



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: Jah

Date: 7-24-15

90-day authority: Yes No

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

① Sail Inn CAFE LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Sail Inn Cafe LLC

3. Business Location: 134 SW Bay Blvd Newport Lincoln OR 97365
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1377 Moonshine Park Rd, Logsdon, OR 97357
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-574-8880
(phone) (fax) 541-574-8880

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: Sail Inn Cafe LLC

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

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

11. Contact person for this application: Khakhanang Hickey 541-574-8880
(name) (phone number(s))
1377 Moonshine Park Rd Logsdon OR 97357
(address) (fax number) (e-mail address) ching249@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 [Signature] Date 7/23/15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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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: C. Williams

Date: 7-28-15

90-day authority: Yes No

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

① Capital Taproom LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Capital Taproom

3. Business Location: 150 High St SE Salem Marion OR 97301
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1240 Kotka St Woodburn OR 97071
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-544-4764
(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: Jon Shubin
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jon Shubin 503-544-4764
(name) (phone number(s))
1240 Kotka St Woodburn, OR 97071 Jon@dxonline.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 7/22/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

JUL 29 2015



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ACTIONS

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90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)
recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7-24

90-day authority: Yes No

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

- ① Sauce Enterprises LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Thai House 2

3. Business Location: 2036 Suite B Main ST, SUITE B Forest Grove Washington OR 97116
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3820 NE Meadow LN Hillsboro OR 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-372-9365 503-372-9251
(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: Izgara

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

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

11. Contact person for this application: George Womack 503-475-7302
(name) (phone number(s))
3820 NE Meadow LN Hillsboro OR 97124 NA gwomack58@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 George Womack Date 07/10/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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Off-Premises Sales (\$100/yr)

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Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

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APPLYING AS:

Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ *P*

Date: 7-23

90-day authority: Yes No

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

① Regal Cinemas, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Wilsonville Stadium 9

3. Business Location: 29300 SW Town Center Loop Wilsonville Clackamas OR 97070

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

4. Business Mailing Address: 7132 Regal Lane Knoxville TN 37918

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

5. Business Numbers: 503-682-8575

(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: Chelsea Peterson

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Duke Tufty (No Solicitations Please) 503-517-8137

(name) (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.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 7/14/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Initials: [Signature]

RECEIVED JUL 14 2015

1-800-452-OLCC (6522) • www.oregonliquor.com Oregon Liquor Control Commission

(rev. 08/2011)



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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CITY AND COUNTY USE ONLY

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recommends that this license be:

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By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 7/7/15

90-day authority: Yes No

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

- ① Coffee House Holdings, Inc. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #14304

3. Business Location: 1122 NW Garden Valley Blvd. Roseburg Douglas OR 97471
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Mailstop S-TAX2 License Services, PO Box 34442, Seattle, WA 98124-1442
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-672-3729
(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: Regina Yutzie
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty 503-517-8137
(name) (phone number(s))
621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.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 Sophie Keyla Huse Date 5/21/15 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



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- Individuals

CITY AND COUNTY USE ONLY

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The City Council or County Commission:

(name of city or county)

recommends that this license be:

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- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CM

Date: 7/21/15

90-day authority: Yes No

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

- ① DG Retail, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Dollar General Store #15898

3. Business Location: 110 Tannhauser Avenue Roseburg Douglas OR 97471
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 615-855-4000 877-364-4130
(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: Kevin Wagner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty 503-517-8137
(name) (phone number(s))
621 SW Morrison Street, Suite 1300, Portland OR 503-273-9135 dt@wysekadish.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 7/21/15 ③ _____ Date _____
② [Signature] 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: CM

Date: 7/21/15

90-day authority: Yes No

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

- ① DG Retail, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Dollar General Store #15774

3. Business Location: 636 E. Central Ave Sutherlin Douglas OR 97479
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 615-855-4000 877-364-4130
(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: Kevin Wagner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty 503-517-8137
(name) (phone number(s))
621 SW Morrison Street, Suite 1300, Portland OR 503-273-9135 dt@wysekadish.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 _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

RECEIVED

JUL 13 2015

Oregon Liquor Control Commission
Bend, Oregon

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: Heather

Date: 7/24/15

90-day authority: Yes No

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

① ROH LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Nyssa Tavern

3. Business Location: 114 Main St Nyssa Malheur OR 97913
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 207 Main St Nyssa Or 97913
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-372-2929
(phone) (fax)

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

7. If yes to whom: Arabelle Bruce Type of License: Full On-Premises

8. Former Business Name: Nyssa Tavern

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? Nyssa
(name of city or county)

11. Contact person for this application: Robert Holmes 541-372-4262
(name) (phone number(s))

207 main St Nyssa Or 97913 rdh-29@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) Signatures(s) and Date:

① Robert Holmes Date 7/9/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OR

Date: 7/21/15

90-day authority: Yes No

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

- ① ~~Andrea "AJ" Wahl, Owner~~ ③ _____
- ② Wine & Twine, LLC ④ _____

2. Trade Name (dba): Creative Beginnings

3. Business Location: 620 S. Holladay Dr., Suietl Seaside, OR CLATSOP 97138
(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: 503-738-9580
(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: N/A

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

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

11. Contact person for this application: Andrea "AJ" Wahl 603-664-1271 (cell)
(name) (phone number(s))
1141 5th Ave Seaside, OR 97138 creatbegin@seasurf.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/18/2015 Date _____

② _____ Date _____ ④ _____

Oregon Liquor Control Commission
P.O. Box 967 Date _____

Received: 7-21-15



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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other CHG TRADE
NAME

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

MILTON FREEWATER
(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

OLCC USE ONLY

Application Rec'd by: S. FETTERHART

Date: 7-28-15

90-day authority: Yes No

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

① ANTONIO G. GONZALEZ ③

② _____ ④

2. Trade Name (dba): TONY'S BAR AND GRILL

3. Business Location: 1004 SOUTH MAIN ST MILTON-FREEWATER, ORE 97862
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 14 MILTON-FREEWATER, ORE 97862
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 7509-386-7659 (cell)
(phone) (fax)

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

7. If yes to whom: M-F BAR & GRILLING Type of License: FULL ON-PREMISES

8. Former Business Name: M-F SUPPER CLUBS

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? MILTON-FREEWATER
(name of city or county)

11. Contact person for this application: ANTONIO G. GONZALEZ
(name) (phone number(s))
6610 W. CHERRY ST. WALKER, WA 99362
(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 _____ Date _____ ④ Date _____



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 - 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: 205503

L# 205503
P# 41750

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: KOJ

Date: 7/27/15

90-day authority: Yes No

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

① ABYSSINIA ENTERPRISES Limited Liability Company

2. Trade Name (dba): ABYSSINIAN KITCHEN

3. Business Location: 2625 SE 21ST AVE., PORTLAND, MULTNOMAH, OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 360-977-2782 360-921-8465
(phone) (fax)

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

7. If yes to whom: Bara Susu House LLC Type of License: exp 6/30/15

8. Former Business Name: SOK SAB BAI Cambodian Cuisine

9. Will you have a manager? Yes No Name: KUFLOM ABBAY
(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: KUFLOM ABBAY 360-921-8465
(name) (phone number(s))
3530 NW 61ST CIRCLE, CAYAS WA 98607 abyssiniapdx@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 Elisa Wolby Date 7/22/15 _____ Date _____

② [Signature] Date 7/22/15 _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P24918
L206556

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: 7/27

90-day authority: Yes No

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

- ① La Moule LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): La Moule

3. Business Location: 2500-2508 SE Clinton Street Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2000 SE 10th Ave Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 222-0600 (503) 241-5419
(phone) (fax)

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

7. If yes to whom: PP & R LLC Type of License: F-COM

8. Former Business Name: Savoy Tavern & Bistro

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

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

11. Contact person for this application: Jessica Silverman (714) 743-3417
(name) (phone number(s))
2000 SE 10th Ave, Portland OR 97214 (503) 241-5419 jessica@chefstablegroup.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 7/20/15 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 checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input checked="" 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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
--	--

24219802

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: JF
 Date: 7-28-15
 90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Puget Sound Fuel, LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Holgate Gas & Grocery
- Business Location: 4525 SE 28th Ave Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 4690 Donald St Eugene OR 97405
(PO box, number, street rural route) (city) (state) (ZIP code)
- Business Numbers: 541-221-2829
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: ARMIL LLC Type of License: Off Premise
- Former Business Name: Holgate Gas + Grocery
- Will you have a manager? Yes No Name: Gierno
(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: Duane Blair 541-221-2829
(name) (phone number(s))
4690 Donald St, Eugene 97405 duaneblair@pugetsoundfuel.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 Duane Blair Date 7/10/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other Add partner

P 23014
L215992

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: 7/15/15

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 Traxler Management Inc. ③ Liney, Inc

② _____ ④ _____

2. Trade Name (dba): Peppermill Restaurant & Lounge

3. Business Location: 17455 SW Farmington Rd. Aloha Washington OR 97007
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o 2105 West 7th Avenue Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 642-2604 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Liney Inc. Type of License: Full-On Premises

8. Former Business Name: n/a

9. Will you have a manager? Yes No Name: Matthew Traxler
(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: Tracy Trunnell, Attorney (541) 501-1551
(name) (phone number(s))
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 tracy@traxlergroup.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jul 7, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

JUL 15 2015



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 7/28/15

90-day authority: Yes No

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

① Nineteen 33, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Nineteen 33

3. Business Location: 1873 Willamette Falls Dr West Linn, OR 97068
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14325 SE Crystal Ct Portland, OR 97236
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-706-2148
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Lisa Strafford 503-706-2148
(name) (phone number(s))
14325 SE Crystal Ct Portland, OR 97236 owner@rkgcorp.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 7/28/15 Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 7/28/15

90-day authority: Yes No

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

① Ticket Sports, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Ticket

3. Business Location: 1383 NE 181st Ave Portland, OR 97230
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14325 SE Crystal Ct Portland, OR 97236
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-706-2148
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Lisa Strafford 503-706-2148
(name) (phone number(s))
14325 SE Crystal Ct Portland, OR 97236 owner@RKG-Corp.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 7/23/15 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 type="checkbox"/> Winery (\$250/vr) <input checked="" type="checkbox"/> Other: <u>GSP</u>	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other: <u>4602</u>
--	--

P 38530
L 216252

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: 7-28

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 Robinson Reserve, LLC ③ _____
 ② _____ ④ _____
2. Trade Name (dba): Robinson Reserve
3. Business Location: 9430 NW Kaiser Rd, Portland, Multnomah, OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97231
4. Business Mailing Address: 9430 NW Kaiser Rd, Ptlld, OR 97231
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 286-1114 (503) 286-1116
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Robinson Reserve Type of License: Grocers Sales Privilege
8. Former Business Name: SAME (relocation address change request)
9. Will you have a manager? Yes No Name: Diana Robinson
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Multnomah
(name of city or county)
11. Contact person for this application: Diana Robinson (503) 286-1114
(name) (phone number(s))
9430 NW Kaiser Rd, Ptlld, OR 97231 - diana@robcon.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 Diana Robinson Date 7-13-15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____

RECEIVED

JUL 28 2015



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 type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>Add partner</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. O'Mother

Date: 7/28/15

90-day authority: Yes No

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

① Traxler Management Inc. ③ _____

② Renegade Investments, Inc. ④ _____

2. Trade Name (dba): Good Times Cafe & Bar

3. Business Location: 375 E. 7th Ave. Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o 2105 West 7th Avenue Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 484-7181 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Renegade Investments Inc. Type of License: Full-On Premises

8. Former Business Name: n/a

9. Will you have a manager? Yes No Name: Matthew Traxler Brian De Bos
(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: Tracy Trunnell, Attorney (541) 501-1551
(name) (phone number(s))
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 tracy@traxlergroup.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jul 7, 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

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: 7/28/15

90-day authority: Yes No

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

① Traxler Management Inc. ③ _____

② 77 Broadway, LLC ④ _____

2. Trade Name (dba): Sidelines Grill & Sports Bar

3. Business Location: 77 West Broadway Eugene Lane OR 97404
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o 2105 West 7th Avenue Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 654-4690 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: 77 Broadway LLC Type of License: Full-On Premises

8. Former Business Name: n/a

9. Will you have a manager? Yes No Name: Matthew Traxler Brian De Bos
(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: Tracy Trunnell, Attorney (541) 501-1551
(name) (phone number(s))
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 tracy@traxlergroup.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jul 7, 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

C/TN

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(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: 7/03/15

90-day authority: Yes No

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

① Traxler Management Inc. ③ _____

② Traxler, Inc. ④ _____

2. Trade Name (dba): Wellands Brew Pub and Sports Bar

3. Business Location: 922 Garfield Eugene Lane OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o 2105 West 7th Avenue Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 345-3606 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Traxler Inc. Type of License: Full-On Premises

8. Former Business Name: n/a

9. Will you have a manager? Yes No Name: Matthew Traxler Brian De Bos
(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: Tracy Trunnell, Attorney (541) 501-1551
(name) (phone number(s))
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 tracy@traxlergroup.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jul 7, 2015 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 type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>Add partner</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. Smothers

Date: 7/28/15

90-day authority: Yes No

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

① Traxler Management Inc. ③ _____

② MB, LLC ④ _____

2. Trade Name (dba): O'Briens Place O'Briens Place

3. Business Location: 1509 Mohawk Blvd. Springfield Lane OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o 2105 West 7th Avenue Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 744-0811 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: MB LLC Type of License: Full-On Premises

8. Former Business Name: n/a

9. Will you have a manager? Yes No Name: Matthew Traxler Brian De Bos
(manager must fill out an Individual History form)

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

11. Contact person for this application: Tracy Trunnell, Attorney (541) 501-1551
(name) (phone number(s))
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 tracy@traxlergroup.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jul 7, 2015 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 type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other Add 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: J. Mother

Date: 7/28/15

90-day authority: Yes No

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

① Traxler Management Inc. ③ _____

② 3198 Gateway, LLC ④ _____

2. Trade Name (dba): The Gateway Tap House

3. Business Location: 3198 Gateway Street Springfield Lane OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: c/o 2105 West 7th Avenue Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 653-8876 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: 3198 Gateway LLC Type of License: Full-On Premises

8. Former Business Name: n/a

9. Will you have a manager? Yes No Name: Matthew Traxler Brian De Bos
(manager must fill out an Individual History form)

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

11. Contact person for this application: Tracy Trunnell, Attorney (541) 501-1551
(name) (phone number(s))
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 tracy@traxlergroup.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jul 7, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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: Patricia

Date: 7/29/15

90-day authority: Yes No

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

- ① NATIONAL ENTERTAINMENT INCORPORATED SEAN DAVID DAY
- ② ROBERT MICHAEL EDGEE

2. Trade Name (dba): THE CAPITOL

3. Business Location: 190 NW OREGON AVE BEND DESCHUTES OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 61185 LARKWOOD DR OR 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 995 6001
(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: SEAN DAY 503 995 6001
(name) (phone number(s))
1114 NEWPORT AVE SEAN@THECAPITOLBEND.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 7/23/15
② [Signature] Date 7-18-15



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 7/13/15 PCW

90-day authority: Yes No

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

① G. C. Wine Company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Grochau Cellars

3. Business Location: 9360 SE Eola Hills Road, Amity, Yamhill County, Oregon, 97101
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 240 N Broadway, Suite 202, Portland, Oregon, 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-522-2455
(phone)

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

7. If yes to whom: The Morne Wine Company 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: Judith A. Parker 503-862-8583
(name) (phone number(s))

PO Box 6555, Portland, OR 97228 judy@winemakerslawyer.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/12/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION

JUN 26 2015

SALEM REGIONAL OFFICE



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: 7/28/2015 CA

90-day authority: Yes No

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

① The Wine R.A.T. Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): The Wine R.A.T.

3. Business Location: 141 S. Pine St Carlton Vauhall OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 14 Carlton OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-302-8545 or 541-620-4312
(phone)

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

7. If yes to whom: _____ Type of License: _____ JUL 28 2015

8. Former Business Name: _____

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

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

11. Contact person for this application: Joseph Michael Thompson 541-620-4312
(name) (phone number(s))
P.O. BOX 14 Carlton, OR 97111 jnthomp11@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 Rebecca M. Puleo's Date 7/26/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

JUL 29 2015

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 7/30/15

90-day authority: Yes No

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

① Jimmy & Kevin Inc ② _____

② _____ ④ _____

2. Trade Name (dba): Cascade Gorge Store

3. Business Location: 2651 Mill Creek Dr Prospect Jackson OR 97536
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 267 Butte Falls OR 97522
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____ (phone) _____ (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Kevin GIP 541-621-5190
(name) (phone number(s))

PO Box 36 Butte Falls, OR 97522 BFgeneralstore@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 7/21/15 ③ _____

② [Signature] Date 7/21/15 ④ _____

FAILED:
POSTED:



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: OLCC

Date: 7/30/2015 *(Signature)*

90-day authority: Yes No

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

2. Trade Name (dba): Jackalope Cellars, LLC

3. Business Location: 21080 N. Hwy 99W Dundee Yamhill OR 97115
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3530 SE Taylor St, #2 Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-309-0393
(phone) (fax)

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

7. If yes to whom: Day Crush, LLC Type of License: Winery

8. Former Business Name: _____

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

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

11. Contact person for this application: Coray Schuster 503-309-0393
(name) (phone number(s))
3530 SE Taylor St, #2 Portland, OR 97214 coray@jackalopewinecellars.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 Coray Schuster Date 7/20/15 ③ _____
 ② _____ Date _____ ④ _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 Date _____
 JUL 30 2015 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

P8032
222609

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: KDJ

Date: 7/30/15

90-day authority: Yes No

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

- ① LOLA CATALINA, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): TRYST

3. Business Location: 19 SW 2ND AVE PORTLAND MULTNOMAH OR 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8316 N. LOMBARD ST PMB #433 PORTLAND OR 97203
(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: BERBATI, INC Type of License: FULL ON-PREMISES SALES

8. Former Business Name: BERBATIS

9. Will you have a manager? Yes No Name: N/A
(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: ADA ZOE S. FREEMAN (503) 287-2895
(name) (phone number(s))
8316 N. LOMBARD ST, PORTLAND OR 97203 trystportland@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 07.24.15 ③ _____ Date _____
- ② [Signature] Date 7/10/15 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: _____

Date: 7/29/15

90-day authority: Yes No

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

BELMONT WHEELS LLC

2. Trade Name (dba): WHEELS

3. Business Location: 4701 SE BELMONT, PORTLAND MULTNOMAH OR 97215
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4701 SE BELMONT, PORTLAND OR 97215
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.702.5962 (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: SPACECRAFT WOODWORKING

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

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

11. Contact person for this application: DOROTHY ANDERSON
(name) 503.702.5962 (phone number(s))

901 FAIRWAY COURT, MARLANDIA, OR 97130 800-394-5112 dorothy255@yahoo.co
(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:
 Dorothy Anderson Date 7/28/15 _____ Date _____
 _____ Date _____ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

*L# 213536
P# 44134*

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: 7/29/15

90-day authority: Yes No

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

① Migration Brewing Company LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Migration Brewing Co.

3. Business Location: 2828 NE Glisan St Portland Multnomah OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2828 NE Glisan St Portland OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-206-5221 N/A
(phone) (fax)

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

7. If yes to whom: Migration Brewing Company LLC Type of License: Brewery Public House

8. Former Business Name: Migration Brewing Company LLC

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

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

11. Contact person for this application: Colin P Rath 971-404-4173
(name) (phone number(s))
334 NE 72nd Portland, OR 97213 N/A colin@migrationbrewing.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 Colin P. Rath Date 07/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other _____

90-DAY AUTHORITY

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

APPLYING AS:

Limited Partnership

Corporation

Limited Liability Company

Individuals

L 222094
P 54014

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 30 2015**

90-day authority: Yes No

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

① Lucky Burger ③ _____

② _____ ④ _____

2. Trade Name (dba): LUCKY BURGER

3. Business Location: 3508 S.E. 22nd Portland, OR Mult 97236

(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: N/A

(phone) (fax)

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

7. If yes to whom: Carol Lee Acton Jaxville Type of License: Full On-Premises Sales

8. Former Business Name: Lucky Burger

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? PTC OR Mult

(name of city or county)

11. Contact person for this application: Christine A Iversen 503-954-4532

(name) (phone number(s))

16600 E. Burnside St, PTC, OR 97233 Chrisaif@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 Christine A. Iversen Date 7-24-15 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 checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
--	--

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ *P*

Date: 7/30

90-day authority: Yes No

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

① Cider Bite, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Cider Bite

3. Business Location: 1230 NW Hoyt St Ste A Portland Multnomah Oregon 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (503) 765-5655
(phone) (fax)

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

7. If yes to whom: Glaser Estate Winery, LLC (Leon Glaser) Type of License: Distillery, Grower-Sales-Priv, Off-Premise

8. Former Business Name: Glaser Estate Winery, LLC

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

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

11. Contact person for this application: Jeff Hanneson (503) 799-9433
(name) (phone number(s))
1230 NW Hoyt St Ste A, Portland, OR 97209 jeff@ciderbite.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 7/27/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____