



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

CITY AND COUNTY USE ONLY

LICENSE TYPES

ACTIONS

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
- Passenger Carrier
- Other Public Location
- Private Club

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

- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

RECEIVED

AUG 13 2015

Oregon Liquor Control Commission

Beaverton Oregon

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Carin Arena Ground Coffee LLC

② _____ ③ _____

2. Trade Name (dba): Doppio Coffee #110

3. Business Location: 310 Oak Street Hood River OR 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541.386.3000
(phone) (fax)

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

7. If yes to whom: Michael Bartanus Doppio Coffee, LLC Type of License: Limited on premises

8. Former Business Name: No change Doppio Coffee Lounge of premises sales

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? Hood River
(name of city or county)

11. Contact person for this application: Carin Arena 541.380.0409
(name) (phone number(s))
728 Prospect Ave Hood River OR 97031 doppiohood
(address) (fax number) (e-mail address) river@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 June 26 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 _____

RECEIVED

AUG 11 2015

Oregon Liquor Control Commission
Bend, Oregon

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____

(signature)

(date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: _____

90-day authority: Yes No

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

① Thomas D Ogawa Ogawa, Inc. ② _____

② Tess Curtis ③ _____

2. Trade Name (dba): Crazy Pepper

3. Business Location: 1034th St Hood River Hood River OR 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1034th St Hood River OR 97031
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-387-2454
(phone) (fax)

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

7. If yes to whom: TNT LLC Type of License: Full On-Premises Sales, Commercial

8. Former Business Name: The Crazy Pepper Cannona Mexican Restaurant

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

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

11. Contact person for this application: Tom Ogawa 541-212-3519
(name) (phone number(s))
247 SW 13th St 97914 541-889-7070 Ogawa@OUTLOOK.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 6-23-15 ② _____

② [Signature] Date 6/23/15 ③ _____

Date _____
Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

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

① TD & DD LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Cheers of Salem.

3. Business Location: 3404 Commercial St SE Salem, Marion Oregon 97302
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3404 Commercial St SE Salem, Marion Oregon 97302
(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: BENJAMIN D. Dieker
(manager must fill out an Individual History form)

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

11. Contact person for this application: DAVID W. Dieker 541-325-6677
(name) (phone number(s))
1522 MADRAS ST. SE Salem, OR 97306 DWDieker@gmail.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 [Signature] Date 8/3/15 ③ _____ Date _____
② [Signature] Date 8/4/15 ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Patrick Criteser Tillamook County Creamery Association
 ② Peter Papp Michael Towers

2. Trade Name (dba): Tillamook Cheese Factory

3. Business Location: 4185 Hwy 101 N., Tillamook, Tillamook, OR 97141
(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: 503-842-4481 phone 503-842-6039 fax
(phone)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Peter Papp 503-815-6713
(name) (phone number(s))
4185 Hwy 101 N, Tillamook, OR 97141 503-842-6039 ppapp@tillamook.com
(address) (fax number) (e-mail address)

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION

AUG 12 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 [Signature] Date 7/21/2015
 ② [Signature] Date 7/21/2015



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: W. W. W. W.

Date: 8-4-15

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 RBRK Inc. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Casa Burrito

3. Business Location: 564 E Powell Street Monmouth, Polk, Oregon 97361
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 325 NE Hwy 99W, McMinnville, OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-474-1776
(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? Monmouth, Oregon
(name of city or county)

11. Contact person for this application: Miguel Garcia Negrete 971-237-0957
(name) (phone number(s))
325 NE Hwy 99W, McMinnville, OR 97128
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① Miguel Garcia Date: 7/27/15
- ② _____ Date: _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

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 CFW

L 215001
P 38363

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: _____
AUG 11 2015

Date: _____

90-day authority: Yes No

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

① Crossfire Entertainment, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Barcode Grill

3. Business Location: 6540 SW Fallbrook Place Beaverton Washington County Oregon 97008
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5 Centerpointe Drive, Suite 220 Lake Oswego OR 97035
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-352-3399
(phone) (fax)

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

7. If yes to whom: Altair Entertainment, Incorporated Type of License: Commercial

8. Former Business Name: Copper Monkey Event center

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

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

11. Contact person for this application: Chad Cromwell 503-312-3772
(name) (phone number(s))
5 Centerpointe Dr., Ste 220, Lake Oswego, OR 97035 chad@lakesidefg.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 Chad Cromwell Date 7/29/15 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 _____

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: _____

AUG 11 2015

Date: _____

90-day authority: Yes No

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

① The Eisenhower BagelHouse LLC

② _____

2. Trade Name (dba): The Eisenhower BagelHouse

3. Business Location: 43500 N. Interstate Ave Portland, OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5244 NE 30th Ave PDX OR 97211
(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: Joel Eisenhower
(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: Michelle McIntock 719-659-6142
(name) (phone number(s))
5244 NE 30th Ave eisenhowerbagelhouse@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 8/9/15 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 CLN

L# 212403
PH# 43395

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: Kef

Date: 8/11/15

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 PHO PASTEUR CORPORATION ③ _____

② _____ ④ _____

2. Trade Name (dba): PHO PASTEUR

3. Business Location: 7330 NE FREMONT ST PORTLAND MULTNOMAH OR 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1100 NW KLICKITAT LN CAMAS WA 98607
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-284-8355
(phone) (fax)

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

7. If yes to whom: PHO VINH INC Type of License: Limited On-Premises Sales

8. Former Business Name: PHO VINH

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? MULTNOMAH
(name of city or county)

11. Contact person for this application: TRI NGUYEN 503-544-1557
(name) (phone number(s))

1100 NW KLICKITAT LN, CAMAS, WA 98607 360-844-5782 PHOPASTEURINC@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 07/26/15 ③ _____ Date _____

② [Signature] Date 07/26/15 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 _____

L# 218145
P# 2570

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: KJF

Date: 8/11/15

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 MEKONG GROUP LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): MAX'S MARKET & DELI

3. Business Location: 14811 SE WEBSTER RD MILWAUKIE CLACKAMAS OR 97267
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7731 SE WOODSTOCK BLVD PORTLAND OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-305-8989 503-305-8989
(phone) (fax)

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

7. If yes to whom: MEKONG GROUP LLC Type of License: OFF-PREMISES SALES

8. Former Business Name: WEBSTER FOOD MARKET MAX'S Market & Deli

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: TRANG TRUONG 503-473-3697
(name) (phone number(s))

1100 NW KLICKITAT LN, CAMAS, WA 98607 360-844-5782 MEKONGGROUPLLC@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 07/27/15 ③ _____ Date _____

② [Signature] Date 07/27/15 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 (CN)

L 212547
P 28739

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: AUG 11 2015

90-day authority: Yes No

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

1 SAPHIRE PETRO INC
2
3
4

2. Trade Name (dba): AIRPORT CHEVRON

3. Business Location: 18081 NE SANDY BLVD., PORTLAND, MULTONOMAH, OR 97230

4. Business Mailing Address: 18081 NE SANDY BLVD., PORTLAND OR 97230

5. Business Numbers: 503-491-1999 503-491-1612

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

7. If yes to whom: PIONEER GAS, INC Type of License: OFF-PREMISE

8. Former Business Name: PIONEER CHEVRON, INC

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

10. What is the local governing body where your business is located? CITY OF GRESHAM

11. Contact person for this application: ASIT PATEL (ANDY) 503-476-7070
3745 PORTLAND ROAD, NEWBERG, OR 97132, 503-691-9580 chevron3745@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 ASIPATEL Date 08/12/2015
2 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 SECOND LOCATION

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] 7.8.15
(signature) (date)

Name: SUSAN BROWN

Title: CHAIR, CURRY COUNTY BOARD OF COMMISSIONERS

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 8/3/15

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 MISTY MOUNTAIN BREWING, LLC. ③ _____

② _____ ④ _____

2. Trade Name (dba): MISTY MOUNTAIN BREWING

3. Business Location: 15440 MUSEUM RD. HARBOR CURRY OR. 97415
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 160 JULIA WAY BROOKINGS OR 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 813-1361
(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? CURRY COUNTY
(name of city or county)

11. Contact person for this application: MARK CAMARILLO (541) 813-1361
(name) (phone number(s))

160 JULIA WAY BROOKINGS N/A CAMARILLOSHAMAN@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 Mark Camarillo Date 070615 ③ _____ Date _____

② [Signature] Date 7-6-15 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: **AUG 10 2015**

90-day authority: Yes No

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

① MONEN Enterprises, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Wild Hare Saloon

3. Business Location: 1656 S. Beaver Creek Rd. Suite A Oregon City 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1109 SW First Ave Suite F Canby OR 97013
(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: PIN'S Lounge

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

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

11. Contact person for this application: JOAN MONEN 503-201-2060
(name) (phone number)
1109 SW First Ave, Suite F Canby joan@thewildharsaloon.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 8/1/15 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 CTN

P44762
L220305

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: 8/10

90-day authority: Yes No

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

① LI MIN LLC ③ _____

② _____ ④ _____

2. Trade Name (dba, LI MIN BAKERY AND BISTRO)

3. Business Location: 8615 SE DIVISION ST STE 101, PORTLAND, OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4424 SE 90TH AVE, PORTLAND, OR 97266
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-954-2883
(phone) (fax)

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

7. If yes to whom: GARY'S BAKERY & BISTRO LLC Type of License: LIMITED ON-PREMISES SALES

8. Former Business Name: GARY'S BAKERY & BISTRO

9. Will you have a manager? Yes No Name: XIONG Y LIN
(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: JESSIE CHEN 503-432-8839
(name) (phone number(s))
8733 SE Division St, Ste #207, Portland, OR 97266 jessie@united-cpas.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 林劍富 Date 7/28/15 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
- Gaterer
- 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

P19377
L211449

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: 8/10

90-day authority: Yes No

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

① Thrive Mobile Food Truck and Sauce Co ③ _____

② _____ ④ _____

2. Trade Name (dba): Thrive Sauce and Bowls

3. Business Location: 4641 NE Fremont Street Portland, OR 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7126 N Williams Ave Portland, Or 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: [REDACTED] Personal at moment, please do not give out. 503-288-8365
(phone) (fax)

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

7. If yes to whom: Alameda Cafe - Matt Fioresz Rose Riz LLC Type of License: Liquor License Full on Prem

8. Former Business Name: The Alameda Cafe

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

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

11. Contact person for this application: Erika Reagor [REDACTED] 503-288-8365
(name) (phone number(s))
7126 N Williams Ave Portland OR 97217 thrivepacificnw@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 7/29/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

AUG 10 2015

Initials: [Signature]
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s). *OLCC # 47433*
- Remember to attach all requested documents. *223504 + 223503*

Section 1: Complete This Section For All Requests	1. Licensee Name(s): <u>Bean & Tree, LLC</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>Bean & Tree</u> Type of License: <u>O/L</u> <small>(current business name) (O, L, F, etc.)</small>
	3. Business Address: <u>0315 SW Montgomery St 200 Portland 97201</u> <small>(street) (city) (ZIP code)</small>
	4. Mailing Address: <u>PO Box 2448 Alpine, CA 91903</u> <small>(street) (city) (ZIP code)</small>
	5. Telephone Number: <u>(503) 867-1232</u> <u>(760) 851-7892</u> <small>(business) (home)</small>
	6. Check here for a duplicate license certificate <input checked="" type="checkbox"/>

Section 2: Change of Trade Name	New Trade Name (dba): _____
---	-----------------------------

Section 3: Change of Legal Name	1. New Name: <u>Bean & Tree</u> 2. Date of Name Change: _____ 3. Attach a signed copy of legal document(s).
---	--

Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>Upstream Coffee, LLC</u> 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable. <u>N/A</u>
--	--

Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): _____ 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.
---	--

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

Licensee Name: Traci Tryon Title: Owner/Manager
 Licensee Signature: Traci Tryon Date: 08/02/15



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLC

Date: 08-10-15

90-day authority: Yes No

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

① Holly M. Evans. White ③ _____

② Greg A. Burt ④ _____

2. Trade Name (dba): Cellar Cat

3. Business Location: 211 1st Ave. Suite 102 Albany Linn OR 97321
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 519 Albany OR 97321
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 707-494-8021
(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: Greg A. Burt
(manager must fill out an Individual History form)

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

11. Contact person for this application: Holly Evans. White 707-494-8021
(name) (phone number(s))
1088 Tyson Pl. SW, Albany OR 97321 hevanswhite@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 Holly M. Evans. White Date 6/30/2015 ③ _____ Date _____

② Greg Burt Date 6-30-15 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: Huston

Date: 7/31/15

90-day authority: Yes No

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

① M R H, Inc. ③ _____

② TC & T, Inc. ④ _____

2. Trade Name (dba): Kanpai / Ogawa's Wicked Sushi, Burgers and Bowls KANPAI CLUB

3. Business Location: 375 E. Idaho Ave. Ontario Malheur Oregon 97914
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (541) 881-2725
(phone) (fax)

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

7. If yes to whom: M R H, Inc / Ogawa's, Inc. Type of License: Full On-Premises Sales

8. Former Business Name: KANPAI CLUB

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

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

11. Contact person for this application: Connie S. Huston (541) 881-9662
(name) (phone number(s))
296 W. Main St. S., Vale, OR 97918 N/A tchuston@cableone.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 Carmer J. Sullivan Date 7/17/15 ③ _____ Date _____

② Connie Huston Date 7-13-15 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 _____

*P24521
L212996*

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *R*

Date: *8-6-15*

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Wurie Corp. ③ _____

② _____ ④ _____

2. Trade Name (dba): Bento Plus

3. Business Location: 2354 E. Powell Blvd. Gresham Multnomah OR. 97030
(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: 503-492-2853 Same
(phone) (fax)

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

7. If yes to whom: Chang Hoon Lee Type of License: Limited On Prem

8. Former Business Name: Same

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? Gresham
(name of city or county)

11. Contact person for this application: Paul Sung Kim 503-502-3701
(name) (phone number(s))
2665 NE 3rd Ct Hillsboro, OR 97124 wandme3895@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.

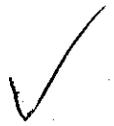
Applicant(s) Signature(s) and Date:

① Paul Sung Kim Date 8/6/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

<p>CITY AND COUNTY USE ONLY</p> 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: _____	<p>OLCC USE ONLY</p> Application Rec'd by: _____ Date: <u>8/14</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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

① Susy's, Inc. ③ _____
 ② Flor-J Jimenez ④ _____

2. Trade Name (dba): Susy's Carniceria

3. Business Location: 6965 N Fessenden St, Portland, Multnomah, OR 97203
 (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) 936-2142 (360) 984-6119
 (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: Flor J Jimenez
 (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: Gladys Soltero (360) 984-3394
 (name) (phone number(s))
2819 E Evergreen Blvd, Vancouver, WA 98661 (360) 984-6119 gladys@ctbscorp.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 Flor Jimenez Date 07/29/15 ③ _____ Date _____
 ② Flor Jimenez Date 07/29/15 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 4TN

P310285
L214672

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: JR

Date: 8-6-15

90-day authority: Yes No

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

DIFF EQ INC. _____

_____ _____

2. Trade Name (dba): BENCHMARK

3. Business Location: 825 N KILLINGSWORTH PORTLAND, MULT, OR 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: SAME AS BUSINESS LOCATION
(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: SELF MADE ENTERPRISE INC Type of License: FULL ON-PREMISES

8. Former Business Name: DUCKETTS PUBLIC HOUSE

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

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

11. Contact person for this application: DEMETRI KASARAWI 503 481 8464
(name) (phone number(s))

1034 NE ALBERTA, PORTLAND 97211 971-255-1862 MEETS22@HOTMAIL
(address) (fax number) (e-mail address) COM

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

Applicant(s) Signature(s) and Date:

[Signature] Date 07/27/15

_____ Date _____

RECEIVED Date _____

JUL 30 2015 Date _____

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: OLCC

Date: 8/6/2015 / CU

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 Bauman's Cider Company LLC ③ _____

② Bauman's Farm & Garden, LLC ④ _____

2. Trade Name (dba): Bauman's Cider / Bauman's Farm & Garden

3. Business Location: 12989 Howell Prairie Rd NE Gervais Marion Oregon 97026
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3814 SW Sweetbriar Dr Portland OR 97221
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-502-0848 503-598-3980
(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: _____

8. Former Business Name: _____

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

SALEM REGIONAL OFFICE

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

11. Contact person for this application: Christine Walter 503-502-0848
(name) (phone number(s))
3814 SW Sweetbriar Dr, Portland, OR 97221 503-598-3980 christinewalter7@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 Christine Walter Date 7/28/15 ③ _____ Date 7/28/15

② [Signature] Date 7/28/15 ④ _____ Date _____

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: OLCC

Date: 5/20/15

90-day authority: Yes No

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

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

① In the Air LLC

② _____

2. Trade Name (dba): Golden Cluster

3. Business Location: 213 N. Yamhill St. Carlton, OR REGIONAL OFFICE

4. Business Mailing Address: 14726 NW Benjamin Ct. Portland, OR 97229

5. Business Numbers: 503-539-7549

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

7. If yes to whom: Moore Family Enterprises LLC Type of License: Winery

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? City of Carlton

11. Contact person for this application: Jeff Vejr 503-539-7549
14726 NW Benjamin Ct. Portland, OR 97229 jeff@goldencluster.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 Jeff Vejr Date 5/25/15

② _____ Date _____