



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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

OLCC USE ONLY

Application Rec'd by: J. Smother

Date: 7/2/15

90-day authority: Yes No

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

① Sarah Foottit Sazio, LLC ③ _____

② B ④ _____

2. Trade Name (dba): Giardino Orta Deli

3. Business Location: 45 E 8th Ave Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 45 E 8th Ave Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-215-2172
(phone) (fax)

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

7. If yes to whom: Sarah Foottit Type of License: cafe

8. Former Business Name: Membrillo Latin Cafe

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

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

11. Contact person for this application: Sarah Foottit 541-215-2172
(name) (phone number(s))
1593 W 11th Ave Eugene, OR 97402 0
(address) (fax number) (e-mail address)
Sfoottit@msn.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 Sarah Foottit Date 6/29/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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- 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: AK

Date: 05-08-15

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 MAHALAKSHMI LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): COTTONWOODS MARKET

3. Business Location: 35867 KNOX BUTTE ROAD, E. ALBANY LINN OR 97322
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 781, CORVALLIS OR 97339
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 928-0588 (541) 928-0588
(phone) (fax)

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

7. If yes to whom: JKIM INC Type of License: OFF-PREMISES SALES

8. Former Business Name: COTTONWOODS MARKET

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

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

11. Contact person for this application: Laxmi Chimariya Stokely (805) 377-4544
(name) (phone number(s))

1861 21ST AVE SE, (address)
PO-BOX-781, CORVALLIS, OR-97339 (address)
APT. 170, ALBANY - 97322 (fax number)
COTTONWOODSMARKET@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 AK Date 03/17/2015 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

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 Farm Plan LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Cellar Door Coffee Roasters

3. Business Location: 2001 SE 11th Ave Portland Mult. OR ~~97205~~ 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2001 SE 11th Ave Portland OR ~~97205~~ 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-234-7155 _____
(phone) (fax)

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

7. If yes to whom: Farm Plan LLC Type of License: Full On - Premise

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Erin McBride
(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: Erin McBride 937-475-0874
(name) (phone number(s))

~~2001~~ 2001 SE 11th Ave Portland, OR 97214 erin.cellardoorcoffee@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 6/5/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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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: L. Brown

Date: 07/01/2015

90-day authority: Yes No

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

① Kashmir Uppal ③ _____

② Jasvinder Uppal ④ _____

2. Trade Name (dba): Summit Express

3. Business Location: 17355 Spring River Rd Sun River, Deschutes OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97107

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

5. Business Numbers: Unknown at this time
(phone) (fax)

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

7. If yes to whom: Rich Hadley Type of License: OLCC

8. Former Business Name: Summit Express

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

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

11. Contact person for this application: Jassey Uppal 501-808-0026
(name) (phone number(s))
61235 SE Splendor Lane Bend OR ant005@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 6/29/15 ③ _____ Date _____

② [Signature] Date 7/1/15 ④ _____ Date _____



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 _____

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: JP

Date: 7-1-15

90-day authority: Yes No

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

① MT. HOOD MEADOWS OREGON LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): ALTITUDE

3. Business Location: 1202 NW 17TH AVE, PORTLAND OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503.337.2222 x0 503.337.2232
(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: JEREMY RISS
(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: JEREMY RISS 503.337.2222 x1220
(name) (phone number(s))
PO. Box 470 503.337.2232 jeremy.riss@skihood.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 Jeremy Riss Date 6/16/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

L# 218062
P# 53963

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: 7/1/2015

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 Andale Management Group INC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): The Country Cat Restaurant and Bar

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

4. Business Mailing Address: 845 Market St STE FE7 San Francisco CA 94103
(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: Andale Management Group INC Type of License: Full on Premises Sales

8. Former Business Name: _____

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

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

11. Contact person for this application: Pedro Alvarez Sr. 415 632-9919
(name) (phone number(s))
845 Market ST STE FE7 CA 94103 page@andalemanagementgroup.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 7/1/15 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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LICENSE TYPES

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Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

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 CLOC

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: 7-1-15

90-day authority: Yes No

P52708
L21845
21851

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

① 503 Uncorked LLC ③ _____

② Debra Yannariello ④ _____

2. Trade Name (dba): 503 Uncorked

3. Business Location: 22578 SW Washington St. Sherwood OR 97140

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

4. Business Mailing Address: Same

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

5. Business Numbers: 503-849-0432 / 503-217-3350

(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? Sherwood

(name of city or county)

11. Contact person for this application: Debra Yannariello 503-849-0432

(name) (phone number(s))

16320 SW Willow Dr. Sherwood OR 97140 503uncorked@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 Yannariello Date 6/30/15 ③ _____ Date _____

② _____ Date _____ 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 _____

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:

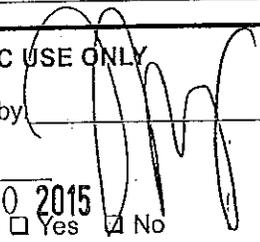
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: JUN 30 2015

90-day authority: Yes No

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

① Vibrant Table Catering INC

② _____

2. Trade Name (dba): F & B Cafe

3. Business Location: 1100 SE GRAND AVE PORTLAND, OR 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2236 SE BELMONT PORTLAND, OR 97219
(P.O. box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 234-8189
(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: _____

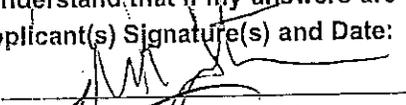
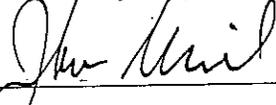
9. Will you have a manager? Yes No Name: LIZ GELEHTER
(manager must fill out an Individual History form)

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

11. Contact person for this application: JOHN MERRILL 503 944 6820
(name) (phone number(s))

2701 NW VANOHN ST. SUITE #210 (503) 2230327 jmerrill@Foodtable.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 4/22/15 ③  Date 6/22/15
②  Date 6/29/15 ④ _____ Date _____



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 _____

L# 223197
P# 52908

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: _____

JUN 30 2015

Date: _____

90-day authority: Yes No

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

- ① Sunset Park 1991, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Tap That!

3. Business Location: 2724 SE Ankeny St. Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1500 SE Hickory St. Portland OR 97214
(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: Tap That, LLC Type of License: Limited On-Premises Sales + Off Premise

8. Former Business Name: Tap That! (no name change planned)

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

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

11. Contact person for this application: Steven Travis Preece 512-879-8421
(name) (phone number(s))
1500 SE Hickory St., Portland, OR 97214 travis.preece@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 6/29/15 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



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LICENSE TYPES

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

ACTIONS

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

P16333
L213139

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: 4/26

90-day authority: Yes No

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

Stober M. Davis #
 18th & Dekum St. Market Inc.

2. Trade Name (dba): 18th & Dekum St. Market 97211

3. Business Location: 1771 N.E. Dekum St Portland Multnomah OR. 97222
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1771 N.E. Dekum St. Portland Multnomah OR. 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 286-4885 (phone) (fax)

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

7. If yes to whom: Anita Palmer Type of License: Off-Premises Sales

8. Former Business Name: 18th Dekum St. Market Inc

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
(name of city or county)

11. Contact person for this application: Stober M. Davis # (name) (503) 286-4885 (phone number(s))

57 N.E. Morris POX OR 97211 (address) (fax number) eksdavis65@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:
 Stober M. Davis # Date 01/15/15
 _____ Date _____

RECEIVED

6-26-15



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 _____

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: 4/29

90-day authority: Yes No

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

① O Morehart LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Big O's Wood Fired Pizza

3. Business Location: 12305 SW Broadway St Beaverton, Washington County, OR 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 322 Beaverton OR 97075
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-547-5638
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Owen Morehart 503-547-5638
 (name) (phone number(s))
14475 SW Arabian Dr. (address) (fax number) owen.morehart@bigospizza.co (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 6/17/15 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 _____

L# 217332
P# 50481

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: 6/29

90-day authority: Yes No

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

- ① Stafford Hills Management Co, LLC
- ② _____
- ④ _____

2. Trade Name (dba): Stafford Hills Club

3. Business Location: 5916 SW Nyberg Ln Tualatin Clackamas OR 97062
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-612-2400 N/A
(phone) (fax)

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

7. If yes to whom: Stafford Hills Management Type of License: Limited On-Premises Sales

8. Former Business Name: N/A

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

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

11. Contact person for this application: Kelsey Hofmeister 503-612-2427
(name) (phone number(s))
5916 SW Nyberg Ln Kelsey.H@staffordHills.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 5/26/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: David [Signature]

Date: 7/1/15

90-day authority: Yes No

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

- ① Rookshire Lane LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Rookshire Lane

3. Business Location: 520 Commercial St Suite G Eugene Lane Oregon 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 34137 Seavey Loop Rd Eugene Oregon 97405
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-357-6825 _____
(phone) (fax)

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

7. If yes to whom: J Scott Cellars LLC Type of License: Winery

8. Former Business Name: _____

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

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

11. Contact person for this application: Brian J Moore 541-357-6825
(name) (phone number(s))
34377 Seavey Loop Rd, Eugene, Oregon, 97405 brian@rookshirelane.com
(address) (fax number) (e-mail address)

RECEIVED

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

Applicant(s) Signature(s) and Date:
 ① [Signature] Date 6/17/15 ③ _____ JUN 17 2015
 _____ Date _____ ④ _____

EUGENE REGIONAL OFFICE
Oregon Liquor Control Commission



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

Date: 6/30/15

90-day authority: Yes No

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

① DandyLion Productions, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Red Barn Natural Grocery

3. Business Location: 357 Van Buren St. Eugene, Lane, OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-342-7503, no fax number
(phone) (fax)

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

7. If yes to whom: DandyLion Productions, Inc. Type of License: Off Premises Sales

8. Former Business Name: N/A

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

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

11. Contact person for this application: Amanda Beilock 541-342-7503
(name) (phone number(s))
357 Van Buren St. Eugene, OR 97402 no fax number redbarngrocery@aol.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Daniel Beilock PRESIDENT Date 6/24/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED

JUN 23 2015

Oregon Liquor Control Commission
Bend, Oregon

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JL

Date: 6/23/15

90-day authority: Yes No

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

- ① Splash LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Splash

3. Business Location: 1012 NE Savannah Dr. Suite 4 Bend, OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 20292 Schaeffer Dr. Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-801-104710
(phone) (fax)

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

7. If yes to whom: Splash Type of License: Limited on-premises

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Jaime Ober
(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: Kamie Ober 720-341-3142
(name) (phone number(s))
20292 Schaeffer Dr. Bend, OR 97701 splashinc@gmail.com
(address) (e-mail address)

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

Applicant's Signature(s) and Date: [Signature] Date 6/22/15 ③

Date _____ ④

RECEIVED

UO3010





OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

CITY OF ROSEBURG
(name of city or county)

recommends that this license be:

Granted Denied
By: Sheila R. Cox 6/8/15
(signature) (date)

Name: SHEILA R. COX

Title: CITY RECORDER

OLCC USE ONLY

Application Rec'd by: OC

Date: 051915

90-day authority: Yes No

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

① Mariachi Loco Restaurant LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Mariachi Loco Restaurant

3. Business Location: 647-649 SE Jackson St Roseburg Douglas OR 97470
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (591) 440-4747
(phone)

6. Is the business at this location currently licensed by OLCC

7. If yes to whom: Sandy's Place LLC T

8. Former Business Name: Sandy's Place

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

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

11. Contact person for this application: Julio C. Valera 977
(name)

PO Box 1323 Silverton OR 97381 (503)
(address) (fax num)

update address

I understand that if my answers are not true and complete, the

Applicant(s) Signature(s) and Date:

① Jesus Bautista Date 5/18/15 ③ _____ Date _____

② Colonia Pardo Date 5/18/15 ① _____ 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: Wine/Malt Bev Wholesaler

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: 6/29/15

90-day authority: Yes No

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

① Julian Sinclair Wine & Cider LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Julian Sinclair Wine & Cider

3. Business Location: 1392 W 5th Ave, Eugene, OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1392 W 5th Ave, Eugene, OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Phone: (541) 525-9298, Fax: (541) 833-6419
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Aaron Schwartz, (541) 525-9298, (520) 665-1600
(name) (phone number(s))
1392 W 5th Ave, Eugene, OR 97402 (541) 833-6419 schwartz.j.aaron@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 6/24/2015 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 CLTA

P5296d
L214774

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: 6-26-15

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 Erik Lillebo ③ Tired + Pour LLC
② Tiffany Lillebo ④ _____

2. Trade Name (dba): Tired + Pour

3. Business Location: 3423 SE Belmont Street Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6923 North John Ave Portland OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (916) 895-3703
(phone) (fax)

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

7. If yes to whom: Slipshy Ventures LLC Type of License: Limited on prem

8. Former Business Name: Open Source 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? Portland
(name of city or county)

11. Contact person for this application: Tiffany Lillebo (916) 895-3703
(name) (phone number(s))
6923 North John Ave tea.lillebo@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 6/23/15 ③ _____ Date _____
② [Signature] Date 6/23/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L# 206184
P# 47626

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K. Polnetto

Date: 10/25/15

90-day authority: Yes No

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

① Tienda San Francisco Supermarket LLC

② _____ ④ _____

2. Trade Name (dba): Tienda San Francisco Supermarket

3. Business Location: 17112 SE Powell Blvd # 8 & 9 Portland Multnomah Oregon 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17112 SE Powell Blvd # 8 & 9 Portland Oregon 97236
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503)779-8853 (503)388-2187 Christian
(phone) (fax)

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

7. If yes to whom: San Francisco Tienda Mexicana Inc. Type of License: Off-Premises Sales

8. Former Business Name: San Francisco Tienda Mexicana Inc.

9. Will you have a manager? Yes No Name: Jose Fermin Martinez
(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: Jose Fermin Martinez
(name) (503)388-2187
(phone number(s))

235 SW Daniels St McMinnville, Oregon 97128
(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 Lose F Martinez Date 06/23/15 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 Y/N

PS1500
L211890

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 Donald Kruger ③ Krugers Family Farm Inc
- ② Sandra Kruger ④ _____

2. Trade Name (dba): ST. JOHNES BEER PARCEL

3. Business Location: 7316-7318 N. Lombard St Portland, OR 97203
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-887-3443
(phone) (fax)

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

7. If yes to whom: Suzanne Moodhe Type of License: Limited On-premise sales

8. Former Business Name: The Beer Parcel

9. Will you have a manager? Yes No Name: John Stevens
(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: Tawnya Shope 971-678-1218
(name) (phone number(s))
7316 N. Lombard St. Portland, OR 97203 t-shope@hotmail.com
(address) (fax number) (e-mail address)

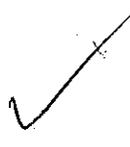
I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

- ① Donald Kruger Date 6/24/15 ③ _____ Date _____
- ② Sandra Kruger Date 6/24/15 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 _____

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

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 Beacon Rock Investments LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Baja Fresh

3. Business Location: 2695 SW Cedar Hills Blvd Ste 120 Beaverton Washington OR 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19109 NE 102nd Ave Battle Ground WA 98604
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-277-2252
(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: Scott Feehan
(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: Lisa Haberthur 503-970-3549
(name) (phone number(s))
19109 NE 102nd Ave Battle Ground WA 98604 office@nwbaja.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 6-10-15 ③ _____ Date _____
② _____ Date _____ 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 type="checkbox"/> Change Ownership
<input checked="" type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____
<input type="checkbox"/> Private Club	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input 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: K. K. K.

Date: 6/20/15

90-day authority: Yes No

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

① Thammaphon Songsaeng LLC ③

② Nattakamol ④

2. Trade Name (dba): Sake II

3. Business Location: 907 SW. Gibbs St Portland OR Multnomah 97239
(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: 503 973 5907
(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: Rattikan Thai

9. Will you have a manager? Yes No Name: Thammaphon Songsaeng
(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: Thammaphon Songsaeng 850 727 9215
907 SW. Gibbs St Portland OR 503 222 1397 moonu_9@hotmail.com
(name) (address) (phone number(s)) (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 Thammaphon Songsaeng Date 06/17/2015 Date _____

② Nattakamol Songsaeng Date 6/20/15 Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L. Brown

Date: 6/12/2015

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 Albert W Toepfer ③ _____

② Susan K Toepfer ④ _____

2. Trade Name (dba): Rat Hole Brewing (Rat Hole Brewing at Inver)

3. Business Location: 56880 VENTURE LANE BEND Deschutes Or 97707
(number, street, rural route) Suite 211, 110 (QW) (county) (state) (ZIP code)

4. Business Mailing Address: 56880 VENTURE LANE BEND Or 97707
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-647-1315 206-359-2400
(phone) (fax)

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

7. If yes to whom: Albert & Susan Toepfer Type of License: Brewery Public House

8. Former Business Name: N/A

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

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

11. Contact person for this application: Susan Toepfer 425 941-9712 / 541-647-1315
(name) (phone number(s))
354 NE GRANDWOOD SUITE 211 541-647-1319 smeintosh@ykuu.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 Albert W Toepfer Date 6-3-15 ③ _____ Date _____

② Susan K Toepfer Date 6-3-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

JUN 25 2015

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 Deletion of partner

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: 6/25/15

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 Ananava, LLC
- ② _____
- ③ _____
- ④ _____

2. Trade Name (dba): Northwest Pizza

3. Business Location: 1585 Siskiyou Blvd Ashland Jackson OR 97520
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1585 Siskiyou Blvd Ashland OR 97520
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-488-2080 cell 541-301-5032
(phone) (fax)

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

7. If yes to whom: Northwest Pizza (Ananava, LLC) type of License: Limited on-Premises Sales

8. Former Business Name: Same as above

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

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

11. Contact person for this application: Morgan R. George 541-301-5032
(name) (phone number(s))
1585 Siskiyou Blvd. Ashland OR 97520 morgan-george@ymail.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 Morgan R. George Date 6/19/15
- ② _____ Date _____

FAXED 6/25/15
Date 6/25/15
POSTED
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 CHG T/N

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

CITY OF MILTON-FREEWATER
(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. PETERHOFF

Date: 6-25-15

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① The Upper 9, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Upper 9, LLC

3. Business Location: 299 Catherine Avenue Milton-Freewater, Umatilla OR 97862
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 509-520-6172
(phone) (fax)

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

7. If yes to whom: Shelly Gonzales Type of License: E-COM

8. Former Business Name: Shelly's Last Shot

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

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

11. Contact person for this application: Tina Riedel
(name) 509-520-6172
(phone number(s)) riedel2@g.com
(e-mail address)
84182 Yellowjacket Rd. Milton-Freewater
(address) (fax number)

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 Tina Riedel Date 6/25/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____