



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 CITN

L 22785
P 37449

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 25 2015

Date: _____

90-day authority: Yes No

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

- ① Kirkwood Enterprises, LLC _____ ③ _____
- ② _____ ④ _____

2. Trade Name (dba): The Resplendent Table

3. Business Location: 9111 SW Barbur Boulevard, Portland, Multnomah County, Oregon 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1820 S. Troutdale Rd., Troutdale, OR 97060
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-892-5811 (phone) (fax)

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

7. If yes to whom: SHAIKH, JAWAID USMAN Type of License: Unknown Limited on-premises

8. Former Business Name: New Dahi Restaurant

9. Will you have a manager? Yes No Name: David Kirkwood
(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: Michael Gottlieb, Attorney, 503-546-0498
(name) (phone number(s))
17898 SW McEwan Rd., Ste. 100, Tigard, OR 97224 503-546-0499 michael@gottlieb-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 6-25-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES	ACTIONS
<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 checked="" type="checkbox"/> Other <u>C/TN</u>
<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: _____	

216839

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

APPLYING AS:
 Limited Partnership
 Corporation
 Limited Liability Company
 Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: A. W. [Signature]

Date: 6-24-15

90-day authority: Yes No

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

① George Brian Huetti ③ _____

② Norma Leigh Huetti ④ _____

2. Trade Name (dba): Lonestar B&B Catering

3. Business Location: 312 Ferry St Dayton Yamhill OR 97114
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 433 Dayton OR 97114
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 864-4467 4176
(phone) (fax)

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

7. If yes to whom: Adam Villa Type of License: Limited On-Premises

8. Former Business Name: Lupitas Tacos

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? Dayton, OR
(name of city or county)

11. Contact person for this application: Norma Huetti (503) 864-4176 or 971-267-0326
(name) (phone number(s))
312 Ferry St / PO Box 433 Lonestarcatering@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 6/24/15 ③ _____

② [Signature] Date 6/24/2015 ④ _____

OREGON LIQUOR CONTROL COMMISSION
 Date JUN 24 2015



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/TN

27396

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

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

- ① Mark Swenson _____ ② _____
- ② _____ ③ _____

2. Trade Name (dba): By the Sea Grocery

3. Business Location: 4945 Nektarts Hwy W Tillamook Tillamook OR 97141
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 31 Nektarb OR 97143
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 812 9488 N/A
(phone) (fax)

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

7. If yes to whom: Allent Type of License: OFF-Premises Sales w/ Fuel Pump

8. Former Business Name: Nektarts Grocery

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

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

11. Contact person for this application: MARK SWENSON 503 812 9488
(name) (phone number(s))

4620 Hughey St W Tillamook OR 97141 markswenson11@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:

OREGON LIQUOR CONTROL COMMISSION

① Mark Swenson Date 6.14.15 ② _____ Date _____

③ _____ Date _____ ④ _____ Date _____

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

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

208219

C/TON

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: S. FETTERHOFF

Date: 6-22-15

90-day authority: Yes No

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

① La Grande Chevron LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): La Grande Chevron

3. Business Location: 1519 Adams Ave La Grande OR 97850
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1519 Adams Ave La Grande OR 97850
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (707) 347 6964
(phone) (fax)

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

7. If yes to whom: Hyun Park Type of License: Off premises sales

8. Former Business Name: Cho Family, Inc.

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

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

11. Contact person for this application: Gaurav Singh 415 246 6204
(name) (phone number(s))
14 Sutter Ct. Tiburon CA 94920 Singhgg8@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 6/2/15 ③ _____ Date _____

② [Signature] Date 6/4/15 ④ _____ Date _____



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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/TV

25062

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

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

① KATHON INVESTMENT INC

② _____ ③ _____

2. Trade Name (dba): EXPRESS FOOD MART #1

3. Business Location: 5395 SE COMMERCIAL ST SALON MARION OR 97306
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5395 SE COMMERCIAL ST SALON OR 97306
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Arjan Dev, Inc Type of License: OPRS

8. Former Business Name: CHOICE MARKET

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

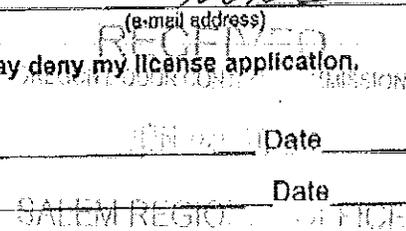
10. What is the local governing body where your business is located? SALON - MARION CO
(name of city or county)

11. Contact person for this application: Sukhmoen Singh 360-592-6158
(name) (phone number(s))
5395 SE COMMERCIAL ST N/A NONE
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date: ① Sukhmoen Singh Date 05-22-15

② _____ Date _____





OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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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 _____

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K. Bolinett

Date: 6-22-15

90-day authority: Yes No

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① DEVIN'S DIVE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): DEVIN'S DIVE / THE DIVE BAR

3. Business Location: 1112 SE TACOMA ST. PORTLAND MULTNOMAH OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1924 SE 11TH AVE. UNIT 6 PORTLAND OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 917-972-3151
(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: DEBRA ERBACHER / KEVIN ERBACHER
(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: DEBRA ERBACHER 917-972-3151
(name) (phone number(s))

1924 SE 11TH AVE. UNIT 6 PORTLAND, OR 97214 lunicandy.de@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 Debra Erbacher Date 6/22/15 ③ _____ Date _____

② Kevin Erbacher Date 6-22-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other also changing name

L205483
P48739

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 received by: JUN 22 2015

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 Double Treble LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Double Treble

3. Business Location: 15216 SE Foster Portland Multnomah OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15216 SE Foster Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Seasons Koll Type of License: Full on Premises Sales

8. Former Business Name: Gemini Lounge

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

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

11. Contact person for this application: Bobbie Shea (name) (503) 935-1038 (phone number(s))

3220 SE Barkwood St. (address) Milwaukie, OR 97222 (fax number) bobbieshea.hs@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Bobbie Shea Date 6/5/15 ③ _____ Date _____

② [Signature] Date 6/5/15 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 checked="" type="checkbox"/> Other <u>C/20</u>
<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: _____	

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: 4/22/15
 90-day authority: Yes No

*L# 217152
P# 50227*

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Ricardo Zamudio Rodriguez
 ② _____ ④ _____
- Trade Name (dba): La Fuente Restaurante & Taqueria
- Business Location: 1075 SE Baseline Hillsboro Washington OR 97123
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1075 SE Baseline Hillsboro OR 97123 Suit K
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (503) 758-1142
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Federico Rivera Type of License: Full on Premises sale
- Former Business Name: Los Lagos Mexican Restaurant
- 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? Hillsboro
(name of city or county)
- Contact person for this application: Ricardo Zamudio Rodriguez (503) 758-1142
(name) (phone number(s))
11812 SW Ironhorse Beaverton OR 97006
(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 ② _____ Date _____
 ③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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- Winery (\$250/yr)
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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: *6/22*

90-day authority: Yes No

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

- ① Petite Patisserie Inc ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Petite Patisserie

3. Business Location: 16144 SE Happy Valley TC Dr #H208 Happy Valley Clackamas OR 97086
(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: 503.558.9878 (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: M Lilliana Nelson
(manager must fill out an Individual History form)

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

11. Contact person for this application: M Lilliana Nelson 503.558.9878
(name) (phone number(s))
16144 SE Happy Valley TC Dr #208 Happy Valley lilliana@petitepatisserie.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 May 15, 2015 ③ _____

② _____ Date _____ ④ _____

RECEIVED Date _____

JUN 22 2015 Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES <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: _____	ACTIONS <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: _____ *6/22*

90-day authority: Yes No

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

① Taylor Rail works Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Taylor Rail works

3. Business Location: 117 SE Taylor Ave. #101 Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6847 N. Seneca Portland, OR OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503. 568. 6564
(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, OR
(name of city or county)

11. Contact person for this application: Daniel Neely 503. 568. 6564
(name) (phone number(s))
6847 N. Seneca Portland, OR 97203 neely.dna@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 6-19-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Initials: *[Signature]*

RECEIVED

JUN 22 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: M. Olson

Date: 6/19/15

90-day authority: Yes No

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

① Zipper Liquor License Holding LLC

② Jason Myers ④ _____

2. Trade Name (dba): THE ZIPPER

3. Business Location: NE SANDY AVE 27TH AVENUE, PORTLAND, MULTNOMAH, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2724 NE PACIFIC PORTLAND OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: EZRA CARAEFF 503-351-9179
(name) (phone number(s))
2724 NE PACIFIC N/A EZRAACE@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 6/18/15 ③ Jason Myers Date 6/17/15

② Randy Wood Date 6/18/15 ④ _____ Date 6/17/15

Wesley King
6/18/15



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 CTN

L 213189
P 39525

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 18 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 Humboldt Street Collective, L.L.C. ③ _____

② _____ ④ _____

2. Trade Name (dba): Great Notion Brewing & Barrel House

3. Business Location: 2204 N.E. Alberta St. # 101 Portland Multnomah OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2125 N. Humboldt St. Portland OR 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (215) 868 8076 _____
(phone) (fax)

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

7. If yes to whom: Christian Bravard / The Mash Tun LLC Type of License: Full On Premises C. and Brewery P.H.

8. Former Business Name: The Mash Tun, Brew Pub

9. Will you have a manager? Yes No Name: James Dugan
(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: James Miller (971) 404 5521
(name) (phone number(s))
2033 N. Humboldt St. - Portland, OR 97217 andy@greatnotionpdx.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 6/17/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

Date: 6/9/2015 (Cau)

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① NEIKEN INC. ③ _____
 ② _____ ④ _____

2. Trade Name (dba): McMinnville Malt House

3. Business Location: 755 NE ALPINE AVE Suite 100 McMinnville OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 755 NE ALPINE AVE Suite 100 McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-504-8888
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No OREGON LIQUOR CONTROL COMMISSION

7. If yes to whom: _____ Type of License: WIN 10 2015

8. Former Business Name: _____

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

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

11. Contact person for this application: Kenneth Anderson 503-504-8888
(name) (phone number(s))
755 NE ALPINE AVE Suite 100 McMinnville Malt House @ Gmail
(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 Kenneth Anderson Date 2-24-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

PAID

JUN 15 2015

CITY OF REEDSPORT

Application is being made for:
LICENSE TYPES
ACTIONS
90-DAY AUTHORITY
APPLYING AS:

CITY AND COUNTY USE ONLY
Date application received: 6/15/15
The City Council or County Commission:
recommends that this license be:
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]
Myriam Rodriguez
2. Trade Name (dba): Myriam's Bar & grill
3. Business Location: 1 Country Club Dr. Reedsport OR 97467
4. Business Mailing Address: 3650 inland ct #6 North Bend, OR 97459
5. Business Numbers: (541)
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: Myriam's Bar & grill
9. Will you have a manager? Yes No Name: Myriam Rodriguez
10. What is the local governing body where your business is located? Douglas
11. Contact person for this application: Myriam Rodriguez (541) 290-2838
3650 inland ct #6 N. Bend Myriamcasas@aol.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:
Myriam Rodriguez Date 6/15/15



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 _____

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: JH

Date: 6/19/2015

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 Buzzed Beer Wine and more, LLC

2. Trade Name (dba): Beer Wine and more

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

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

5. Business Numbers: 541-419-4202
(phone)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Allanah Keiper 541-419-4202
(name) (phone number(s))
11893 NE Taylor Ct Bend 97701 ruby.gaden@3209@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 Allanah Keiper Date 5-12-15
② _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED
JUN 23 REC'D
Seu' MC

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: 6/19/2015

The City Council or County Commission:

City of Gold Beach
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: Jodi Fritts 6/19/2015
(signature) (date)

Name: Jodi Fritts

Title: City Administrator

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 6/24/15

90-day authority: Yes No

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

① Sunset Family Pizza, LLP ③

② _____ ④

2. Trade Name (dba): Sunset Family Pizza

3. Business Location: 29790 Ellensburg Ave, Gold Beach, Curry, Oregon 97444
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 94160 10th Street Gold Beach Or. 97444
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-247-7208 _____
(phone) (fax)

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

7. If yes to whom: Sunset Family Pizza Type of License: Limited On-Premise Sales

8. Former Business Name: Sunset Family Pizza

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

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

11. Contact person for this application: Tyson Krieger 541-698-7324
(name) (phone number(s))

94160 10th St _____ whitebuffalo6500@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 5/12/15 ③ _____ Date _____

② [Signature] Date 5-12-15 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 Add

Co-Licensee

L 2201 U1
P 18328

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

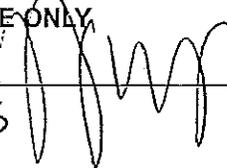
Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 6-23-15

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 Crack of Dawn Inc ③ _____

② Hail Seitan LLC ④ _____

2. Trade Name (dba): Rose City Strip

3. Business Location: 3620 SE 35th Place Portland Multnomah OR 97202
(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: 503-239-1004 / 503-238-7787
(phone) (fax)

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

7. If yes to whom: Crack of Dawn Inc Type of License: F-Com

8. Former Business Name: Rose City Strip

9. Will you have a manager? Yes No Name: Mason Daniel
(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: Random Crane 503 9894764
(name) (phone number(s))
hail.seitan@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 _____ Date 6/12/2015 ③ _____ Date _____

②  Date 6/12/2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES <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: _____	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
---	--

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 6/24

90-day authority: Yes No

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

① Teak Systems Incorporated ③ _____

② _____ ④ _____

2. Trade Name (dba): todayPDX

3. Business Location: 222 SE Alder Street Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 3004 Portland OR 97208
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503)294-2909
(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: Fergus O'Scannlain (503)294-2909
(name) (phone number(s))
P.O. Box 3004, Portland, OR 97208 fergus@teaksi.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 6/8/15 ③ _____ Date _____

② _____ Date _____ ④ _____

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 _____

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 24 2015

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 TR & GR INC. ② _____
③ _____ ④ _____

2. Trade Name (dba): Soy Grill Teriyaki

3. Business Location: 9738 SE Washington suite W. Portland, OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97216

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

5. Business Numbers: (971) 222 5289
(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: Tania Delatorre (971) 222 5289
(name) (phone number(s))
8727 SE Cornwell St. taniadelatorre@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 6/16/15 ③ _____ Date _____
② [Signature] Date 6/16/15 ④ _____ Date _____