



# 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 215391  
P 10904

**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: JJ

Date: 6-17-15

90-day authority:  Yes  No

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

① Y Hospitality RATM LLC ② \_\_\_\_\_  
③ \_\_\_\_\_

2. Trade Name (dba): Resort at the Mountain

3. Business Location: 68010 E. Fairway Ave, Welches, OR 97067  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 68010 E. Fairway Ave, Welches, OR 97067  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 622-3101 (phone)  
(503) 622-2222 (fax)

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

7. If yes to whom: COASTAL HOTEL GROUP LLC Type of License: Full On-Premises Sales  
Full Off-Premises Sales

8. Former Business Name: The Resort at the Mountain

9. Will you have a manager?  Yes  No Name: Xiaoyan Yan  
(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: Xiaoyan Yan (name) (940) 577-5741 (phone number(s))  
68010 E. Fairway Ave, Welches, OR (address) 1128200@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 Xiaoyan Yan Date 5/29/2015 Date \_\_\_\_\_  
② [Signature] Date 6/4/15 Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

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: \_\_\_\_\_

**JUN 17 2015**

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

90-day authority:  Yes  No

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

① Kajitsu LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): kajitsu

3. Business Location: 16755 SW Baseline Rd #102 / Beaverton / Washington / OR / 97006  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16755 SW Baseline Rd #102 Beaverton - OR - 97006  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: Mumtaz

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? Washington County  
(name of city or county)

11. Contact person for this application: Adi Andoyo Sutjipto (323) 377-9092  
(name) (phone number(s))  
11545 SW Beef Bend Rd #60, Tigard, OR adi.juliani@yahoo.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 06/17/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

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

**ACTIONS**

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other \_\_\_\_\_

**90-DAY AUTHORITY**

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

**APPLYING AS:**

Limited Partnership

Corporation

Limited Liability Company

Individuals

P11227  
L2116099

**CITY AND COUNTY USE ONLY**

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

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

(name of city or county)

recommends that this license be:

Granted  Denied

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

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

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

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**OLCC USE ONLY**

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

Date: 6/17

90-day authority:  Yes  No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① XIN & JING, INC. ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): IMPERIAL GARDEN RESTAURANT
- Business Location: 15350 SE McLOUGHLIN BLVD, CLACKAMAS OR 97267  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 15350 SE McLOUGHLIN BLVD, AOR MILWAUKIE, 97267  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: \_\_\_\_\_ (phone) \_\_\_\_\_ (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: Southern Pearl Chinese Restaurant Ltd Type of License: FULL ON-PREMISES
- Former Business Name: IMPERIAL GARDEN Restaurant
- Will you have a manager?  Yes  No Name: GEN JING CHEN  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? CITY OF MILWAUKIE  
(name of city or county)
- Contact person for this application: JACK L LIU (503) 777-9027  
(name) (phone number(s))  
3202 SE 82<sup>ND</sup> AVE. STE. A (503) 777-3396 JP\_ACCOUNTING@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 Gen Jing Chen Date 5/10/15 ③ \_\_\_\_\_

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

RECEIVED RECEIVED  
 MAY 20 2015 JUN 17 2015  
 1-800-452-OLCC (6522) • www.oregon.gov/plcc (rev. 08/2011)  
 Initials: JK Initials: \_\_\_\_\_  
 Oregon Liquor Control Commission Oregon Liquor Control Commission





# LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other Change Loc.

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

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

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: OLCC

Date: 6/16/2015

90-day authority:  Yes  No

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

① Silverton Cellars, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Vitis Ridge

3. Business Location: 6685 Meridian Rd. NE, Silverton, OR 97381  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 1027, Silverton, OR 97381  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 873-9800  
(phone)

(503) 873-9800

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

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

7. If yes to whom: Silverton Cellars, LLC Type of License: Winery

8. Former Business Name: Silverton Cellars, LLC (The name is not changing, just the location)

SALEM REGIONAL OFFICE

9. Will you have a manager?  Yes  No Name: Bruce C. Eich  
(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: Bruce C. Eich (503) 930-3527  
(name) (phone number(s))  
1084 Oak St, Silverton, OR 97381 (503) 873-9800 bruce@vitisridge.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 Bruce C. Eich Date 06/16/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other Change License  
*Reissue to 51935*

### CITY AND COUNTY USE ONLY

Date application received: 6-9-15

The City Council or County Commission:

NEWBERG  
(name of city or county)

recommends that this license be:

Granted  Denied

By: J. Wil. 6-9-15  
(signature) (date)

Name: Jeff Kosmicki

Title: Police Captain

### 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: OLCC

Date: 6/11/2015

90-day authority:  Yes  No

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

① Audhumla Beverage Co ② \_\_\_\_\_

③ \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Beagle Creek Vineyards

3. Business Location: 501 N Howard Street Space A Newberg OR 97132  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 606 E 1st Street Newberg OR 97132  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971.259.8269  
(phone)

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION  
JUN 15 2015

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: \_\_\_\_\_ SALEM REGIONAL OFFICE

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

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

11. Contact person for this application: Briana Rogers 503-706-5668 cell or 971-259-8269 office  
(name) (phone number(s))  
606 E 1st Street Newberg OR 97132  
(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:

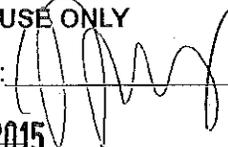
① [Signature] Date 6-4-15 ② \_\_\_\_\_ Date \_\_\_\_\_  
③ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_





OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



<p>Application is being made for:</p> <p><b>LICENSE TYPES</b></p> <p><input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p><b>90-DAY AUTHORITY</b></p> <p><input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority</p> <p><b>APPLYING AS:</b></p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Individuals</p> <p><b>ACTIONS</b></p> <p><input type="checkbox"/> Change Ownership</p> <p><input checked="" type="checkbox"/> New Outlet</p> <p><input type="checkbox"/> Greater Privilege</p> <p><input type="checkbox"/> Additional Privilege</p> <p><input type="checkbox"/> Other _____</p>	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p>(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>(signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: </p> <p>Date: JUN 17 2015</p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Pacific Growlers LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Pacific Growlers

3. Business Location: 11427 SW Scholls Ferry Rd. Beaverton OR 97008

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

4. Business Mailing Address: 11427 SW Scholls Ferry Rd. Beaverton OR 97008

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

5. Business Numbers: 503-858-3621

(phone) (fax)

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

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

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

9. Will you have a manager?  Yes  No Name: Jaylia Cam

(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: Jaylia Cam 503-858-3621

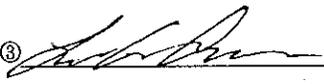
(name) (phone number(s))

1110 Marcel Dr. Woodburn OR 97071 Pacificgrowlers@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 Jaylia Cam Date 6/15/15 ③  Date 6/15/15

② Jaylia Cam Date 6/15/15 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 type="checkbox"/> Other _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

L 207232  
P 49913

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted       Denied

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

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**OLCC USE ONLY**

Application Rec'd by:

Date: JUN 17 2015

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① CAVOLO NORDO LLC      ③ \_\_\_\_\_  
 ② \_\_\_\_\_      ④ \_\_\_\_\_
2. Trade Name (dba): BURRASCA
3. Business Location: 2032 SE CLINTON ST. PORTLAND OR 97202  
(number, street, rural route)      (city)      (county)      (state)      (ZIP code)
4. Business Mailing Address: 2032 SE CLINTON ST. PORTLAND OR 97202  
(PO box, number, street, rural route)      (city)      (state)      (ZIP code)
5. Business Numbers: 248 882 7941      N/A  
(phone)      (fax)
6. Is the business at this location currently licensed by OLCC?  Yes     No
7. If yes to whom: COMPOTE LLC    Type of License: FULL ON-PREMISES
8. Former Business Name: BLOCK'S CAFE
9. Will you have a manager?  Yes     No    Name: PAOLO CALAMAI  
(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: PAOLO CALAMAI    248 882 7941  
(name)      (phone number(s))  
607 NE RUSSELL ST. PORTLAND, OR    calamai500@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 6/15/15    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: \_\_\_\_\_

RECEIVED

JUN 15 2015

MEDFORD REGIONAL  
OREGON LIQUOR CONTROL

### ACTIONS

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

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
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- 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: 6/17/15

90-day authority:  Yes  No

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

① XIE, LIE PING ② \_\_\_\_\_

③ \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Panda King

3. Business Location: 111 NE Hillcrest Dr. Grants Pass Josephine OR 97526  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 741 Bailey Dr Grants Pass OR 97527  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-601-8839  
(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: Angela's Mexican Food

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? GRANTS PASS  
(name of city or county)

11. Contact person for this application: Lie Ping Xie 541-601-8839  
(name) (phone number(s))  
741 Bailey Drive, Grants Pass, OR 97527  
(address) (fax number) (e-mail address)

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

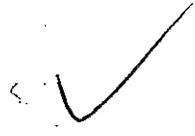
Applicant(s) Signature(s) and Date:

① [Signature] Date 06/08/2015 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

L 213672  
P 53720

**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 12 2015**

90-day authority:  Yes  No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Finigan Restaurants LLC ③  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): The Groaning Board
- Business Location: 3500 SW River Parkway Portland Multnomah OR 97239  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 17725 Hillside Drive West Linn OR 97068  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: \_\_\_\_\_  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: Finigan Restaurants Type of License: Full On Premises Sales
- Former Business Name: The Groaning Board
- Will you have a manager?  Yes  No Name: Ameika Finigan  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Portland  
(name of city or county)
- Contact person for this application: Veronica Roth-Finigan 503-706-4542  
(name) (phone number(s))  
17725 Hillside Drive N/A vrothfina@aol.com  
(address) (city) (state) (ZIP code) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Veronica Roth-Finigan Date 6/2/15 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 YTK

L 213713  
P 39583

**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 10 2015**

90-day authority:  Yes  No

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

① Crisp Northwest Inc. Corporation ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Crisp

3. Business Location: 3901 N Williams Ave #D Portland, OR 97227  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 175 Ogden DR, Oregon City, OR 97045  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Body by Pastrami LLC Type of License: Full

8. Former Business Name: Kenny & Zukes

9. Will you have a manager?  Yes  No Name: Bill King  
(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: Emma Dye 503-380-5434  
(name) (phone number(s))  
175 Ogden DR, Oregon City 97045 503-974-9041 emmaedye@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 6/9/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

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

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 SUSHI CHANG, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): AKIRA SUSHI

3. Business Location: 16150 SE 82ND DR, CLACKAMAS OR 97015  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8733 SE DIVISION ST STE 207, PORTLAND OR 97266  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-318-4873  
(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: XIAO LI  
(manager must fill out an Individual History form)

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

11. Contact person for this application: JESSIE CHEN 503-432-8839  
(name) (phone number(s))  
8733 SE DIVISION ST, STE 207 PORTLAND OR 97266 503-200-1947 jessie@united-cpas.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 06/01/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date 6/3/2015 ④ \_\_\_\_\_ Date \_\_\_\_\_

Initials: \_\_\_\_\_

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JUN 12 2015

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: \_\_\_\_\_

**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

**ACTIONS**  
 Change Ownership  
 New Outlet  
 Greater Privilege  
 Additional Privilege  
 Other \_\_\_\_\_

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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**OLCC USE ONLY**

Application Rec'd by: \_\_\_\_\_  
 Date: **JUN 10 2015**

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① DONNA LEE BOGGIANO CHMELICK ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): JIMMY'S
- Business Location: 851 E. Powell Blvd, GRESHAM, Multnomah, OR 97030  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 851 E Powell Blvd, GRESHAM OR 97030  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-999-4083  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: N/A Type of License: N/A
- Former Business Name: N/A
- Will you have a manager?  Yes  No Name: N/A  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Gresham, OR  
(name of city or county)
- Contact person for this application: DONNA LEE BOGGIANO CHMELICK - 541-999-4083  
(name) (phone number(s))  
88360 Hwy 101 N, Florence, OR dboggia@oregonast.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:  
Donna Lee Boggiano Chmelick Date 6-4-2015 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 checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

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

Date: 6/15

90-day authority:  Yes     No

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

2. Trade Name (dba): BLU OLIVE

3. Business Location: 240-NW LOST SPRINGS TERRACE #24 PORTLAND OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97229

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

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

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

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

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

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

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

11. Contact person for this application: FARZAD LARKI 503-997-0667  
(name) (phone number(s))  
15285-SW 133rd Ave-TIGARD OR 97224 farzad\_larki@yahoo.com  
(address) (fax number) (e-mail address)

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

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

① [Signature] Date 5/9/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

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JUN 15 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

Date: 4/15

90-day authority:  Yes  No

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

① JP Kahn Global LLC ③ \_\_\_\_\_

② Joseph S. Leineweber ④ \_\_\_\_\_

2. Trade Name (dba): ShipCider.com

3. Business Location: 6440 SE Laura St Milwaukie Clackamas OR 97222  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6440 SE Laura St Milwaukie OR 97222  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-777-1517  
(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? Milwaukie / Clackamas  
(name of city or county)

11. Contact person for this application: Joseph S Leineweber 503-777-1517  
(name) (phone number(s))  
6440 SE Laura St joe.leineweber@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 Jun 10, 2011 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

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JUN 15 2015



OREGON LIQUOR CONTROL COMMISSION  
**LIQUOR LICENSE APPLICATION**



Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

L204037  
P 51743

**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 12 2015

90-day authority:  Yes  No

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

① Rahman Corporation ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): 7-Eleven #35021A

3. Business Location: 3500 SE 122nd Avenue Portland Multnomah OR 97236  
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Licensing; P.O. Box 219088 Dallas TX 75221  
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 761-0666 \_\_\_\_\_  
 (phone) (fax)

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

7. If yes to whom: 7-Eleven, Inc. Type of License: Beer/ Wine Off Premises

8. Former Business Name: 7-Eleven #35021H

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: Alyssa Brooks (850) 577-9090  
 (name) (phone number(s))  
301 S. Bronough St., Ste 600, Tallahassee, FL 32301 alyssa.brooks@gray-robinson.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 06-05-15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

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

Date: 4/15

90-day authority:  Yes  No

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

① Portland Fish Market, LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Portland Fish Market, LLC

3. Business Location: 4404 SE Woodstock Blvd. Portland Multnomah OR 97206  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4404 SE Woodstock Blvd. Portland OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-477-6988 (phone) 503-477-6988 (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: Agnes Berkowitz 503-562-9365  
(name) (phone number(s))  
4404 SE Woodstock Blvd. agnes@pdxfishmarket.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 A. Berkowitz Date 5/21/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
JUN 15 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

Date: **JUN 16 2015**

90-day authority:  Yes  No

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

① M&B Park Investments LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Rust Coffee Lounge

3. Business Location: 2035 NE 41st Ave Portland Mult. Oregon 97212  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 12262 Portland Oregon 97212  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-349-5257  
(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: Melissa Park  
(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: Ben Park 503-201-8414  
(name) (phone number(s))  
1721 NE 14th Ave Portland, OR 97212 benpark11@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 *Ben Park* Date 5/22/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② *[Signature]* Date 5/22/15 ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

JUN 01 2015

Initials: [Signature]  
Oregon Liquor Control Commission





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**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: 6/11/15

90-day authority:  Yes  No

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

① Charlie's Deli, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Charlie's Deli

3. Business Location: 22 NW 4th Avenue Portland Multnomah Oregon 97209  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 122 SW 1st Ave, Suite L2 Portland Oregon 97204  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-902-9428 \_\_\_\_\_  
(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: Vegetarian House used to occupy this space. We have a new lease from the landlord.

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

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

11. Contact person for this application: Charles J. Mattouk \_\_\_\_\_  
(name) (phone number(s))  
122 SW 1st Ave, Suite L2, Portland, OR 97204 charlieandali@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 06-11-2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 06-11-2015 ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

L 211405  
P 53597

### 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 11 2015

90-day authority:  Yes  No

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

① OC House LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): OC HOUSE

3. Business Location: 4229 SE 82<sup>nd</sup> Ave #3, Portland, OR 97266  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 841-5610 503 209 4401  
(phone) (fax)

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

7. If yes to whom: Lava Cafe LLC Type of License: Full premises

8. Former Business Name: Lava Cafe

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 cnty  
(name of city or county)

11. Contact person for this application: Kristine Huynh 503-209-4401  
(name) (phone number(s))  
4229 SE 82<sup>nd</sup> Ave #3, PDX, OR 97266 achousepdx@yahoo.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① \_\_\_\_\_ Date 6/10/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

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

**ACTIONS**

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other \_\_\_\_\_

L 205059  
P 40022

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

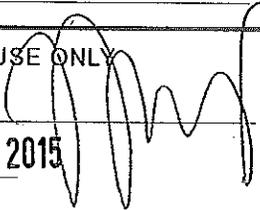
(signature) (date)

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

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

---

**OLCC USE ONLY**

Application Rec'd by: 

Date: JUN 10 2015

90-day authority:  Yes  No

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

① Bouquet Enterprise LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Corkscrew Wine Bar

3. Business Location: 1665 SE Bybee Blvd Portland Multnomah OR 97202

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

4. Business Mailing Address: 3724 NE 6th Portland OR 97212

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

5. Business Numbers: 708-408-5656

(phone) (fax)

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

7. If yes to whom: Travis Daulton / Libations LLC Type of License: Limited on-Premises / OFF prem

8. Former Business Name: Libations LLC dba Corkscrew Wine Bar

9. Will you have a manager?  Yes  No Name: + Store

(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: Lauren Smith 708-408-5656

(name) (phone number(s))

3724 NE 6th Portland, OR 97212 laurencorkscrew@gmail

(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 Lauren Smith Date 6/6/15 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 47K

L 213713  
P 39583

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 10 2015**

90-day authority:  Yes  No

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

① Crisp Northwest Inc. Corporation ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Crisp

3. Business Location: 3901 N Williams Ave #D Portland, OR 97227  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 175 Ogden DR, Oregon City, OR 97045  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Body by Pastrami LLC Type of License: Full

8. Former Business Name: Kenny & Zukes

9. Will you have a manager?  Yes  No Name: Bill King  
(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: Emma Dye 503-380-5434  
(name) (phone number(s))  
175 Ogden DR, Oregon City 97045 503-974-9041 emmaedye@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 6/9/15 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: W. Wandauf

Date: 6-15-15

90-day authority:  Yes  No

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

① Charlotte Smith Champoeg Creamery LLC ③

② \_\_\_\_\_ ④

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JUN 15 2015

2. Trade Name (dba): Champoeg Creamery

3. Business Location: 7798 Champoeg Rd NE St. Paul Marion OR 97137

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

SALEM REGIONAL OFFICE

4. Business Mailing Address: 7798 Champoeg Rd NE St. Paul, OR 97137

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

5. Business Numbers: 503-860-6286

(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? Marion County  
(name of city or county)

11. Contact person for this application: Charlotte Smith 503-860-6286  
(name) (phone number(s))  
7798 Champog Rd NE St. Paul, OR 97137 c.smith6826@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 Charlotte Smith Date 5/20/15 ③

② \_\_\_\_\_ Date \_\_\_\_\_ ④

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Date \_\_\_\_\_

JUN 15 2015





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: C. W. J. J. J.

Date: 6-15-15

90-day authority:  Yes  No

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

① Charlotte Smith Champoeg Creamery LLC ③

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Champoeg Creamery

3. Business Location: 7798 Champoeg Rd NE St. Paul Marion OR 97137  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7798 Champoeg Rd NE St. Paul, OR 97137  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-860-6286  
(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? Marion County  
(name of city or county)

11. Contact person for this application: Charlotte Smith 503-860-6286  
(name) (phone number(s))  
7798 Champog Rd NE St. Paul, OR 97137 c.smith6826@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 Charlotte Smith Date 5/20/15 ③

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

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION  
Date

JUN 15 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

Date: 6/15/15

90-day authority:  Yes     No

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

① Oree Blaise Khufu    Talk of the Bay    Julie Ann Rollin

② Melanie Frene Rollin    ③ Bonnie Bernadette Rollin

2. Trade Name (dba): Talk of the Bay

3. Business Location: 1340 Bay Street    Florence Lane    OR    97439  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1340 Bay Street    Florence    OR    97439  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-991-3663    \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: Rutledge Riggs Enterprises Inc    Type of License: Full On-Premises Commercial Sales

8. Former Business Name: Kelly's Cantina

9. Will you have a manager?  Yes     No    Name: Oree Blaise Khufu  
(manager must fill out an individual History form)

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

11. Contact person for this application: Oree Blaise Khufu    541-590-0001  
(name) (phone number(s))  
83597 Manzanita Dr. Florence OR 97439    toastyear@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 6/3/2015    ③ Julie Rollin    Date 6/3/15

② \_\_\_\_\_    Date \_\_\_\_\_    ④ Bonnie Rollin    Date 6/3/15



# 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 C/TN

### 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: 06-08-15

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 Arsh, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Tri Valley Food Mart 103

3. Business Location: 628 SW Ellsworth St. SW, Albany, Linn, OR 97321  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2703 Santiam Hwy, Albany, OR 97322  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-926-3629  
(phone) (fax)

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

7. If yes to whom: Westkred, Inc. Enterprises, LLC Type of License: off premises

8. Former Business Name: Stop & Go Market

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

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

11. Contact person for this application: Teresa Ozias 503-623-6695  
(name) (phone number(s))  
PO Box 105 Dallas, OR 97338 503-623-6698 teresa@siso-law.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 \_\_\_\_\_ ③ \_\_\_\_\_ Date 5-14-15

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 \_\_\_\_\_

Bend, Oregon

Oregon Liquor Control Commission

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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: 6-12-15

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 Romualdo Eloy Figueroa ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Tacos Mi Ranchito

3. Business Location: 252 S Oregon St Ontario Malheur OR 97914  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 252 S Oregon St Ontario Malheur OR 97914  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-889-6130  
(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: Damian Figueroa  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Romualdo Eloy Figueroa 541-212-9623  
(name) (phone number(s))  
252 S Oregon St Ontario OR 97914  
(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 Romualdo Eloy Figueroa Date 5-20-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

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 6-11-15

90-day authority:  Yes  No

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

① BROWN MILLER INC. ② \_\_\_\_\_

③ \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): YE OLDE PIZZA SHOPPE

3. Business Location: 2515 PORTLAND RD NEWBERN YAMHILL OR 97132  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 538 2022 \_\_\_\_\_  
(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: YE OLDE PIZZA SHOPPE BROWN & SR INC

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

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

11. Contact person for this application: CURTIS BROWN 503 464 6586  
(name) (phone number(s))  
2515 PORTLAND RD NEWBERN OR 97132 fbce6602@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 5/4/15 ② \_\_\_\_\_ Date \_\_\_\_\_  
③ \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date MAY 06 2015

REC'D MAY 26 2015  
REC'D MAY 06 2015