





# 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: 7/7

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 Jorge Zuniga ③ \_\_\_\_\_

② La Casa del Pollo LLC ④ \_\_\_\_\_

2. Trade Name (dba): La Casa del Pollo LLC

3. Business Location: 15910 Boones Ferry Rd, Lake Oswego, OR, 97035  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15910 Boones Ferry Rd, Lake Oswego, OR, 97035  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.344.4354 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: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jorge Zuniga 503.804.1998  
(name) (phone number(s))  
15910 Boones Ferry Rd. Lake Oswego 97035 jorge.zuniga00@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5-20-15

② \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

Date 5-20-15

JUL 07 2015

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 \_\_\_\_\_

*L# 213984  
P# 50970*

**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: *7/6/15*

90-day authority:  Yes  No

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

① Quattro Zampe, LLC ③ \_\_\_\_\_

*cc →*

② William J Ludwig ④ \_\_\_\_\_

2. Trade Name (dba): Coppia Bistro

3. Business Location: 3928 N Mississippi Ave Portland Multnomah OR 97227  
(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: TBD  
(phone) (fax)

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

7. If yes to whom: Yara Lebanese Cuisine Inc Type of License: Full On Premise

8. Former Business Name: Yara Lebanese Cuisine

9. Will you have a manager?  Yes  No Name: Self  
(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: Bill Ludwig 503.295.9536 / 602.317.7883  
(name) (phone number(s))  
417 NW 10th Ave; Portland, OR; 97209 CoppiaPDX@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 6.30.15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 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: **JUL 02 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 Chompers and Growlers INC

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Chompers & Growlers

3. Business Location: 901 N. Anchor Way Portland Multnomah OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 373 First St #100 Los Altos CA 94024  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-289-8882 503-289-8883  
(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: Chompers Burgers

9. Will you have a manager?  Yes  No Name: MICHELE DERRYBERRY  
(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: Michelle Derryberry 503-285-8889  
(name) (phone number(s))  
915 N. Anchor Way Portland pizzamia.manager@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 6/11/2015 ③ \_\_\_\_\_ Date 6/11/2015  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

<p><b>LICENSE TYPES</b></p> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Commercial Establishment</li> <li><input type="checkbox"/> Caterer</li> <li><input type="checkbox"/> Passenger Carrier</li> <li><input type="checkbox"/> Other Public Location</li> <li><input type="checkbox"/> Private Club</li> </ul> <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <ul style="list-style-type: none"> <li><input type="checkbox"/> with Fuel Pumps</li> </ul> <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<p><b>ACTIONS</b></p> <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: 7/7

90-day authority:  Yes  No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - ① TOFFEE CLUB LLC ③ \_\_\_\_\_
  - ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): TOFFEE CLUB
- Business Location: 1008 SE HAWTHORNE BLVD, PORTLAND, OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 613 SE 30TH AVE, PORTLAND, OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-704-3505  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: \_\_\_\_\_
- Will you have a manager?  Yes  No Name: NICOLA DIAMOND  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? PORTLAND, OR  
(name of city or county)
- Contact person for this application: PETER HOPPINS 503-367-1451  
(name) (phone number(s))  
613 SE 30th AVE, PORTLAND, OR 97214 pet@toffeeclobpdx.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 06/23 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ RECEIVED JUL 07 2015 Date \_\_\_\_\_







# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7/7/2015

90-day authority:  Yes  No

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

- ① Kabobyo foods inc ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Main St. Market

3. Business Location: 191 S Main Ave Warrenton, Clatsop, OR 97146  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 1031 Warrenton OR 97146  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 417 569 5099  
(phone) (fax)

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

7. If yes to whom: WEBARO FOODS INC Type of License: Off Premises SALES

8. Former Business Name: Main St Market

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? Warrenton  
(name of city or county)

11. Contact person for this application: Tommy Smith 417 569 5099  
(name) (phone number(s))

(address)

(fax number)

(e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 6-22-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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  - 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: Distillery

### 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: 7/6/15

90-day authority:  Yes  No

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

① Wolf Spirits, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Wolf Spirits

3. Business Location: 121 Monroe St. Eugene Lane OR 97402  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 121 Monroe St. Eugene OR 97402  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 661-747-7901  
(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: Ben Green  
(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: Alyssa McTimpeny, Davis Wright Tremaine 503-778-5469  
(name) (phone number(s))  
1300 SW 5th Ave., Suite 2400, Portland, OR 97201 503-778-5299 alyssamctimpeny@dwt.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] Attorney-in-Fact Date Jun 26, 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)
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  - Caterer
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  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

City of Pendleton  
(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_

(signature)

(date)

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

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

### OLCC USE ONLY

Application Rec'd by: S. FETTERHOFF

Date: 7-6-15

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 M SANDHU LLC

② \_\_\_\_\_

2. Trade Name (dba): FIRST STOP MART

3. Business Location: 2316 SE COURT AVENUE PENDLETON UMATILLA OR 97801  
(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: 1 541 429 4414  
(phone) (fax)

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

7. If yes to whom: FIRST STOP MART CORP Type of License: OFA

8. Former Business Name: FIRST STOP MART

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

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

11. Contact person for this application: MANDEEP KAUR SANDHU : 509 212 8961  
(name) (phone number(s))  
84390 Hwy 339 MILTON FREEWATER mandeep.sandhu64@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 07/06/15 ③ \_\_\_\_\_

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

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 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: du

Date: 7/2/15

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 Bandon Fish Market LLC. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Bandon Fish Market

3. Business Location: Bandon Fish 249 1st Street S.E. Bandon, OR 97411  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 88429 Hwy 42 South Bandon, OR 97411  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 347-4282  
(phone) (fax)

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

7. If yes to whom: Steve & Margaret Pounder Type of License: Limited On-Premises

8. Former Business Name: Bandon Fish Market

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

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

11. Contact person for this application: Mike Berry (541) 404-6639  
(name) (phone number(s))  
88429 Hwy 42 South Bandon mike.assocmarine@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 6/22/2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 6/22/2015 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: 5/30/15

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: JASmother

Date: 7/2/15

90-day authority:  Yes  No

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

- ① ~~RYAN SPYDER~~ A Rope Smokin Son of A B, LLC
- ② ~~Jordan Robinson~~ ④ \_\_\_\_\_

2. Trade Name (dba): CHEBA HUT

3. Business Location: 339 E 11<sup>th</sup> AVE EUGENE, LANE, OR 97401  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 339 E 11<sup>th</sup> AVE EUGENE, OR 97401  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 653-9827  
(phone) (fax)

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

7. If yes to whom: Ryan Holder Type of License: BEER & WINE

8. Former Business Name: Angry BEAVER Cheba Hut

9. Will you have a manager?  Yes  No Name: Josh Donaldson  
(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: JORDAN Robinson (619) 871-1301  
(name) (phone number(s))  
6364 El Cajon Blvd, San Diego, CA 92115 JORDAN.Robinson@chebahut.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 5/30/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5/30/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: J. 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 Michael & Jeff Malos Board Restaurant Inc ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): BOARD RESTAURANT

3. Business Location: 394 BLAIR BLVD EUGENE LANE OR 97402  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 394 BLAIR BLVD EUGENE OR 97402  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 686 8383 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: JEFF MALOS Type of License: Full On Premises

8. Former Business Name: The TINY TAVERN

9. Will you have a manager?  Yes     No Name: Michael Autry  
(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: Michael Autry 541 653 5676  
(name) (phone number(s))  
133 W Hilliard Ln Eugene OR mrautry@cootmail.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 Michael Malos Date 6/26/2015 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 \_\_\_\_\_

ADD partner  
Drop partner

### 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: KO

Date: 7-6-15

90-day authority:  Yes  No

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

① YI PIN XUAN SHI FU LLC. ③ \_\_\_\_\_

② HO Wah of Oregon Inc. ④ \_\_\_\_\_

2. Trade Name (dba): China Garden and Jade Room Lounge

3. Business Location: 3249 S. 6th ST. Klamath Falls OR 97603  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-887-2628 541-887-2627  
(phone) (fax)

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

7. If yes to whom: HO Wah of Oregon Inc. Type of License: F-004

8. Former Business Name: Golden Kitchen and Jade Room Lounge

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

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

11. Contact person for this application: Lawrence Chu 626-898-3506  
(name) (phone number(s))  
3249 S. 6th ST. Klamath Falls. (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 Mun Chu Date 5-27-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

\*② Alice J... Date 6-11-15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 7/7/15

90-day authority:  Yes  No

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

① Mint Bike Oregon Corp

② \_\_\_\_\_

2. Trade Name (dba): Single Track Station

3. Business Location: 47929 Hwy 58 Dakridge Lane Or 97463  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 148 Dakridge Or 97463  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-968-5397  
(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: Judy Kratochvil  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Randy Drieling 541-968-5397  
(name) (phone number(s))  
70240 Gale St. randy23@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 7/6/2015 Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ 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 22 2015

Oregon Liquor Control Commission

### 90-DAY AUTHORITY

Bend, Oregon

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: 7/8/15

90-day authority:  Yes  No

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

① Bethlyn's Global Fusion, LLC ③

② \_\_\_\_\_ ④

2. Trade Name (dba): Bethlyn's Global Fusion

3. Business Location: 1289 NE 2nd St. Ste. 2 Bend Deschutes OR 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 711 Rector Dr. La Pine OR 97739  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 925-354-0091  
(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: 2nd St Eats

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

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

11. Contact person for this application: Sandra J. McLean 925-354-0091  
(name) (phone number(s))  
711 Rector Dr. (address) (fax number) jackiem086@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 Sandra J. McLean 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: \_\_\_\_\_ *R*

Date: 7-8

90-day authority:  Yes  No

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

① The Wine Wagon LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): The Wine Wagon

3. Business Location: 19313 Wellesley Ave. Sandy Clackamas OR 97055  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19313 Wellesley Ave Sandy OR 97055  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-490-0733 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: \_\_\_\_\_  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kasey Myers 503-490-0733  
(name) (phone number(s))  
19313 Wellesley Ave oregonvineyardhome tours@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 Kasey Myers Date 6/17/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

7-8-2015



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 \_\_\_\_\_

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: JUL 08 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]

Fern Kitchen LLC

\_\_\_\_\_

2. Trade Name (dba): Fern Kitchen

3. Business Location: 2311 S.E. 50th ave Portland, Multnomah OR 97215  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2311 S.E. 50th ave Portland OR 97215  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 912-5831  
(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, Multnomah  
(name of city or county)

11. Contact person for this application: Julie Vogt 541-912-5831  
(name) (phone number(s))  
89950 Eaton Lane Eugene OR 97141 fern.kitchen@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:

Julie Vogt Date 7-8-15  \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  \_\_\_\_\_ 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 CTN

Pa2844  
L220737

### 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: 7-8

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 Wannapat Vajaradesa ③ \_\_\_\_\_

② NW 888 LLC ④ \_\_\_\_\_

2. Trade Name (dba): MEE GIN

3. Business Location: 3616 SE Hawthorne Blvd. Portland, OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3616 SE Hawthorne Blvd, Portland, OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-231-9898  
(phone) (fax)

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

7. If yes to whom: Samui Thai Kitchen Type of License: Full On-Premises sales

8. Former Business Name: Samui Thai Kitchen ~~← J & Luck LLC~~

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

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

11. Contact person for this application: Pat 360-609-2782  
(name) (phone number(s))  
3616 SE Hawthorne Blvd, Portland, OR 97214 (address) (fax number) nongtu41@hotmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date: 7/6/15 ③ \_\_\_\_\_ Date: \_\_\_\_\_

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

Initials: [Signature]

RECEIVED  
JUL 08 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 CITY

P 773  
L213693

### 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: 7-8

90-day authority:  Yes  No

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

① MOON PIZZA LLC, ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): PIZZA JERK

3. Business Location: 5028 NE 42ND AVENUE PORTLAND, MULTNOMAH, OR, 97218  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5028 NE 42ND AVE PORTLAND OR 97218  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 516 3615 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: RALPH TIDWELL / MAQOO'S INC Type of License: F-COM

8. Former Business Name: MAQOO'S BAR & GRILL

9. Will you have a manager?  Yes  No Name: BRANDON SMYTH  
(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: BEN HUFFORD 503 819 8153  
(name) (phone number(s))  
4012 SW IDAHO TERRACE PORTLAND OR ben.hufford@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 JUL 4, 2015 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ **RECEIVED** JUL 08 2015 Date \_\_\_\_\_

4.3



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

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

**CITY AND COUNTY USE ONLY**

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

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

recommends that this license be:  
 Granted     Denied

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

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

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

---

**OLCC USE ONLY**

Application Rec'd by: C. Kitzmiller

Date: 7-8-15

90-day authority:  Yes     No

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

2. Trade Name (dba): to be determined Padma

3. Business Location: 157 Commercial St. SE Salem Marion OR 97301  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 473 Delmar Dr. N. Salem OR 97303  
(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: GAC, Inc. 4159 Cookies Landing Type of License: Full On-Premises

8. Former Business Name: Webers - 2005 Cookies Landing 2006 - CURRENT

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 Salem  
(name of city or county)

11. Contact person for this application: Kristin Kitzmiller 503) 551-1570  
(name) (phone number(s))  
473 Delmar Dr. N. Salem, OR 97303 krikitz@rocketmail.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 K. Kitzmiller    Date 6/29/15    ② \_\_\_\_\_    Date \_\_\_\_\_  
 ③ \_\_\_\_\_    Date \_\_\_\_\_    ④ \_\_\_\_\_    Date \_\_\_\_\_

**RECEIVED**  
 OREGON LIQUOR CONTROL COMMISSION  
 JUL 08 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 \_\_\_\_\_

### 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: AW

Date: 05-19-15

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 Azteca Real 2 LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): ~~2987 Santiam Hwy SE~~ Azteca Real Mexican Family Restaurant

3. Business Location: 2987 Santiam Hwy SE Albany Linn OR 97322  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2987 Santiam Hwy SE Albany OR 97322  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 928-7411 (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: Skippers

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

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

11. Contact person for this application: Julio C. Valera (name) (503) 830-2977 (phone number(s))  
PO Box 1323 Silverton OR 97381 (address) (503) 922-0815 (fax number) JulioKnows@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 Xochitl Garcia Date 5/18/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

P2409  
L215881

### 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: JUL 09 2015

90-day authority:  Yes  No

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

① JJ Wizer Investment Company ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Wizer's Fine Wines

3. Business Location: 269 A Avenue Lake Oswego Clatsop OR 97034  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 269 A Avenue Lake Oswego OR 97034  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-636-1414 \_\_\_\_\_  
(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: James Vincent, Thomas Reider, Kimberly Wizer  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kimberly Wizer 503-459-7505  
(name) (phone number(s))  
1629 SE Malden St, Portland, OR 97202 Kim\_wizer@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 7/8/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:		<b>CITY AND COUNTY USE ONLY</b>	
<b>LICENSE TYPES</b>	<b>ACTIONS</b>	Date application received: _____	
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	The City Council or County Commission:	
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet	_____	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	(name of city or county)	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	recommends that this license be:	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Private Club		By: _____	
<input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		(signature) (date)	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)		Name: _____	
<input type="checkbox"/> with Fuel Pumps		Title: _____	
<input type="checkbox"/> Brewery Public House (\$252.60)			
<input type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
<b>90-DAY AUTHORITY</b>		<b>OLCC USE ONLY</b>	
<input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		Application Rec'd by: <u>KDJ</u>	
<b>APPLYING AS:</b>		Date: <u>7/9/15</u>	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals		

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

① Solidiya, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): HOP N CORK CLACKAMAS

3. Business Location: 17450 SW BOONES FERRY RD LAKE OSWEGO OR 97035  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17450 SW BOONES FERRY RD LAKE OSWEGO OR 97035  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 703 5357  
(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? LAKE OSWEGO, CLACKAMAS COUNTY  
(name of city or county)

11. Contact person for this application: MICHELLE FAUBION 503-703-5357  
(name) (phone number(s))  
michellefaubione@icloud.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 7-9-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 7-9-2015 ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: JP

Date: 7-9-15

90-day authority:  Yes  No

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

① JTS BBQ INC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): DICKEY'S BBQ PIT

3. Business Location: 18021 NW EVERGREEN PARKWAY, #16, HILLSBORO, WASHINGTON, OR 97006  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9750 SW TEPHRA TERRACE, BEAVERTON  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-372-6302  
(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: VERIZON WIRELESS

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

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

11. Contact person for this application: JESSICA SAPERSTEIN 503-804-7958  
(name) (phone number(s))  
9750 SW TEPHRA TER, BEAVERTON, 97007 503-961-8694 jkirschner1@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 Todd Saperstein Date 6-15-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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