDFORD REGIONAL OFFICE OREGON LIQUOR CONTROL COMMISSION

RECEIVED

MAY 0 2 2015

MEDFORD DISTRICT OFFICE
OREGON LIQUOR CONTROL COMMISSION

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [x] Change Ownership
- [ ] ~~New Outlet~~
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other Change of Trade Name

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [ ] Limited Liability Company [x] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: [ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [signature]

Date: 5/14/15

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Yvette G. Velasquez ② _____
   ③ _____ ④ _____
2. Trade Name (dba): Lucy's Mexican Grill
3. Business Location: 940 N. Central Ave #A Medford, OR 97501 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 940 N. Central Ave #A Medford OR 97501 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-200-9324 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Jim Olson Uribe Type of License: Full On Premises Sales Restaurant
8. Former Business Name: El Kora
9. Will you have a manager? [x] Yes [ ] No Name: Yvette G. Velasquez (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: Yvette G. Velasquez (name) 541-1090-4027 (phone number(s))
    2841 Sandberg Ct. Medford, OR 97504 (address) (fax number) Sweetvet07@hotmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 4/29/15 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: 5-14

90-day authority: ☐ Yes ☐ No

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

① Yvonne S. Williams ③ _____

② _____ ④ _____

2. Trade Name (dba): Yvonne's Salon LLC

3. Business Location: 2361 N.M. Lombard Portland Multnomah Oregon 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2361 N.M. Lombard Ste A. Portland OR 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 887-7451
(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: Yvonne Williams (503) 887-7451
(name) (phone number(s))

2361 N.M. Lombard Ste A N/A Yvonnewilliams300@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 Yvonne Williams Date 2/28/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

RECEIVED MAY 1 2 2015

Initials _____
Oregon Liquor Control Commission

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 _____

P24505
L213186

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: 5-14-15

90-day authority: ☐ Yes ☐ No

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

① The Bronx Eatery LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Bronx Bar

3. Business Location: 23705 NE Sandy blvd (number, street, rural route) Wood Village (city) Mult. (county) OR (state) 97060 (ZIP code)

4. Business Mailing Address: 23705 NE Sandy blvd (PO box, number, street, rural route) Wood Village (city) OR (state) 97060 (ZIP code)

5. Business Numbers: 503 489-6555 (phone) 503 661-1308 (fax)

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

7. If yes to whom: The Bronx Eatery LLC Type of License: Full On Premises

8. Former Business Name: The Bronx Bar

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

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

11. Contact person for this application: Raj Patel (name) 503 810-5766 (phone number(s))

23705 NE Sandy blvd. (address) 503 661-1308 (fax number) raj1015@hotmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 5/~~14~~ 12/15 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: _____

P 51756

L 205303

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: _____

MAY 14 2015

Date: _____

90-day authority: ☐ Yes ☐ No

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

① PUTRAKSA LLC ② _____ ③ _____ ④ _____

2. Trade Name (dba): Aroy Thai Cuisine

3. Business Location: 506 SW 4th Ave. (number, street, rural route) Portland (city) US (county) Oregon (state) 97204 (ZIP code)

4. Business Mailing Address: 506 SW 4th Ave. (PO box, number, street, rural route) Portland (city) OR (state) 97204 (ZIP code)

5. Business Numbers: 503-274-7004 (phone) — (fax)

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

7. If yes to whom: VISAWAVISUT LLC Type of License: Limited On-Premises Sales

8. Former Business Name: Aroy Thai Cuisine

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

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

11. Contact person for this application: Pinprapa Pakdeekasem (name) 503-415-0421 (phone number(s))

2132 SE Salmon St. Apt #8 Portland, OR 97214 (address) (fax number) Pinprapa2@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Pinprapa Pakdeekasem Date 05-10-2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [ ] Limited Liability Company [x] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 5-14

90-day authority: [ ] Yes [ ] No

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

① Maria R Ortega ③ Enrique Ortega

② _____ ④ _____

2. Trade Name (dba): Lake Taco

3. Business Location: 1213 June Street (number, street, rural route) Hood River (city) Hood River (county) OR (state) 97031 (ZIP code)

4. Business Mailing Address: 2149 Cascade Ave Suite 106 PMD (PO box, number, street, rural route) Hood River (city) OR (state) 97031 (ZIP code)

5. Business Numbers: (541)3862276 (phone) (fax)

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

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

8. Former Business Name: Donna's Extrem Burgers

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

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

11. Contact person for this application: Enrique & Maria R Ortega (name) (phone number(s))

1213 June Street Hood River OR 97031 (address) (fax number) laketaco1@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 02/17/15 ③ _____ Date _____

② _____ Date 02/17/15 ④ _____ Date _____

RECEIVED MAR 30 2015 Oregon Liquor Control Commission Initials: _____

RECEIVED MAY 14 2015 Oregon Liquor Control Commission Initials: _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 5-15

90-day authority: ☐ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PENDLETON OUTLET STORE

3. Business Location: ~~Columbia Gorge Premium Outlets~~, 450 NW 257th Way, #208, Troutdale, Multnomah, OR 97060
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Columbia Gorge Premium Outlets, 450 NW 257th Way, #208 Troutdale OR 97060
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 669-2900
(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: Susan Holbrook
(manager must fill out an Individual History form)

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

11. Contact person for this application: Carrie Poust (503) 535-5339
(name) (phone number(s))

220 NW Broadway, Portland, OR 97209 (503) 535-5805 carrie.poust@penwool.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 RECEIVED Date _____

② _____ Date _____ ④ MAY 15 2015 Date _____

Initials: _____ 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: P

Date: 5-15

90-day authority: ☐ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): WOOLEN MILL STORE

3. Business Location: 8500 SE McLoughlin Blvd (number, street, rural route) Milwaukie ~~Portland~~ (city) Clackamas (county) OR (state) 97222 (ZIP code)

4. Business Mailing Address: PO Box 3030 (PO box, number, street, rural route) Portland (city) OR (state) 97208 (ZIP code)

5. Business Numbers: Store: (503) 535-5786 (phone) Corporate: (503) 226-4801 (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: Susan Holbrook (manager must fill out an Individual History form)

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

11. Contact person for this application: Carrie Poust (name) (503) 535-5339 (phone number(s))

220 NW Broadway, Portland, OR 97209 (address) (503) 535-5805 (fax number) carrie.poust@penwool.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 C [illegible] III Date 5/6/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED MAY 15 2015 Oregon Liquor Control Commission

Initials: [illegible]

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: 5-15

90-day authority: ☐ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PENDLETON STORE

3. Business Location: ~~Portland International Airport,~~ 7000 NE Airport Way, #2254, Portland, Multnomah, OR 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Portland International Airport, 7000 NE Airport Way, #2254 Portland OR 97218
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 282-1235
(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: Susan Holbrook
(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: Carrie Poust (503) 535-5339
(name) (phone number(s))

220 NW Broadway, Portland, OR 97209 (503) 535-5805 carrie.poust@penwool.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 C M Bishopritt Date 5/6/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
MAY 15 2015
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: P

Date: 5-15

90-day authority: ☐ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PENDLETON STORE

3. Business Location: 900 SW 5th Ave (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97204 (ZIP code)

4. Business Mailing Address: 900 SW 5th Ave (PO box, number, street, rural route) Portland (city) OR (state) 97204 (ZIP code)

5. Business Numbers: (503) 242-0037 (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: Susan Holbrook (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: Carrie Poust (name) (503) 535-5339 (phone number(s))

220 NW Broadway, Portland, OR 97209 (address) (503) 535-5805 (fax number) carrie.poust@penwool.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/6/15 ③ _____ Date _____

_____ Date _____ ④ _____ Date _____

RECEIVED MAY 15 2015 Oregon Liquor Control Commission

Initials: _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 5-15

90-day authority: ☐ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PENDLETON HOME STORE

3. Business Location: ~~220~~ 220/210 NW Broadway (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97209 (ZIP code)

4. Business Mailing Address: PO BOX 3030 (PO box, number, street, rural route) Portland (city) OR (state) 97208 (ZIP code)

5. Business Numbers: (503) 226-4801 or (503) 535-5444 (store) (phone) (503) 535-5805 (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: Susan Holbrook (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: Carrie Poust (name) (503) 535-5339 (phone number(s))

220 NW Broadway, Portland, OR 97209 (address) (503) 535-5805 (fax number) carrie.poust@penwool.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/6/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED MAY 15 2015 Oregon Liquor Control Commission

Initials

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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P 53508

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 15 2015

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Gourmet Productions Inc. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): GP Kitchen.
3. Business Location: 433 NW 10th Ave Portland Mult OR 97209
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Same
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-222-1563
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Gourmet Productions Inc. Type of License: off premise sales
8. Former Business Name: _____
9. Will you have a manager? ☒ Yes ☐ No Name: Heidi Schiblehner
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Multnomah
    (name of city or county)
11. Contact person for this application: Heidi Schiblehner 503 222 1563
    (name) (phone number(s))
    433 NW 10th Ave PDX 97209 heidi@eatgpkitchen.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 5/11/15 ③ RECEIVED Date _____

_____ Date _____ ④ MAY 15 2015 Date _____

Initials: _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 5-18

90-day authority: [ ] Yes [ ] No

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

① JJs Pub Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): JJs Pub

3. Business Location: 1399 McVey Ave (number, street, rural route) Lake Oswego (city) Clackamas (county) OR (state) 97034 (ZIP code)

4. Business Mailing Address: PO Box 632 (PO box, number, street, rural route) West Linn (city) OR (state) 97068 (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Joe Craig (name) 503-734-8935 (phone number(s))

19546 Kapteyns St. West Linn, OR 97068 (address) 503-657-3033 (fax number) jjspub@comcast.net (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date May 15, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED MAY 18 2015

Initials: _____

Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 5-18-15

90-day authority: [ ] Yes [ ] No

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

① Americano LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Americano

3. Business Location: 2625 E Burnside St (number, street, rural route) Portland (city) Multnomah (county) Oregon (state) 97214 (ZIP code)

4. Business Mailing Address: 2605 E Burnside St (PO box, number, street, rural route) Portland (city) Multnomah (county) Oregon (state) 97214 (ZIP code)

5. Business Numbers: 503-360-6193 (phone) _____ (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? [x] Yes [ ] No Name: Patrick Holland (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: Blair Reynolds (name) 503-360-6193 (phone number(s))

3753 SE Roswell St (address) _____ (fax number) blair@bgreynolds.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date May 18, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED MAY 18 2015 Initials: [signature] Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other CTN

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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 [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 5-18-15

90-day authority: [ ] Yes [ ] No

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

① AJMG INC ③ _____

② _____ ④ _____

2. Trade Name (dba): O'BRIEN'S PUB

3. Business Location: 2020 NE Cornell rd steF. Hillsboro. Washington. OR. 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2020 NE Cornell rd steF. Hillsboro. OR. 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-954-4051
(phone) (fax)

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

7. If yes to whom: K&C Dream LLC Type of License: Full-On-Premises Sales

8. Former Business Name: O'BRIEN'S PUB & BRICK LOUNGE

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

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

11. Contact person for this application: HEESOON, CHOI 503-954-4051
(name) (phone number(s))

2020 NE Cornell Rd ste F. Hillsboro. OR 97124 ajmong98@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 5-17-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [X] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 5-18-15

90-day authority: ☐ Yes ☐ No

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

① Ridgewalker Brewing Company LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Ridgewalker Brewing

3. Business Location: 17425 SW Ivy Glen Dr (number, street, rural route) Beaverton (city) WA (county) OR (state) 97007 (ZIP code)

4. Business Mailing Address: 17425 SW Ivy Glen Dr (PO box, number, street, rural route) Beaverton (city) OR (state) 97007 (ZIP code)

5. Business Numbers: 503 867 1634 (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: N/A (manager must fill out an Individual History form)

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

11. Contact person for this application: Justin Marble (name) 503 867 1634 (phone number(s))

2323 Mills Lane, Forest Grove, OR 97116 (address) N/A (fax number) justin@ridgewalkerbrewing.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/18/15 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: P

Date: 5-18

90-day authority: ☐ Yes ☐ No

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

① WALKER OIL LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): WALKER ROAD CHEVRON

3. Business Location: 18335 NW WALKER ROAD (number, street, rural route) BEAVERTON (city) (county) OREGON (state) 97006 (ZIP code)

4. Business Mailing Address: 15786 SW UPPER BOONES FERRY RD, LAKE OSWEGO OR 97035 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-639-5800 (phone) 503-639-5383 (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 BEAVERTON (name of city or county)

11. Contact person for this application: ROHIT SHARMA (name) 503-475-0355 (phone number(s))

15786 SW UPPER BOONES FERRY RD, OR 97035 (address) 503-639-5383 (fax number) 76PETROLEUM@GMAIL.CO (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 May 5, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

MAY 15 2015

Initials: _____

Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 5-19

90-day authority: ☐ Yes ☐ No

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

① Allan's Enterprises, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Degario's Ristorante

3. Business Location: 18365 NW West Union Rd. Suite 3A Portland Washington OR 97229
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18365 NW West Union Rd. Suite 3A Portland OR 97229
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: Rotola's Pizzeria

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

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

11. Contact person for this application: Leodegario Chavez Cruz 503-330-1716
(name) (phone number(s))

18305 NW West Union Rd. Suite 3A Portland, OR 97229 degariosristorante@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 04/24/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
MAY 19 2015
Oregon Liquor Control Commission

Initials: _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☒ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [illegible]

Date: 5/19/15

90-day authority: ☒ Yes ☐ No

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

① ELIZABETH WEIGAND ③ _____

② Bouquet of Beer Corporation ④ _____

2. Trade Name (dba): Bouquet of Beer ~~Corporation~~/Agricultural Connections

3. Business Location: 1470 NE 1st St. Suite 150 Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-390-2918
(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? Bend
(name of city or county)

11. Contact person for this application: Daniel Brewster (name) 541-390-2918 (phone number(s))
1364 NW Milwaukee Ave Bend, OR 97701 (address) (fax number) bouquetofbeer@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/19/15 ③ _____ Date _____

② [signature] Date 5/19/15 ④ _____ Date _____

P 5-18-15

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

P#51339 L#218709

Section 1: Complete This Section For All Requests

1. Licensee Name(s): Fergis INC. (as currently licensed)
2. Trade Name (dba): Asabache Mexican Food / Rio Alto Pool Hall (current business name) Type of License: F (O, L, F, etc.)
3. Business Address: 14411 SW Pacific Hwy (street) TIGARD (city) OR 97224 (ZIP code)
4. Mailing Address: SAME (street) (city) (ZIP code)
5. Telephone Number: (503) 431-2199 (business) (503) 840-5260 (home)
6. Check here for a duplicate license certificate [X]

Section 2: Change of Trade Name

New Trade Name (dba): Azabache Grill & Sport Bar

Section 3: Change of Legal Name

1. New Name: AZA Grill - INC.
2. Date of Name Change: 5-15-15
3. Attach a signed copy of legal document(s).

Section 4: Change to Legal Entity (Corp. or LLC)

1. Entity Name: AZA Grill INC.
2. Complete and attach LLC or Corporation Questionnaire.
3. Attach a signed copy of modified lease agreement if applicable.

Section 5: Deletion of Partner(s)

1. Name of Deleted Partner(s): ~~Tana Loera~~
2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Tana Loera Title: owner/President

Licensee Signature: [signature] **Date:** 5-15-15

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

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 Lesser Privilege

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: A Smothers

Date: 5/18/15

90-day authority: ☐ Yes ☐ No

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

① OLSON RETREATS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): DARLINGS MARINA & RV RESORT

3. Business Location: 4879 DARLINGS LOOP FLORENCE, LANE, OR 97439
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-997-2841 (phone) N/A (fax)

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

7. If yes to whom: DARLINGS MARINA & RV RESORT LLC Type of License: O and F-Com

8. Former Business Name: DARLINGS MARINA & RV RESORT

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? LANE COUNTY
(name of city or county)

11. Contact person for this application: LORI EDWARDS-OLSON (name) 541-997-2841 (phone number(s))

4879 DARLINGS LOOP (address) FLORENCE, OR 97439 N/A (fax number) olsonretreats@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Lori Edwards-Olson Date 5-13-15 ③ _____ Date _____

② [signature] Date 5-18-15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

208062

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 non profit ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY
Date application received: _____
The City Council or County Commission: _____ (name of city or county)
recommends that this license be:
☐ Granted ☐ Denied
By: _____ (signature) (date)
Name: _____
Title: _____

OLCC USE ONLY
Application Rec'd by: L. Brown
Date: 5/19/2015
90-day authority: ☒ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① The High Desert Museum ③ _____
② _____ ④ _____
2. Trade Name (dba): ~~Silver Sage Store~~ / Rimrock Cafe / Silver Sage Store @ The High Desert Museum
3. Business Location: High Desert Museum (number, street, rural route) Bend (city) Deschutes (county) OR (state) 97702 (ZIP code)
4. Business Mailing Address: 59800 S. Hwy 97 (PO box, number, street, rural route) Bend (city) OR (state) 97702 (ZIP code)
5. Business Numbers: (541) 382-4754 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Rimrock Café Type of License: Full on premise
8. Former Business Name: _____
9. Will you have a manager? ☒ Yes ☐ No Name: Molly Black-Hissong (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? _____ (name of city or county)
11. Contact person for this application: Molly Black-Hissong (name) (541) 382-4754 ext. 305 (phone number(s))
59800 S. Hwy 97 (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 Molly B. Hissong Date 4/23/15 ③ [illegible] Date 4/23/15
② Dana Whitelaw Date 4/23/15 ④ [illegible] Date 4/23/15

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

ACTIONS
- ☐ Change Ownership
- ☒ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other GROC

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: [illegible]
Date: 5-19-15
90-day authority: ☒ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ③ Aurelio Velasquez Jimenez ③ _____
   ② Carmela Ahilon Mendoza. ④ _____
2. Trade Name (dba): Tienda Guatemala
3. Business Location: 130 Arthur St Woodburn OR 97071. (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2340 Molalla Rd Woodburn OR 97071 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503 890 1524. (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: Tienda Guatemala.
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? Woodburn OR - Marion. (name of city or county)
11. Contact person for this application: Aurelio Velasquez (name), 503 890 1524. (phone number(s))
    2340 Molallard (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 04-03-15 ③ _____ Date _____
② CAM Date 04-03-15 ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
MAY 19 2015
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☑ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CD Mothers

Date: 5/19/15

90-day authority: ☐ Yes ☒ No

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

① Maria E. Vasquez Vasquez ③ _____

② Jose J. Contreras Lopez ④ _____

2. Trade Name (dba): The Duck Stop

3. Business Location: 4791 Franklin Blv. (number, street, rural route) Springfield (city) Lane (county) OR (state) 97403 (ZIP code)

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

5. Business Numbers: (541) 747-3100 (phone) (fax)

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

7. If yes to whom: Kara Johnson Type of License: Off

8. Former Business Name: The Duck stop

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? Lane County (name of city or county)

11. Contact person for this application: Julia Valera (name) (503) 830-2977 (phone number(s))

PO Box 1323 Silverton OR 97381 (address) (fax number) juliaknows@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/14/15 ③ _____ Date _____

② Jose Contreras Date 5/14/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other T

T/N

90-DAY AUTHORITY

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

APPLYING AS:

[x] 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: 5/14/15

90-day authority: ☐ Yes ☒ No

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

① Levy Premium Foodservice Limited Partnership ③ _____

② _____ ④ _____

2. Trade Name (dba): Levy Restaurants at Oregon State University Reser Stadium

3. Business Location: 660 SW 26th St., Corvallis, OR, Benton County, 97331
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 980 N Michigan Avenue, Suite 200 Chicago IL 60611
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-737-2647
(phone) (fax)

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

7. If yes to whom: Sodexo America LLC Type of License: Full On-Premises Caterer

8. Former Business Name: Oregon State University Reser Stadium

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

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

11. Contact person for this application: Duke Tufty (No Solicitations Please) 503-517-8137
(name) (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature], Michael Portberg, Secretary its GP 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 N/A

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: 3/19/15

90-day authority: ☐ Yes ☑ No

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

① Levy Premium Foodservice Limited Partnership ③ _____

② _____ ④ _____

2. Trade Name (dba): Levy Restaurants at Oregon State University Concessions

3. Business Location: 430 Langton Place, Corvallis, OR, Benton County, 97331
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 980 N Michigan Avenue, Suite 200 Chicago IL 60611
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-737-2647
(phone) (fax)

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

7. If yes to whom: Sodexo America LLC Type of License: Limited On-Premises

8. Former Business Name: Oregon State University Concession

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

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

11. Contact person for this application: Duke Tufty (No Solicitations Please) 503-517-8137
(name) (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Michael Perlberg Secretary of its GP 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: City of Pendleton (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: SW. Fetterhoff

Date: 5/20/15

90-day authority: ☑ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PENDLETON MILL STORE

3. Business Location: 1307 SE Court Place (number, street, rural route) Pendleton (city) Umatilla (county) OR (state) 97801 (ZIP code)

4. Business Mailing Address: 1307 SE Court Place (PO box, number, street, rural route) Pendleton (city) OR (state) 97801 (ZIP code)

5. Business Numbers: (541) 276-6911 (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: Susan Holbrook (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: Carrie Poust (name) (503) 535-5339 (phone number(s))

220 NW Broadway, Portland, OR 97209 (address) (503) 535-5805 (fax number) carrie.poust@penwool.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 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: [signature]

Date: 5/19/2015

90-day authority: ☒ Yes ☐ No

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

① Sonia Villa Lund ③ _____

② _____ ④ _____

2. Trade Name (dba): Luna's Family Restaurant

3. Business Location: 1575 S Roosevelt Seaside Clatsop OR 97138
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 1343 Cannon Beach OR 97110
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 739 0393 —
(phone) (fax)

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

7. If yes to whom: _____ Type of License: Full On Premises Sales

8. Former Business Name: Hank Burger & Beer

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

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

11. Contact person for this application: Sonia Villa (503) 440-7694
(name) (phone number(s))

PO BOX 1343 Cannon Beach OR 97110
(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 5-10-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [x] 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 [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [illegible]

Date: 5/20/15

90-day authority: [ ] Yes [ ] No

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

① Walter S. Hutson ③ _____

② Robin R Hutson ④ _____

2. Trade Name (dba): Willow Creek Store and Cafe

3. Business Location: 4712 John Day Hwy (number, street, rural route) Vale (city) Malhuer (county) OR (state) 97918 (ZIP code)

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

5. Business Numbers: 541 - 473 - 3312 (phone) (fax)

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

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

8. Former Business Name: same

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

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

11. Contact person for this application: Walter S Hutson (name) 208-250-6272 (phone number(s))

2675n 180e Lehi, UT 84043 (address) N/A (fax number) wshutson@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date Mar 30, 2015 ③ _____ Date _____

② [signature] Date 4/7/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: MAY 19 2015

Date: _____

90-day authority: ☐ Yes ☐ No

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

① LA SEN WEST LINN LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): LA SEN VIETNAMESE GRILL

3. Business Location: 22000 WILLAMETTE DR SUITE # 101 (number, street, rural route) WEST LINN (city) – CLACKAMAS (county) – OR (state) 97068 (ZIP code)

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

5. Business Numbers: (503) 303-4445 (phone) — (fax)

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

7. If yes to whom: ~~B.J. WILLY'S~~ Wonderland Type of License: FULL ON PREMISES SALES exp 3/2015

8. Former Business Name: B.J. WILLY'S Holding LLC

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? WEST LINN (name of city or county)

11. Contact person for this application: TUAN LAM (name) (503) 734-8622 (phone number(s))

16393 OAKTREE TER – OREGON CITY, OR 97045 (address) (fax number) LASENGRILL@GMAIL.COM (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 05/14/15 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 _____

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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #1297

3. Business Location: 4170 Portland Rd NE (number, street, rural route) Salem (city) Marion (county) OR (state) 97303 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/8/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5452

3. Business Location: 2420 SW Cedar Hills Blvd. (number, street, rural route) Beaverton (city) Washington (county) OR (state) 97005 (ZIP code)

4. Business Mailing Address: 17311 S.Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailer LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/15 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5454

3. Business Location: 12230 SE Sunnyside Dr. (number, street, rural route) Clackamas (city) Clackamas (county) OR (state) 97015 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5456

3. Business Location: 2281 NE 181st St. (number, street, rural route) Gresham (city) Multnomah (county) OR (state) 97230 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

9. Will you have a manager? ☑ Yes ☐ No Name: John Archer (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: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5457

3. Business Location: 5063 Tualatin Valley Hwy (number, street, rural route) Hillsboro (city) Washington (county) OR (state) 97123 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5458

3. Business Location: 3101 E Portland Rd. (number, street, rural route) Newberg (city) Yamhill (county) OR (state) 97132 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CL

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5459

3. Business Location: 2020 E Burnside St. (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97214 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5460

3. Business Location: 425 NE Broadway St. (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97232 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-2015

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5463

3. Business Location: 2840 Broadway St NE (number, street, rural route) Salem (city) Marion (county) OR (state) 97303 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CL

Date: 5-2015

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5465

3. Business Location: 4592 Portland Rd (number, street, rural route) Salem (city) Marion (county) OR (state) 97035 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5466

3. Business Location: 5095 Commercial St SE (number, street, rural route) Salem (city) Marion (county) OR (state) 97306 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-7-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5468

3. Business Location: 5720 E Main St (number, street, rural route) Springfield (city) Lane (county) OR (state) 97478 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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 _____

C/TN

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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #5558

3. Business Location: 102 Lancaster Dr NE (number, street, rural route) Salem (city) Marion (county) OR (state) 97301 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #7450

3. Business Location: 15900 Upper Boones-Ferry (number, street, rural route) Tigard (city) Washington (county) OR (state) 97223 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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 _____

CHA

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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #7531

3. Business Location: 39535 Proctor Ave (number, street, rural route) Sandy (city) Clackamas (county) OR (state) 97055 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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 _____

C/TN

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: CK

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① Apro, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): My Goods Market #7790

3. Business Location: 129 E Ellendale Ave. (number, street, rural route) Dallas (city) Polk (county) OR (state) 97338 (ZIP code)

4. Business Mailing Address: 17311 S Main Street (PO box, number, street, rural route) Gardena (city) CA (state) 90248 (ZIP code)

5. Business Numbers: 310-323-3783 (phone) _____ (fax)

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

7. If yes to whom: Convenience Retailers LLC Type of License: Off-Premises Sales

8. Former Business Name: My Goods Market

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) _____ (fax number) alyssamctimpeny@dwt.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 5/08/2015 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: _____

Date: 5-20-15

90-day authority: ☐ Yes ☐ No

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

① US MARKET 325, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): US MARKET 325

3. Business Location: 2705 SE ORIENT DRIVE, GRESHAM, MULTNOMAH, OREGON 97080
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1038 BROADWAY ST, NE SALEM OREGON 97301
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-391-8889
(phone) (fax)

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

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

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? GRESHAM, MULTNOMAH
(name of city or county)

11. Contact person for this application: SATWINDER SINGH 503-779-7283 – cell
(name) (phone number(s))

2884 BASTILLE AVE, SALEM 503-362-2519 USMKT@COMCAST.NET
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Satwinder Singh Date 5/18/2015 ③ _____ Date 5/18/2015

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: [illegible]

Date: 5/20/15

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Food Industry Resources For Sustainable Transitions, LLC
   ② _____ ④ _____
2. Trade Name (dba): 100 Mile Bakery
3. Business Location: 418 A St, Space A Springfield Lane OR 97477 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: " " (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (541) 603-1654 (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: Leda Hermecz (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Springfield (name of city or county)
11. Contact person for this application: Leda Hermez (name) 541-345-3247 (phone number(s))
    560 21st St (address) Springfield, OR 97477 (fax number) ledaletters@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/18/15 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 _____

RECEIVED
MAY 13 2015
Oregon Liquor Control Commission
Bend, Oregon

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: Hutton

Date: 5/20/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① FSK LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): IN & Out C-Store
3. Business Location: 360 SW 3rd Ave Ontario Malheur OR 97914 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 360 SW 3rd Ave Ontario Malheur OR 97914 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (208) 371-0166 (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? Ontario, Malheur, OR (name of city or county)
11. Contact person for this application: Fawad Saheb Khan (name) (208) 371-0166 (phone number(s))
    7108 W. San Fernando Dr Boise Id 83704 (address) (fax number) Saheb khan_fawad@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Fawad Saheb Khan 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: MH

Date: 5-20-15

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Loajans LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Boondocks
3. Business Location: 318 N. Main St (number, street, rural route) Falls City (city) Polk (county) OR (state) 97344 (ZIP code)
4. Business Mailing Address: PO Box 81 (PO box, number, street, rural route) Falls City (city) OR (state) 97344 (ZIP code)
5. Business Numbers: 503-787-2700 (phone) — (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Loajans LLC Type of License: Full ON
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? Falls City (name of city or county)
11. Contact person for this application: Laura Britton (name) 503-871-6527 (phone number(s))
    PO Box 81 Falls City, OR 97344 (address) (fax number) loriandlaura@msn.com (e-mail address)

RECEIVED

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

Applicant(s) Signature(s) and Date:

① Laura Britton Date 5/19/15 ③ _____ Date _____

② _____ Date 5/19/15 ④ _____ Date _____

MAY 20 2015

SALEM REGIONAL OFF

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

(rev. 08/2011)

RECEIVED

RECEIVED

MAY 1 5

MAR 2 7 2015

MEDFORD REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- ☐ Change Ownership
- ☒ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other 1st Location

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [illegible]

Date: 5/20/15

90-day authority: ☐ Yes ☒ No

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

① _____ ② Simple Machine, LLC

③ _____ ④ _____

2. Trade Name (dba): Simple Machine

3. Business Location: 438 Morton St. (number, street, rural route) Ashland (city) Jackson (county) OR (state) 97520 (ZIP code)

4. Business Mailing Address: 438 Morton St. (PO box, number, street, rural route) Ashland (city) OR (state) 97520 (ZIP code)

5. Business Numbers: (541) 613-5437 (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: BRIAN DENNER (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: Brian Denner (name) (541) 613-5437 (phone number(s))

438 Morton St. Ashland, OR 97520 (address) _____ (fax number) bdenner@hotmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 3-25-15 ② _____ Date

③ _____ Date ④ _____ Date

RECEIVED

MAY 1 5

MEDFORD REGIONAL OFFICE
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 _____

RECEIVED
MAY 18 2015
Oregon Liquor Control Commission
Bend, Oregon

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: ☐ Yes ☐ No

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

① PENDLETON WOOLEN MILLS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): PENDLETON BEND OUTLET

3. Business Location: 61334 S. Hwy 97 (number, street, rural route) Bend (city) Deschutes (county) OR (state) 97702 (ZIP code)

4. Business Mailing Address: ~~PO Box 3030~~ 61334 S. Hwy 97, #200 (PO box, number, street, rural route) ~~Portland~~ Bend (city) OR (state) ~~97208~~ 97702 (ZIP code)

5. Business Numbers: Store: (541) 383-7142 ~~Corporate:~~ (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: Susan Holbrook (manager must fill out an Individual History form)

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

11. Contact person for this application: Carrie Poust (name) (503) 535-5339 (phone number(s))

220 NW Broadway, Portland, OR 97209 (address) (503) 535-5805 (fax number) carrie.poust@penwool.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 5/18/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____