



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: Jak

Date: 8/28/15

90-day authority: Yes No

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

① Reliance Petroleum LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Main St Market 4

3. Business Location: 1517 N Coast Hwy, Newport Lincoln OR 97365
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2902 Mount Vernon St SE, Albany OR 97322
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-223-3677 541-248-3373
(phone) (fax)

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

7. If yes to whom: Newport Chevron Type of License: off-premises sales

8. Former Business Name: C & D Inc DBA Newport Chevron

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? Lincoln
(name of city or county)

11. Contact person for this application: RAJIV KUMAR 541-223-3677
(name) (phone number(s))

2902 Mount Vernon St SE, Albany OR 97322 541-248-3373 inPetroleum@ycaout.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 8/27/15 ③ _____ Date _____

② [Signature] Date 8/27/15 ④ _____ Date _____



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Private Club

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Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other C/IN

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: _____

90-day authority: Yes No

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

① CJCP INC. ② _____

③ _____ ④ MSB 23 2015

2. Trade Name (dba): The Aurora Colony Pub

3. Business Location: 21568 Pacific Hwy. E, Aurora, Oregon, 97002

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

4. Business Mailing Address: 21568 Pacific Hwy. E, Aurora, Oregon, 97002

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

5. Business Numbers: (503) 678-9994

(phone) (fax)

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

7. If yes to whom: Laurie Newcomer Type of License: Full On-Premises Sales

8. Former Business Name: The Colony Pub

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? Marion County

(name of city or county)

11. Contact person for this application: Corey E Barton (503) 756-4181

(name) (phone number(s))

318 SE 9th Ave. Canby, Oregon, 97013 coreyebarton@gmail.com

(address) (fax number) (e-mail address)

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OREGON LIQUOR CONTROL COMMISSION

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 7-24-15 ② [Signature] Date 7-24-15

③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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Winery (\$250/yr)

Other: _____

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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: [Signature]

Date: 8/26/15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Shannard's Inc.
 - _____
 - _____
 - _____
- Trade Name (dba): Shannard's Nursery Florist Landscape
- Business Location: 6600 SW Philomath Blvd Corvallis, OR 97333
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: Same
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-929-3524 541-929-6361
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: Heidi Thomas
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Corvallis
(name of city or county)
- Contact person for this application: Heidi Thomas 541-929-3524
(name) (phone number(s))
6600 SW Philomath Blvd Corvallis, OR 541-929-6361 Heidi@Shannards.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 _____

③ Heidi Thomas Date 5/18/15

④ [Signature] Date 6/29/15



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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: C. Wandry

Date: 7-29-15

90-day authority: Yes No

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

① WEST VALLEY TAVERN LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): WEST VALLEY TAVERN

3. Business Location: 857 MAIN ST DALLAS POLK OR 97338
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 1034 DALLAS OR 97338
(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: SAMUEL D. DUFNER
(manager must fill out an Individual History form)

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

11. Contact person for this application: SAM DUFNER 503-990-1133
(name) (phone number(s))
1566 AIRLIE RD MIAMOUTH samdufner@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 7-28-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION

JUL 28 2015



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/yr) <input checked="" type="checkbox"/> Other: <u>WAREHOUSE</u>	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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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: OLCC

Date: 9/1/2015

90-day authority: Yes No

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OREGON LIQUOR CONTROL COMMISSION

SEP 01 2015

SALEM REGIONAL OFFICE

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

① Oregon Wine Services and Storage, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Oregon Wine Services and Storage, LLC

3. Business Location: 12085 SW Myslony St Tualatin Washington Oregon 97062
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2803 NE Orchard Ave McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-474-9800 503-474-4443
(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: Timothy J. Moore
(manager must fill out an Individual History form)

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

11. Contact person for this application: Timothy J. Moore 503-883-4386 (direct) or 503-753-4977 (cell)
(name) (phone number(s))
2803 NE Orchard Ave. 503-474-4443 tmoore@owss.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 Aug 14, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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- Other: _____

ACTIONS

- Change Ownership
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- 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: Daniel Green

Date: 9/2/15

90-day authority: Yes No

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

- ① ~~Robert L. Ferraro~~ ③ FERRARO FAMILY Vineyards LLC
- ② ~~Arden C. Ferraro~~ ④ _____

2. Trade Name (dba): FERRARO FAMILY Vineyards

3. Business Location: 829 BROZIO ROAD Roseburg Douglas OREGON 97471
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 829 BROZIO ROAD Roseburg OREGON 97471
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.672.8429 541.784.7275 541.784.8279
(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: ROBERT L. FERRARO
(manager must fill out an Individual History form)

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

11. Contact person for this application: ROBERT L. FERRARO 541.784.7275
(name) (phone number(s))
829 Brozio Road Roseburg, Oregon AILFR@AOL.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① R. Ferraro Date 7.10.15 ③ _____ Date _____
- ② Aileen Ferraro Date 7.10.15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

* MASTERFILE *

Application is being made for:

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 - with Fuel Pumps
 - Brewery Public House (\$252.60)
 - Winery (\$250/yr)
 - Other: _____
- RECEIVED**
AUG 28 2015

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

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: R. H. [Signature]

Date: 8/28/15

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 LAUGHING PLANET CAFE, LLC _____
2. Trade Name (dba): LAUGHING PLANET CAFE
3. Business Location: 913 NE THIRD ST BEND OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2120 NE OREGON ST PORTLAND OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-546-2972 503-467-4147
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: LAUGHING PLANET CAFE, LLC Type of License: LIMITED ON-PREMISE
8. Former Business Name: N/A
9. Will you have a manager? Yes No Name: BRIAN LUCHENBILL
(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: VANESSA PARSCALE 503-546-2972
(name) (phone number(s))
2120 NE OREGON ST PORTLAND, OR 97232 503-546-2972 VANESSA@LAUGHINGPLANETCAFE.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

[Signature] Date 8/18/15 _____ Date _____

_____ Date _____ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- Other: _____

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Evergreen Aviation & Space Museum and the Michael King Smith Educational Institut

② _____ ③ _____

2. Trade Name (dba): EVERGREEN AVIATION & SPACE MUSEUM

3. Business Location: 500 NE Capt Michael King McMinnville Yamhill OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 490 NE Capt Michael King Smith Way McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 434 4185 (phone) 503-434-4188 (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: Kristi Fitzgerald
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kristi Fitzgerald 503-434-4185
(name) (phone number(s))
Same as above 503-434-4188 kristi.fitzgerald@evergreenmuseum
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① John W. Pasmore Date Aug 5, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION

AUG 27 2015



OREGON LIQUOR CONTROL COMMISSION
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- Other: _____

ACTIONS

- Change Ownership
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- Other _____

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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: Erick M'Arthur 7/7/15
(signature) (date)

Name: Erick M'Arthur

Title: LIEUTENANT - DCSO

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 Lani Smith DNL, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Log Cabin Grocery

3. Business Location: 4751 NE Stephens Roseburg Douglas Co. OR 97470
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1506 Westview Dr Roseburg OR 97471
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-643-6502
(phone) (fax)

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

7. If yes to whom: Bon Peterson Type of License: off premise sales

8. Former Business Name: Log Cabin Grocery

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

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

11. Contact person for this application: Lani Smith 541-643-1944
(name) (phone number(s))
1506 Westview Dr Roseburg, OR 97471 Lsmith@dchealthnet.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 Lani Smith Date 7-5-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____