



# 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**

### 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: 6/4/15

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① ~~CRANBROOK FARM, LLC~~ ② \_\_\_\_\_

② CRANBROOK FARM, LLC ④ \_\_\_\_\_

2. Trade Name (dba): CRANBROOK FARM

3. Business Location: 330-340 NORTH FIR MEDFORD JACKSON OR 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4260 PIONEER RD Medford OR 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-601-8782  
(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: Geoffrey W. Cutler  
(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: Geoffrey W. Cutler 541-601-8782  
(name) (phone number(s))  
4860 Pioneer Road Medford 97501 Jeff@CIC-LLC.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 5/23/15 ③

② \_\_\_\_\_ Date \_\_\_\_\_ ④

PAID Date: N/A  
POSTED Date: N/A





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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

Date: **JUN 03 2015**

90-day authority:  Yes  No

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

① Narendra & Jaya, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Hampton Inn Portland/Gresham

3. Business Location: 3039 NE 181st Ave. Gresham, OR 97230  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5205 N. Interstate Ave. Portland, OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5034825129  
(phone) (fax)

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

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

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

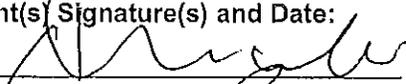
9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)

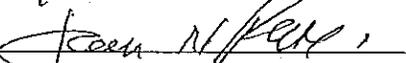
10. What is the local governing body where your business is located? City of Gresham  
(name of city or county)

11. Contact person for this application: Jatin Patel 503-515-7669  
(name) (phone number(s))  
10948 SE Lenore St. Happy Valley, OR 97086 503-513-9398 jatin@lodgingmgmt.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 Jun 2, 2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

②  Date Jun 2, 2015 ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

L 205117  
P 8032

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

**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

**OLCC USE ONLY**

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

Date: JUN 03 2015

90-day authority:  Yes     No

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

① DIONYSUS ENTERTAINMENT LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): BERBATI

3. Business Location: 19 SW 2ND AVENUE PORTLAND MULTNOMAH OR 97204  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17 SW 2nd Ave #202 Portland OR 97204  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-318-2213 503-546-8900  
(phone) (fax)

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

7. If yes to whom: BERBATI, INC. Type of License: FULL ON-PREMISES / COMM

8. Former Business Name: BERBATI'S

9. Will you have a manager?  Yes     No Name: NA  
(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: FRANK FAILLACE 503-318-2213  
(name) (phone number(s))  
1816 SE 11th Ave, Portland OR 97214 503-236-0041 Ffailace@qwest.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 \_\_\_\_\_ Date 6/1/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date 6/1/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

APPLYING AS:  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

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**OLCC USE ONLY**

Application Rec'd by: [Signature]

Date: 5-29-15

90-day authority:  Yes     No

P2688  
L217846

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Scull & Slentz LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): West Inn Saloon & Steak House

3. Business Location: 1731 Willame He Falls Dr Westlin, Clackamas OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97068

4. Business Mailing Address: 1731 Willame He Falls Dr Westlin OR 97068  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 1503-655-2098 1-503-368-4441  
(phone) (fax)

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

7. If yes to whom: Chung Dng Kim Type of License: Full on Premises

8. Former Business Name: West Inn Saloon & Eatery

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 Westlin  
(name of city or county)

11. Contact person for this application: Frederick James Slentz 541-992-5622  
(name) (phone number(s))  
4842 SE Hwy 101 #9 Lincoln city OR Slentz8442@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 F James Slentz Date 5-27 ③ \_\_\_\_\_ Date 5-27-15  
 ② [Signature] Date 5-27 ④ \_\_\_\_\_ Date \_\_\_\_\_



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

### ACTIONS

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

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: P

Date: 5-26

90-day authority:  Yes  No

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

① Royal Comfort LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Royal Comfort

3. Business Location: 5257 NE MLK JR Blvd, Ste 201, Portland OR 97211  
 (number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 869-9538 971-998-3667  
 (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? \_\_\_\_\_  
 (name of city or county)

11. Contact person for this application: PATRICIA NOLAN 503-360-2967  
 (name) (phone number(s))  
3403 Yeoman Ave, Vancouver WA 98660 5032893199 Royalcomforttr@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 Pat Nolan Date 5/19/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ Initials: [Signature] Date 5-26-2015

RECEIVED

5-26-2015

Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

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

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

Date: **MAY 26 2015**

90-day authority:  Yes  No

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

① Gina's Catering LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Gina's Catering

3. Business Location: 225 NE 90th Ave Multnomah OR 97220  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11850 North Center Ave #583 Multnomah OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.318.7066 (phone) \_\_\_\_\_ (fax)

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

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

8. Former Business Name: NA

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

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

11. Contact person for this application: Gina M Lindstrom 503.318.7066  
(name) (phone number(s))

8441 SW Lafayette Way Wilsonville OR Lindstromgina@gmail.com  
(address) (fax number) 97070 (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 5/22/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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### LICENSE TYPES

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

### ACTIONS

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

### 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: 5-26

90-day authority:  Yes  No

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

New Seasons Market, LLC  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_

2. Trade Name (dba): New Seasons Market - Stabtown

3. Business Location: 2170 NW Raleigh St. Portland Multnomah OR 97210  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1300 SE Stark St. Ste 401 Portland OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 459 4817 503 292 6280  
(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: George Camera  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Gina Fieschner 503 459 4817  
(name) (phone number(s))  
1300 SE Stark St. Suite 401 503 292 6280 ginaf@newseasonsmarket.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:

[Signature] Date 5/15/15  **RECEIVED** Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_

**MAY 26 2015**



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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### LICENSE TYPES

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

### ACTIONS

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

*P44634  
L219561*

### 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: *5-26*

90-day authority:  Yes  No

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

① Here's How LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Fortune Bar

3. Business Location: 102-106 NW 4th Ave Portland Multnomah OR 97209  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2000 SE 10th Ave Portland OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 703-6867 (503) 241-5419  
(phone) (fax)

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

7. If yes to whom: HFL Project LLC Type of License: F-COM

8. Former Business Name: Fortune Bar, Big Trouble

9. Will you have a manager?  Yes  No Name: Eric Bowler  
(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: Jessica Silverman (503) 222-0600 x102  
(name) (phone number(s))  
2000 SE 10th Ave, Portland OR 97214 (503) 241-5419 jessica@chefstablegroup.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/12/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5/11/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

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

Date: 5-26

90-day authority:  Yes  No

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

① Loyal Legion Portland LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Loyal Legion

3. Business Location: 706 SE 6th Ave Portland Multnomah OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2000 SE 10th Ave Portland OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-222-0600 503-241-5419  
(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: Kurt Huffman  
(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: Jessica Silverman 503-222-0600 x102  
(name) (phone number(s))  
2000 SE 10th Ave, Portland OR 97214 503-241-5419 jessica@chefstablegroup.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 5/20/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 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: AS

Date: 5-27-15

90-day authority:  Yes  No

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

① ~~QUALITY~~ B.F.M SERVICES INC. ③

② \_\_\_\_\_ ④

2. Trade Name (dba): QUALITY Food MART SERVICES

3. Business Location: 1545 NE 181ST AVE PORTLAND OR 97230  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1545 NE 181ST AVE PORTLAND OR 97230  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom Golden Gate Enterprises LLC Type of License: OFF PREMISES SALES

8. Former Business Name: GRESHAM TEXACO (FIRST PACIFIC PETROLEUM LLC)

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

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

11. Contact person for this application: KARAM SINGH 360-521-7036  
(name) (phone number(s))  
1545 NE 181ST AVE PORTLAND, OR 97230  
(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 5-19-15 ③ ASingh Date \_\_\_\_\_

② [Signature] Date 5-19-15 ④ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted       Denied

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

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

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

---

**OLCC USE ONLY**

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

Date: 5/28

90-day authority:  Yes  No

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

① Black Pearl Haven LLC INC      ③ Janice Rae Bothwell

② Jack Douglas Bothwell      ④ \_\_\_\_\_

2. Trade Name (dba): Black Pearl Haven

3. Business Location: 1264 NW Naito Parkway,      Portland      Multnomah      Oregon      97209  
 (number, street, rural route)      (city)      (county)      (state)      (ZIP code)

4. Business Mailing Address: PO Box 912 Ridgefield, WA 98642  
 (PO box, number, street, rural route)      (city)      (state)      (ZIP code)

5. Business Numbers: 360-798-8133      \_\_\_\_\_  
 (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: Jack D. Bothwell 360-798-8133  
 (name)      (phone number(s))  
PO Box 912 RIDGEFIELD, WA 98642      JNBOTHWELL@YANOO  
 (address)      (fax number)      (e-mail address)      COM

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

Applicant(s) Signature(s) and Date:

① Jack D. Bothwell      Date May 16, 2015      ③ Janice Bothwell      Date May 16, 2015  
LLC manager      Date May 16, 2015      ④ Janice Bothwell      Date 5/16/15

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

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



# 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 \_\_\_\_\_

*P44962*  
*L204600*

### 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: 5/28

90-day authority:  Yes  No

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

① Sima, Inc ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Joan's

3. Business Location: 11338 SE 82<sup>nd</sup> Ave #302 Happy Valley OR 97086  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 8063 Portland OR 97207  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-654-8034  
(phone) (fax)

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

7. If yes to whom: Sima, Inc Type of License: limited on premises

8. Former Business Name: Sima, Inc

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

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

11. Contact person for this application: Shahram Jahangiri 503-933-3330  
(name) (phone number(s))  
shahramj@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/26/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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









# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

APPLYING AS:  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

PL1111  
 L205522

**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: AR

Date: 5-28-15

90-day authority:  Yes     No

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

① Nattakamol Songsaeng ③ \_\_\_\_\_

② Sake Restaurant LLC ④ \_\_\_\_\_

2. Trade Name (dba): Sake Izakaya

3. Business Location: 3272 SE Hawthorne BLVD Portland OR Mult 97205 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3272 SE Hawthorne BLVD Portland OR 97205 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 - 222 - 1391, 503 239 3709 503 - 222 - 1393  
(phone) (fax)

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

7. If yes to whom: Veggi Thai Veggie Thai LLC Type of License: Limited On Premises Sales

8. Former Business Name: Veggi Thai Veggie Thai

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: Nattakamol Songsaeng 503-222-1391 503-8854680  
(name) (phone number(s))  
615 SW Park Ave Portland OR 97205 503-222-1391 pic 99-99@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Nattakamol Songsaeng Date 5/26/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

**RECEIVED**

**MAY 28 2015**





OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>97A</u>
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L 216021  
P 16362

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 28 2015

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① SNW Lambs LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Lamb's Nature's Choice Market - Wilsonville

3. Business Location: 8255 SW Wilsonville Rd Wilsonville clackamas OR 97070  
(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: 503 682-9053 503 682-0443  
(phone) (fax)

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

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

8. Former Business Name: Wilsonville Thriftway

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

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

11. Contact person for this application: Derek Lohrey 503 243-5406  
(name) (phone number(s))  
638 SW 1st Ave. Suite 210 Portland OR 97204 503 243-5418 derek@mfhllc.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4.29.15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



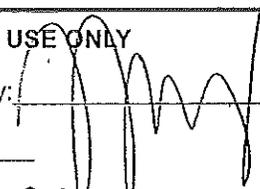
Application is being made for:

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

**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 auth. **MAY 28 2015** No

L 205603  
P 5171

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① SNW Lambs LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Garden Home Thriftway

3. Business Location: 7410 SW Oleson Rd Portland Washington OR 97223  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 244-9061 503 244-8099  
(phone) (fax)

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

7. If yes to whom: Lam Ko LLC Type of License: Off-Premises Sales

8. Former Business Name: Lamb's Thriftway

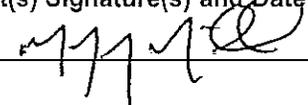
9. Will you have a manager?  Yes  No Name: Mike Babbitt  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Derek Lohrey 503 243-5406  
(name) (phone number(s))  
838 SW 1st Ave Portland OR 97204 503 243-5418 derek@mfhllc.com  
(address) Suite 210 (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

①  Date 4.29.15 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 CM

**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

L 218438  
P 20275

**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 28 2015**

90-day authority:  Yes  No

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

① SNW Lambs LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Lamb's Nature's Choice Market - Palisades

3. Business Location: 13775<sup>SW</sup> McVey Ave. Lake Oswego Clackamas OR 97034

(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: 503 636-5417 503 636-4458

(phone) (fax)

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

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

8. Former Business Name: Palisades Market

9. Will you have a manager?  Yes  No Name: Nick Goldsmith

(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: Derek Lohrey 503 243-5406

(name) (phone number(s))

838 SW 1st Ave Suite 210 Portland OR 97204 503 243-5418 derek@mfhllc.com

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

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4.29.15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

L 205621  
P 5305

### 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 28 2015**

90-day authority:  Yes  No

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

① SNW Lambs LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Lamb's Strokecker's

3. Business Location: 2855 SW Patton Road Portland Multnomah OR 97201  
(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: 503 223-7391 503 223-9732  
(phone) (fax)

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

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

8. Former Business Name: Strokecker's

9. Will you have a manager?  Yes  No Name: Vernon Turner  
(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: Derek Lowrey 503 243-5406  
(name) (phone number(s))

838 SW 1st Ave. Suite 210 Portland OR 97204 503 243-5418 derek@dmfhlle.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4.29.15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES:

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

### ACTIONS

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

L 204478  
P 5343

### 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 27 2015**

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① ZFC 1, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Starday Tavern

3. Business Location: 6517 SE Foster Rd. Portland Multnomah OR 97206  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4503 SE 66th Ave Portland OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-888-4001 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: The Starday Tavern, Inc Type of License: Full-On Premises

8. Former Business Name: same The Starday Tavern

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

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

11. Contact person for this application: Justin Amrine 740-396-0205  
(name) (phone number(s))  
4503 SE 66th Ave, Portland OR 97206  
(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 5/23/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5-23-15 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: \_\_\_\_\_ *P*

Date: *6/2*

90-day authority:  Yes  No

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

① MJC Lachner LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Pizza Factory of Gresham

3. Business Location: 1088 NW Civic Drive Gresham Multnomah OR 97030  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1088 NW Civic Drive Gresham OR 97030  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-489-5682 503-427-0565  
(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: Beard's Framing

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

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

11. Contact person for this application: Michael J Lachner Jr 503-367-9929  
(name) (phone number(s))  
21800 SE Bohna Park Road Damascus, OR 97089 503-427-0565 mlachner@outlook.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 5-19-15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date JUN 02 2015

RECEIVED



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

L 215 872  
P 51333

### 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: **JUN 01 2015**

90-day authority:  Yes  No

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

① MASALA BOX, INC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): MASALA BOX, INC

3. Business Location: 150 W ARRLINGTON STREET, GLADSTONE, OR 97027  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 150 W ARRLINGTON ST. GLADSTONE, OR 97267  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 349 3795  
(phone) (fax)

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

7. If yes to whom: JWU PROPERTY LLC Type of License: OFF-PREMISES SALES

8. Former Business Name: DELI N FOOD MART

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

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

11. Contact person for this application: VISAY N. REDDY 503 349 3795  
(name) (phone number(s))  
5343 SE EL CENTRO WAY MILWAUKIE 97267 red@3611@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 [Signature] Date 6/1/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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







# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

L 219007  
P 54248

### 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:

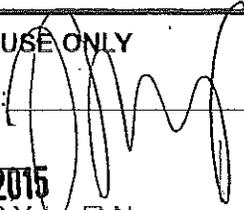
- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: 

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

JUN 02 2015

90-day authority:  Yes  No

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

① Why Knot Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Sante

3. Business Location: 411 NW Park Avenue Portland, Multnomah, Oregon 97219  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 6094 Portland, OR 97228  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (Verizon cell) 415 793 5096 (Heatler's cell) 802 353 1760  
(phone) (fax)

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

7. If yes to whom: Why Knot Inc. Type of License: Limited On-Premises

8. Former Business Name: Sante

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

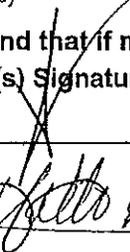
10. What is the local governing body where your business is located? Portland  
(name of city or county)

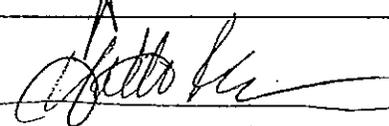
11. Contact person for this application: Veronique LaFont 415 793 5096  
(name) (phone number(s))

PO Box 6094 Portland, OR 97228  
(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 May 2015 Date \_\_\_\_\_

②  Date: 5 May 2015 Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

APPLYING AS:  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**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: JUN 02 2015  
 90-day authority:  Yes     No

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

① IPACS CELLARS LLC    ③ \_\_\_\_\_  
 ② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): IPACS CELLARS

3. Business Location: 602 NW 23rd Ave    Portland    OR    97210  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)

4. Business Mailing Address: 5770 Macleay Rd SE    Salem    OR    97317  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)

5. Business Numbers: 503-999-2228    \_\_\_\_\_  
(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: Ferenc Ipacs Szabo  
(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: Ferenc Ipacs Szabo    503-999-2228  
(name)    (phone number(s))  
5770 Macleay Rd SE Salem, OR 97317    ferenc@ipacscellars.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 5-28-15    ③ \_\_\_\_\_    Date \_\_\_\_\_  
 ② \_\_\_\_\_    Date \_\_\_\_\_    ④ \_\_\_\_\_    Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

---

**OLCC USE ONLY**

Application Rec'd by: R Hand

Date: 6/2/15

90-day authority:  Yes     No

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

① Bouquet of Beer Corporation    ② \_\_\_\_\_

② \_\_\_\_\_    ① \_\_\_\_\_

2. Trade Name (dba): Bouquet of Beer

3. Business Location: 1364 NW Milwaukee Ave    Bend    Deschutes    Oregon    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    541-390-2918  
(name) (phone number(s))  
1364 NW Milwaukee Ave Bend OR 97701    bouquetofbeer@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 5/27/2015    ① \_\_\_\_\_    Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: <u>Umatilla County</u> <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature) (date)</small> Name: _____ Title: _____
<b>90-DAY AUTHORITY</b> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>S. FETTERHOFF</u> Date: <u>6-1-15</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

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

① Milgro LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Wayside Market

3. Business Location: 84256 Hwy 11 Milton-Freewater Umatilla OR 97862  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1269 Battle Ground WA 98604  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-938-4668 541-938-4668  
(phone) (fax)

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

7. If yes to whom: Milgro LLC Type of License: Off Premise Sales

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

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

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

11. Contact person for this application: Kevin Schulz 360-281-7620  
(name) (phone number(s))  
PO Box 1269 Battle Ground, WA 98604 360-576-3590 kevin@waysidemkt.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 May 22, 2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

---

**OLCC USE ONLY**

Application Rec'd by: *OG*

Date: *5/29/15*

90-day authority:  Yes     No

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

① Oddo Business LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Bulls & Barrels Saloon

3. Business Location: 670 Fruitdale Grants Pass Josephine OR 97527  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 670 Fruitdale Grants Pass OR 97527  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: David Crocker Type of License: Full on Premises

8. Former Business Name: 99 Proof

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

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

11. Contact person for this application: Christopher Oddo 541 527-7994  
(name) (phone number(s))  
5835 Fish Hatchery Rd Redneck oddo@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 Christina S. Oddo Date 5/17/2015 ③ \_\_\_\_\_ Date MAY 27 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 SECOND  
LOCATION

**CITY AND COUNTY USE ONLY**

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

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

(name of city or county)

recommends that this license be:

Granted       Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: OLCC

Date: 5/29/2015

90-day authority: Yes  No

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

BELLS UP WINERY LLC

2. Trade Name (dba): BELLS UP WINERY

3. Business Location: 26421 OREGON HWY 47 GASTON YAMHILL OR 97119  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1059 NEWBERG OR 97132  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 513-325-8783, 503-537-1328  
(phone) (fax)

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

7. If yes to whom: ADCA WINE COMPANY Type of License: WINERY

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

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

(manager must fill out an Individual History form)

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

11. Contact person for this application: DAVID SPECTER  
(name) (phone number(s))

PO Box 1059, Newberg, OR 97132  
(address) (fax number) (e-mail address)

info@bellsupwinery.com

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

Applicant(s) Signature(s) and Date:

[Signature] Date 5/27/15

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION

Date \_\_\_\_\_

Date \_\_\_\_\_

MAY 29 2015

Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CJN</u>	<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: _____ <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature) (date)</small> Name: _____ Title: _____
<b>90-DAY AUTHORITY</b> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>Km</u> Date: <u>5/6/15</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

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

① Newman-Lebanon-Stayton Inc.    ③ \_\_\_\_\_

② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): Schmizza Public House

3. Business Location: 2602 Santiam Hwy    Lebanon    Linn    Oregon    97355  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P O Box 5310    Salem    Oregon    97304  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-451-1141    541-258-8871  
(phone) (fax)

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

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

8. Former Business Name: Pueblo Viejo

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

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

11. Contact person for this application: James R Newman    503-884-2183  
(name) (phone number(s))  
3552 Basswood Ct NW    newmanjr2@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 [Signature]    Date 4/19/2015    ③ \_\_\_\_\_    Date \_\_\_\_\_

② [Signature]    Date 4/14/15    ④ \_\_\_\_\_    Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input checked="" type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<b>CITY AND COUNTY USE ONLY</b> Date application received: _____ The City Council or County Commission: <u>Douglas County</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>[Signature]</u> <u>5-28-15</u> <small>(signature) (date)</small> Name: <u>Brian Sanders</u> Title: <u>D.S.</u>
<b>90-DAY AUTHORITY</b> <input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>OLCC USE ONLY</b> Application Rec'd by: <u>CM</u> Date: <u>5/28/15</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLYING AS:</b> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Sunset Tavern LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
2. Trade Name (dba): Sunset Tavern
3. Business Location: 4818 NE Stephens St Astoria Douglas OR  
(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: 541 673 5944  
(phone) (fax)
6. Is the business at this location currently licensed by OLCC?  Yes  No
7. If yes to whom: Joe Buonaiuto/ASTOR Type of License: Full on Premises S/OFF Premises
8. Former Business Name: Sunset Tavern
9. Will you have a manager?  Yes  No Name: Jessica Montgomery  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Douglas Co  
(name of city or county)
11. Contact person for this application: Lorrie Lynn Thompson 541 673 5202  
(name) (phone number(s))  
PO. Box 964 Winchester OR 97495 LorrieLynn@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 Lorrie Lynn Thompson Date 3/15/15 ③ \_\_\_\_\_ Date 3-15-15  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

<b>CITY AND COUNTY USE ONLY</b> Date application received: <u>5/15/15</u> The City Council or County Commission: <u>City of Riddle</u> <small>(name of city or county)</small> recommends that this license be: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied By: <u>Matthew M. Wilson</u> <u>5/15/15</u> <small>(signature) (date)</small> Name: <u>Matthew M. Wilson</u> Title: <u>City manager/secretary</u>	<b>OLCC USE ONLY</b> Application Rec'd by: <u>CM</u> Date: <u>5/29/15</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - ① Stephen Royle ③
  - ② Boars Head Honky Tonk LLC ③
2. Trade Name (dba): Boars Head Honky Tonk
3. Business Location: 359 main street Riddle Douglas OR 97469  
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: P.O. Box 601 Riddle OR 97469  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-670-1397 (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: Stephen Royle  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Riddle  
(name of city or county)
11. Contact person for this application: Stephen Royle 541-430-8344  
(name) (phone number(s))  
P.O. Box 257 Canymville, OR 97417 roylesteve@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Ste Royle Date 5-15-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

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

**OLCC USE ONLY**  
 Application Rec'd by: R Hancock  
 Date: 5/27/15  
 90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Slick's Que Co. Inc ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Slick's Que Co. Inc

3. Business Location: 442 E Hood Ave Sisters Deschutes Or 97759  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 606 Sisters Or 97759  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 549-4227  
(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: Kim Slicker  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kim Slicker 541-771-1821  
(name) (phone number(s))  
16700 Fair Mile rd Sisters Or 97759 5415494227 Kim.Slicker  
(address) (fax number) (e-mail address) @ yahoo.com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/26/15 Date \_\_\_\_\_  
 ② [Signature] Date 5/28/15 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: J. Mothers

Date: 6/3/15

90-day authority:  Yes  No

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

① Upright Industries Eugene, LLC

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Laurelwood Pub

3. Business Location: 2700 Columbia St Eugene, Lane, Or 97403  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1970 Garfield St Eugene OR 97405  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Laurelwood Grill Type of License: Full on Premise

8. Former Business Name: Laurelwood Grill

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

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

11. Contact person for this application: Nick Sams (541) 513-2348  
(name) (phone number(s))

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

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

Applicant(s) Signature(s) and Date:

① Nick Sams Date 5/18 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: 6/4/15

90-day authority:  Yes  No

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

① The Honeysuckle Cafe, LLC ③

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): The Honeysuckle Cafe

3. Business Location: 7360 Hwy 238 Jacksonville Jackson Or 97530  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 956 Jacksonville Or. 97530  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 208-610-0509  
(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: MONIQUE CORONA  
(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: Colin Cox 208-610-0509  
(name) (phone number(s))  
P.O. Box 956 Jacksonville Or. 97530 cox29c@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 5-22-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5-22-15 ④ \_\_\_\_\_ Date \_\_\_\_\_

**FAKED!  
POSTED!**