



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: K.O.

Date: 7-6-15

90-day authority: Yes No

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

① Microbrew Revolution LLC ③

② _____ ④ _____

2. Trade Name (dba): Microbrew Revolution

3. Business Location: 4801 S. 6th St., Klamath Falls, Klamath, OR, 97603
(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: 541-787-1272
(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: Shawntel Marie
(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: Jared Dill 541-787-1272
(name) (phone number(s))
401 S.E. 9th St, Apt. A, Grants Pass, OR, 97526 jared-dill@pbhoo.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 Jared Dill Date 5/2/15 ③ Date _____

② _____ Date _____ ④ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
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- Additional Privilege
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APPLYING AS:

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- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K.O.

Date: 7-16-15

90-day authority: Yes No

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

① Stagecoach Pizzeria Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Stagecoach Pizza Klamath County

3. Business Location: 5235 So Sixth St. Klamath Falls, OR 97603
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2225 Kimberly Dr. Klamath Falls, OR 97603
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-884-6525 None
(phone) (fax)

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

7. If yes to whom: Stagecoach Pizzeria Inc Type of License: Limited On-Premise

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Chris Jones
(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: John Bocchi 541-884-9855
(name) (phone number(s))
2225 Kimberly Dr. Klamath Falls KF Pizzeria ADL.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 John Bocchi Date 6/18/15 ③ _____ Date _____

② Sonny Bocchi Date 6/18/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY
Date application received: _____
The City Council or County Commission: _____ (name of city or county)
recommends that this license be:
<input type="checkbox"/> Granted <input type="checkbox"/> Denied
By: _____ (signature) (date)
Name: _____
Title: _____
OLCC USE ONLY
Application Rec'd by: <u>Cubawandy</u>
Date: <u>7-15-15</u>
90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- Entity or individual(s) applying for the license: [See SECTION 1 of the Guide]
 1. Blondzees Inc
- Trade Name (dba): Blondzee's Guest House
- Business Location: 4850 Portland Rd NE Salem OR 97305
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 590 Michael Way Aumsville OR 97325
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-390-4689
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- Type of License: full on premise
- Former Business Name: Schroeder's Guest House
- Will you have a manager? Yes No Name: _____
(manager must fill out an individual History form)
- What is the local governing body where your business is located? Salem OR, Marion County
(name of city or county)
- Contact person for this application: Melissa Lucas 503-551-4310
(name) (phone number(s))
590 Michael Way Aumsville OR 97325 Mar Kalucas@aol.com
(address) (fax number) (e mail address)

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

Applicant(s) Signature(s) and Date:

1. Melissa Lucas Date 7/15/15

2. Mark Lucas Date 7/15/15

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 Date JUL 15 2015

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

LLC

Application is being made for:

LICENSE TYPES

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- Winery (\$250/yr)
- Other: _____

ACTIONS

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

c/TN. prem
 P# 50104 (Methu) Uno Mas
 X# 210605/213146 Sudra
 To be turned in
 Uno Mas P# 50214 L# 211047
 Sudra P# 51846 L# 212671
 Slawbger P# 50306 L# 213205
 5132631

90-DAY AUTHORITY

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APPLYING AS:

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- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: M. Olson

Date: 7/14/15

90-day authority: Yes No

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

① OCEAN LIQUOR LICENSE HOLDING COMPANY, LLC

② _____ ④ _____

2. Trade Name (dba): THE OCEAN

3. Business Location: 2329 - 2341 NE GUSTAN PORTLAND, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3435 NE 45th # J PORTLAND, OR 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-232-3479 NONE
(phone) (fax)

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

7. If yes to whom: SEE BACK Type of License: F-Com, Landlord

8. Former Business Name: Meatballs, Uno Mas, The Sudra, Slawbger

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

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

11. Contact person for this application: KEVIN CAVENAUGH 503-232-3479
(name) (phone number(s))
3435 NE 45th # J PORTLAND, OR 97213
(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 _____



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- 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: 7/15/15

90-day authority: Yes No

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

① CCCK Dream Foods, INC ③ _____

② _____ ④ _____

2. Trade Name (dba): Carriage House Family Restaurant Flashback Grill

3. Business Location: 4229 Main St. Springfield LANE OR 97478
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4229 Main St. Springfield Springfield OR 97478
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-726-6271
(phone)

RECEIVED
(fax)

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

MAR 17 2015

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

8. Former Business Name: Carriage House Family Restaurant **EUGENE REGIONAL OFFICE**
Oregon Liquor Control Commission

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

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

11. Contact person for this application: Curt Boggs General Manager/Co-Owner 541-520-1142 cell
(name) (phone number(s))
4229 Main St. Springfield OR 97478 family@flashbackgrill.net
(address) (fax number) (e-mail address)
chris@doctorradio.info

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] 2-27-2015 ③ _____ Date _____

② _____ Date _____ 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 _____

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: HJ

Date: 7/15/15

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 Pasquale DeSiervi ③ _____

② _____ ④ _____

2. Trade Name (dba): Patsy's New York Pizzeria

3. Business Location: 13811 S.E. McLoughlin Blvd Milwaukie Clackamas Oregon 97222
(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: 971-272-3748
(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? Clackamas
(name of city or county)

11. Contact person for this application: Pasquale DeSiervi
(name) (phone number(s))
13811 S.E. McLoughlin Blvd Milwaukie Oregon 97267 desiervi2516@comcast.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Pasquale DeSiervi Date 7/15/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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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)

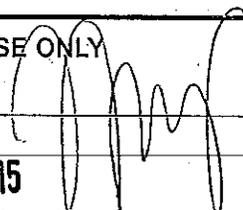
recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: **JUL 15 2015**

90-day authority: Yes No

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

2. Trade Name (dba): HERO SUSHI & SAKE BAR

3. Business Location: 4835 MEADOWS RD C-145 LAKE OSWEGO OR 97305
(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: 503 200 0323
(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? HILLSBORO Lake Oswego
(name of city or county)

11. Contact person for this application: ANTHONY AN 503 200 0323
(name) (phone number(s))
2473 NW 185TH AVE HILLSBORO OR 97124 503 6909553 aa99801@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date _____ ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input checked="" type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____		ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	
90-DAY AUTHORITY <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		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: _____	
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		OLCC USE ONLY Application Rec'd by: <u>[Signature]</u> Date: <u>7/14/15</u> 90-day authority: Yes No	

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
FARM TO CORK, LLC
- Trade Name (dba): 51 WEEKS WINEMAKING
- Business Location: 2425 SE 35th PL. PORTLAND, MULTNOMAH, OR 97215
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 6370 SW SPRUCE AVE, BEAVERTON OR 97005
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (503) 706 9339
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: SE WINE COLLECTIVE Type of License: WINERY
- Former Business Name: NA
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? PORTLAND
(name of city or county)
- Contact person for this application: MATTHEW VOYLSTEKE 503 706 9339
(name) (phone number(s))
6370 SW SPRUCE AVE, BEAVERTON OR 97005 nancy.voylsteke@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:
[Signature] Date 7/14/15 Date _____
 Date _____ Date _____

com



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

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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: **JUL 14 2015**
 90-day authority: Yes No

L 215983
P 2503

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Linda Saepharn Vang SAEPHARN, LLC Peter Saepharn
 ② San Choy Saechao ④ _____

2. Trade Name (dba): Candys Kwik Shop Market

3. Business Location: 8583 SE 72nd Ave Portland Clackamas OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8583 SE 72nd Ave Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-774-7377
(phone) (fax)

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

7. If yes to whom: Tae Sik Kim and HwaJ Kim Type of License: Off Premises Sales

8. Former Business Name: Candys Kwik Shop 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? Clackamas
(name of city or county)

11. Contact person for this application: Linda Saepharn Vang 503-734-8098
(name) (phone number(s))
9649 SE Schiller St. Portland OR 97206 l-s-vang@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 Linda S. Vang Date 7/9/15 ③ _____ Date 7/9/15
 ② San Choy Date 7/9/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

EM 7/13/15 / LOC ?

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED

JUL 08 2015

Oregon Liquor Control Commission
Salem, Oregon

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: 7/10/2015

90-day authority: Yes No

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

- ① Gretchen Ronhaar ③ _____
- ② GM REST. CORP. ④ _____

2. Trade Name (dba): THE GALLERY REST. & BAR

3. Business Location: 171 W CASCADE SISTERS Deschutes OREGON 97759
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Box 222 SISTERS OR 97759
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-549-2631
(phone) (fax)

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

7. If yes to whom: JC REST CORP. Type of License: full

8. Former Business Name: The Gallery Rest & Bar

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 Sisters
(name of city or county)

11. Contact person for this application: Gretchen Ronhaar 541-549-2631
(name) (phone number(s))
527 W. Jefferson Ave Sisters Or 97759 gjenhaar77@gmail
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① Gretchen Ronhaar Date 6/26/15 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: OLCC

Date: 7/15/2015 PCW

90-day authority: Yes No

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

① Erwin Lawrence LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Eisoldt Smith wines

3. Business Location: 22070 NE Ridge Rd. GASTON OR 97119
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 361 CARLTON OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-883-3042 _____
(phone) (fax)

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

7. If yes to whom: HARPER V&T WINES Type of License: winery

8. Former Business Name: _____

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

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

11. Contact person for this application: Adam Smith 503-883-3042
(name) (phone number(s))
PO Box 361 CARLTON, OR eisoldsmith@gmail.com
(address) (fax number) (e-mail address)

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OREGON LIQUOR CONTROL COMMISSION
JUL 14 2015
SALEM REGIONAL OFFICE

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 J. L. Smith Date 6/18/15 ② _____ Date _____

③ _____ 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: Chad

Date: 7/16/2015

90-day authority: Yes No

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

① Suzor Wines, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Suzor Wines

3. Business Location: 19500 SW Mountain Home Rd. Sherwood, Washington County, OR 97140
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 463 McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-593-4999
(phone) (fax)

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

7. If yes to whom: Ponzi Vineyards Type of License: Winery

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Gregory McClellan
(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: Gregory McClellan 503-593-4999
(name) (phone number(s))
PO Box 463 McMinnville, OR 97128 gholdengregory@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 June 16, 2015 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 7/1/15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① WILD GOOSE Vineyards LLC ③
 ② _____ ④ _____
- Trade Name (dba): HV Cellars
- Business Location: 1247 Pine St Roseburg Douglas OR 97470
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: SAA
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541 294 8577
(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: TERRY LUCE
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Roseburg
(name of city or county)
- Contact person for this application: TERRY LUCE 541 294 8577
(name) (phone number(s))
46165 Hwy 242 Myrtle Point terry@hucellars.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 6/4/15 ③ _____ Date _____
 ② [Signature] Date 6/4/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

MASTERFILE

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 _____

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Oregon Liquor Control Commission

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: Randy

Date: 7/14/15

90-day authority: Yes No

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

① Chipotle Mexican Grill, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Chipotle Mexican Grill

3. Business Location: 222 N.E. Emerson Avenue, Suite 100 Bend Deschutes Oregon 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1401 Wynkoop Street, Suite 500 Denver CO 80202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (303) 222-2524 _____
(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: TBD
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jeffrey D. Hern _____
(name) (phone number(s))
1211 S.W. Fifth Ave., Suite 1900, Portland, OR 9720 (503) 796-2900 jhern@schwabe.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 7/29/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

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

OLCC USE ONLY
 Application Rec'd by: *[Signature]*
 Date: 7/13/15
 90-day authority: Yes No

*L# 213929
P# 52225*

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Big Bear's Market/Honey Bee Cafe Inc.
- Trade Name (dba): Big Bear's Market and Honey Bee Cafe
- Business Location: 31815 E. Historic Columbia River Hwy. Troutdale Oregon 97060
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-695-2255
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Phil DuFresne Type of License: Limited on premise / off premise
- Former Business Name: Big Bear's Crown Point Market, Inc.
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Multnomah County
(name of city or county)
- Contact person for this application: Kelli A. Lord 503 663 3012
(name) (phone number(s))
10625 SE 362nd Ave. C-25 Boring, OR misskellisworld@msu.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 7/15/15 ③ _____ Date _____
 ② [Signature] Date 7/16/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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Loi vnc

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 CHANGE OF OWNERSHIP AND LICENSE TYPE FROM SECOND LOCATION BREWERY LIMITED TO OFF PREMISES AND OFF PREMISES

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: 7/6/15

The City Council or County Commission:

Curry
(name of city or county)

recommends that this license be:

Granted Denied

By: David Brock Smith 7/6/15
(signature) (date)

Name: David Brock Smith

Title: County Commissioner

OLCC USE ONLY

Application Rec'd by: dlm

Date: 7/14/15

90-day authority: Yes No

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

① WILD RIVER BROOKINGS-HARBOR INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): WILD RIVER PIZZA BH

3. Business Location: 16279 HIGHWAY 101 SOUTH BROOKINGS CURRY OR 97415
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. BOX 2897 BROOKINGS OR 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-469-7454 541-469-6731
(fax)

6. Is the business at this location? Yes No

7. If yes to whom: MILL *Remove 2ndary to into* Type of License: BREWERY-PUBLIC HOUSE SECOND LOCATION

8. Former Business Name: WING AND PIZZA

9. Will you have a manager? LODY MILLER
(manager must fill out an Individual History form)

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

11. Contact person for this application: DARREL MILLER 541-469-7454
(name) (phone number(s))

P.O. BOX 2897 BROOKINGS OR 97415 541-469-6731
(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 Darrel L Miller Date 6-29-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other move location

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: 6/15/15

The City Council or County Commission:

City of Carlton

(name of city or county)

recommends that this license be:

Granted Denied

By: Kathie Oriet 6-18-15
(signature) (date)

Name: Kathie Oriet

Title: Mayor

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 6/15/15

90-day authority: Yes No

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

① Ron Helbig ③ _____

② _____ ④ _____

2. Trade Name (dba): Barking Frog Winery

3. Business Location: 118 W Main St Carlton Yamhill OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 20840 SW Chapman Rd Cherwood OR 97140
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 702-5029
(phone) (fax)

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

7. If yes to whom: Folin Cellars Type of License: Tasting Room

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 Carlton
(name of city or county)

11. Contact person for this application: Ron Helbig 503 702-5029
(name) (phone number(s))

20840 SW Chapman Rd 503 625-1368 ron@barkingfrogwinery.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 6-15-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

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: OLCC

Date: 7-9-15

90-day authority: Yes No

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

① Silver Falls Brewery, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Silver Falls Brewery

3. Business Location: 1103 Western Ave. Silverton Marion OR 97381
(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: 503-873-3022 cell 971-227-8765
(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: Eric S. Druliner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Eric Druliner 971-227-8765
(name) (phone number(s))
1103 Western Ave. Silverton, OR 97381 silverfallsbrewery@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 E. Druliner Date 7-6-15 ③ _____
OREGON LIQUOR CONTROL COMMISSION

② _____ Date _____ ④ _____

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JUL 06 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 2nd Locatio

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 7/13/15 (CW)

90-day authority: Yes No

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

① Shiba Wichern Cellars, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Shiba Wichern Cellars

3. Business Location: 13301 NE Kuehne Rd., Carlton OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 230 NW 13th St, McMinnville, Yamhill, OR, 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 1 503 883 9142 cell: 1804 652 8970
(phone) (fax)

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

7. If yes to whom: Finn Hill Vineyard, dba Laurel Ridge Wine Type of License: winery

8. Former Business Name: _____

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

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

11. Contact person for this application: Christian Wichern 1 503 883 9142 & 1 804 652 8970
(name) (phone number(s))
230 NW 13th St, McMinnville OR 97128 (address) (fax number) cwichern@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 Akiko Shiba Date 06.25.2015 ③ _____

② Christina Wichern Date 06.25.2015 ④ _____

RECEIVED
Date _____
OREGON LIQUOR CONTROL COMMISSION
Date _____

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JUN 30 2015

(rev. 08/2011)

SALEM REGIONAL OFFICE

2/19



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: OLCC

Date: 7/13/2015 COU

90-day authority: Yes No

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

① La Linea Furioso, LLC ③ _____

② _____ ① _____

2. Trade Name (dba): La Linea Furioso

3. Business Location: 8415 Worden Hill Road, Dundee, Yamhill, OR 97115
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 520, Carlton, OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 202-441-0504
(phone) (fax)

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

7. If yes to whom: Crumbled Rock Type of License: WY

8. Former Business Name: Crumbled Rock

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine 503-778-5469 (no solicitations)
(name) (phone number(s))
1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 503778-5299
(address) (fax number) alyssamctimpeny@dwt.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] Attorney-in-Fact Date Jul 9, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

JUL 02 2015



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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: Brewery

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: [Signature]

Date: 7/13/15

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 Mountain View Brewing Company LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Mountain View Brewing Company

3. Business Location: 161 Mountain View Place Grants Pass Josephine Oregon 97527
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1563 Grants Pass Oregon 97528
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-441-2141 or 541-441-0134
(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: Justin A. Warren
(manager must fill out an Individual History form)

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

11. Contact person for this application: Frank D. Warren 541-441-2141
(name) (phone number(s))
161 Mountain View Place Grants Pass, OR Frnk_Warren@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 6/30/15 ③ _____

② [Signature] Date 6/30/15 ④ _____

Date 7/13/15
Date 7/10/15
FAXED
POSTED



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:

City of Portland, Multnomah County
(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: 7-10-15

90-day authority: Yes No

P3896
L220755

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

① Nancy & Danny, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Spot 79 Bar & Grill

3. Business Location: 7944 S.E. Foster Road Portland Multnomah Oregon 97206-4242
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 90700 Portland Oregon 97290-0700
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 777-1430 (503) 828-9873
(phone) (fax)

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

7. If yes to whom: Kum Loon L.L.C. Type of License: Full On-Premises Sales

8. Former Business Name: Kum Loon L.L.C.

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

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

11. Contact person for this application: Vincent Kwong (503) 928-7913
(name) (phone number(s))
P.O. Box 90700, Portland, Oregon 97290-0700 (503) 828-9873 nancniy@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 07/07/2015 ③ _____ Date _____

② [Signature] Date 07/07/2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:
LICENSE TYPES: Full On-Premises Sales, Commercial Establishment, Caterer, Passenger Carrier, Other Public Location, Private Club, Limited On-Premises Sales, Off-Premises Sales, Brewery Public House, Winery, 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 recommends that this license be: Granted or Denied.
OLCC USE ONLY: Application Rec'd by, Date, 90-day authority.

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
1 Dauntless Wine Co.
2
3. Business Location: 923 N Freemont Lane Cornelius, Washington, Or, 97113
4. Business Mailing Address: 619 S 13th Ave., Cornelius, Washington, Or 97113
5. Business Numbers: 360-909-3297
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:
10. What is the local governing body where your business is located? Cornelius, Washington
11. Contact person for this application: Ryan Mills 360-909-3297
8301 NE 27th Ave
ryanmills@dauntlesswine.com

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Applicant(s) Signature(s) and Date:
1 [Signature] Date 7-3-15
2 [Signature] 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: KJ

Date: 7/9/15

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 KP International LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): International Food Bazaar

3. Business Location: 12544 SE DIVISION ST. PORTLAND, OR-97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14200 37th AVE S APT #301 Tukwila, WA-98163
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (971) 229 1193 cell-206-734-2625
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Prabin Pandey 206-734-2625
(name) (phone number(s))

13015 NE OREGON ST. PORTLAND OR-97230 prbnpand10@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 07/08/15 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

JUL 07 2015

Oregon Liquor Control Commission

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: L. Brown

Date: 7/9/2015

90-day authority: Yes No

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

① Obstructed View Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Cork Cellars

3. Business Location: 391 W Cascade Ave Sisters Deschutes OR 97759

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

4. Business Mailing Address: 391 W Cascade Ave Sisters OR 97759

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

5. Business Numbers: (541) 549-2675 N/A

(phone) (fax)

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

7. If yes to whom: Murray Venture Corp Type of License: Limited On Premise Sales/Off Premise Sa

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Thomas Caton Buck

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Thomas C Buck (310) 595-6219

(name) (phone number(s))

3335 Bennett Drive Los Angeles CA 90088 N/A tomcbuck@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 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 22 2015

Oregon Liquor Control Commission

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 US Market 350 LLC ③ Mehar Sidhu
- ② Tarwinder Johal ④ _____

2. Trade Name (dba): US Market 350 LLC

3. Business Location: 63130 Lancaster St Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 63130 Lancaster St Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 683 7047 541
(phone) (fax)

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

7. If yes to whom: Same Type of License: Off Premises

8. Former Business Name: N/A

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? Deschutes / Bend
(name of city or county)

11. Contact person for this application: Tarwinder Johal 503 277 3612
(name) (phone number(s))

63130 NE Lancaster St Bend USMarket160@Hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 6/9/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

C/TA

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: *Ju*

Date: 7/9/2015

90-day authority: Yes No

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

① KC's Country Value, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): KC's Country Value

3. Business Location: 690 Main St. Fossil Wheeler OR 97830
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 507 Fossil OR 97830
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-763-2233 _____
(phone) (fax)

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

7. If yes to whom: Fossil Hardware + Building Supply Type of License: Off-Premises License

8. Former Business Name: Fossil Hardware + Building Supply

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

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

11. Contact person for this application: Kaylee Griffith 541-910-5927
(name) (phone number(s))
PO Box 507 Fossil OR 97830 KC's Country Value@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:
Kaylee Griffith Date 6/29/15 ⑤

② _____ Date _____ ④

RECEIVED

Date 09 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 C/loc

RECEIVED

JUN 11 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: JL

Date: 6/11/2015

90-day authority: Yes No

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

- ① Paul Runge ③ _____
- ② LeAnn Runge ④ _____

2. Trade Name (dba): BEND POKER ROOM

3. Business Location: 100 NE BEND RIVER Mall Suite 104, Deschutes Co, BEND, OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15759 Deedon Rd La Pine OR 97739
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 508-9123
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Paul Runge (541) 508-9852
(name) (phone number(s))
15759 Deedon Rd La Pine OR 97739 therungeres@yahoo.com
(address) (fax number) (e-mail address)
BEND POKER ROOM@gmail.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 Paul Runge Date 6/11/15 ③ _____ Date _____
- ② LeAnn Runge Date 6/11/15 ④ _____ Date _____