



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

<p>Application is being made for:</p> <p>LICENSE TYPES</p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <ul style="list-style-type: none"> <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Localton <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <ul style="list-style-type: none"> <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>90-DAY AUTHORITY</p> <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority <p>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals		<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 _____	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p>(name of city or county)</p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied <p>By: _____</p> <p>(signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p>OLCC USE ONLY</p> <p>Application Rec'd by: <u>J. Mother</u></p> <p>Date: <u>9/11/15</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ① Renee Gralicer ③ _____
 - ② _____ ④ _____
- Trade Name (dba): Florence Feed + Taproom
- Business Location: 307 Laurel St. Florence (Lane) OR 97439
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: Florence Feed + seed / Harris Feed + Seed
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Florence
(name of city or county)
- Contact person for this application: Renee Gralicer 360-477-2343
(name) (phone number(s))
PO Box 4004 Brookings, OR 97415 Renee.Gralicer@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 Renee Gralicer Date 8/30/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED

SEP 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: sc

Date: 9/11/15

90-day authority: Yes No

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

- ① Brandon Chadbourne ③ B&B Delivery Service LLC
- ② Brandon Ham ④ _____

2. Trade Name (dba): B&B Delivery Service

3. Business Location: 1236 NE 2ND ST. Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541 749-8824
(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, OR. Deschutes
(name of city or county)

11. Contact person for this application: Brandon Chadbourne 541 749-8824
(name) (phone number(s))

1236 NE 2ND ST. Bend OR. 97701 Brandon Chadbourne @ icloud.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① Brandon Chadbourne Date 09/08/15 Date _____
- ② Brandon Ham Date 09/05/15 Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

RECEIVED

AUG 31 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: Ju

Date: 9/4/2015

90-day authority: Yes No

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

① Looking Glass Imports, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Looking Glass Imports & Cafe

3. Business Location: 150 NE Bend River Mall Drive #260, Bend, OR 97703
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 150 NE Bend River Mall Drive #260, Bend, OR 97703
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-225-5775 541-225-5775 (same as phone)
(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: Ranchero Mexican Grill & Cantina

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

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

11. Contact person for this application: Kelly Johnson 801-200-1060
(name) (phone number(s))
1900 NE 3rd St. #106-171, Bend, OR 97701 541-225-5775
(address) (fax number) kelly@lg-ic.com
(e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] MANAGING MEMBER Date Aug 26, 2015 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

RECEIVED

AUG 19 2015

Oregon Liquor Control Commission
Bend, Oregon

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
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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:

Date: 8/19/15

90-day authority: Yes No

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

① PHO VIET & CAFE, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): PHO VIET & CAFE

3. Business Location: 1326 NE 3RD STREET BEND OR 97701
(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: 541-382-2929
(phone) (fax)

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

7. If yes to whom: PHO VIET & CAFE, LLC Type of License: Family Restaurant

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Tan VO & Minh TAM NGUYEN
(manager must fill out an Individual History form)

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

11. Contact person for this application: TAN VO
(name)

Same
(address)

(fax number)

503-757-4768
(phone number(s))

phovietandcafe@gmail.com
(e-mail address)

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

Applicant(s) Signature(s) and Date:

① Date 8/14/15

② _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

RECEIVED

AUG 24 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: Ju

Date: 8/27/15

90-day authority: Yes No

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

- ① CLINTON G. HARRIS PINE STREET KITCHEN, INC. ② JENNIFER W. PETERSON
- ③ MEGAN G. DAVIS ④ NATHAN MORSE

2. Trade Name (dba): PINE STREET KITCHEN

3. Business Location: 1120 PINE STREET HOOD RIVER 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: 541-436-3443 N/A
(phone) (fax)

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

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

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: JENNIFER PETERSON
(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: CLINT HARRIS 503-997-6754
(name) (phone number(s))
1120 Pine Street Hood River OR 97031 clint@pinestreetbakery.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
- ② [Signature] Date 8/3/15
- ③ [Signature] Date 8/3/15
- ④ [Signature] Date 8/3/15



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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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 _____

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 Tax Bear LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Kickstand Coffee & Kitchens

3. Business Location: 1235 State Street Hood River Ore 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: 541-436-0016
 (phone) (fax)

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

7. If yes to whom: Tax Bear LLC Type of License: Limited-on Premise

8. Former Business Name: _____

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

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

11. Contact person for this application: Nick Hardin 360-608-8963
 (name) (phone number(s))
1722 Sunderland Lane Hood River, OR 97031 KickstandCoffeeKitchens@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 8/15/15 ② _____

③ [Signature] Date 8/15/15 ④ _____

RECEIVED
 Date AUG 28 2015



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

RECEIVED

AUG 05 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: JM

Date: 8/13/15

90-day authority: Yes No

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

1: Traxler Management Inc. (a)

2: Bootsy LLC (a)

2. Trade Name (dba): Timbers Bar & Grill-East

3. Business Location: 2570 Twin Knolls Dr. #100 Bend Deschutes OR 97701
(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) 383-3502 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Bootsy LLC 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? Bend
(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

2: [Signature] Date 8-5-15



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

RECEIVED

AUG 05 2015

Oregon Liquor Control Commission

Redmond, 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: Jr

Date: 8/13/15

90-day authority: Yes No

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

① Traxler Management Inc. ② _____

② Mickey LLC ④ _____

2. Trade Name (dba): Timbers Bar & Grill-Redmond

3. Business Location: 3315 S. Hwy. 97 Redmond Deschutes OR 97756
(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) 923-7604 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Mickey LLC 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? Redmond
(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 ② _____ Date _____

② [Signature] Date 8-5-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

RECEIVED

AUG 05 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: Yu

Date: 8/13/15

90-day authority: Yes No

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

① Traxler Management Inc. ② _____

③ Snoopy LLC ④ _____

2. Trade Name (dba): The Mountains Edge Sports Bar and Grille

3. Business Location: 61303 S. Hwy 97 #115 Bend Deschutes OR 97702
(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) 388-8178 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Snoopy LLC 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? Bend
(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@traxlgroup.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 ② _____ Date _____
③ [Signature] Date 8-5-15 ④ _____ Date _____



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

ACTIONS

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

RECEIVED

AUG 05 2015

90-DAY AUTHORITY

Oregon Liquor Control Commission

Check here if you are applying for a change of ~~ownership~~ control 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: 8/13/15

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) Tinkerbell Seven LLC ③ _____

2. Trade Name (dba): Spud Muffin's Express

3. Business Location: 2670 Twin Knolls Dr. #101 Bend Deschutes OR 97701
(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) 389-9958 (503) 345-6682
(phone) (fax)

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

7. If yes to whom: Tinkerbell Seven LLC Type of License: Limited On-Premises & Off-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? Bend
(name of city or county)

11. Contact person for this application: Tracy Trunnell, Attorney (name) (541) 501-1551
c/o 2105 West 7th Avenue, Eugene, OR 97402 (503) 345-6682 (phone number(s))
(address) (fax number) tracy@traxlergroup.net (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) [Signature] Date 8-5-15 ③ _____ 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 _____

P51188
L220625

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: **SEP 10 2015**

90-day authority: Yes No

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

① John B. Krauss Henry's Wine Vault LLC ③ Henry Francis-Phillips-III

② Henry Francis-Phillips-IV ④ John V. Phillips

2. Trade Name (dba): Henry's Wine Vault, LLC

3. Business Location: 055 SW Boundary St. Portland Multnomah Oregon 97239
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6140 SW Macadam Ave. Portland OR 97239
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-232-1988 503-797-0652
(phone) (fax)

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

7. If yes to whom: Henry's Wine Vault, LLC Type of License: Off-Premises Sales

8. Former Business Name: Same as above

9. Will you have a manager? Yes No Name: John B. Krauss
(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: John Krauss 503-232-1988 x 2621
(name) (phone number(s))
6140 SW Macadam Ave., Portland OR 97239 503-797-0652 johnb@grand-benedicts.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 [Signature] Date 8/10/15

② [Signature] Date 7/29/15 ④ [Signature] Date 7/29/15

RECEIVED
AUG 13 2015



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

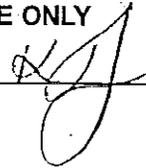
Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 9/10/15

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 All Together Now LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Vagabond

3. Business Location: 4828 N Lombard St Portland Multnomah OR 97203
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4552 NE Jarrett Portland OR 97218
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 679 2766
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Chory Ferguson 503 750 6290
(name) (phone number(s))
1037 N Church St Portland OR 97217 n/a choryferguson@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 Chad Carter Date Sep 8, 2015 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: *[Signature]*

Date: 9-14-15

90-day authority: Yes No

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

① Killer Burger, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Killer Burger

3. Business Location: 21332 SW Langer Farms Parkway STE 130, Sherwood, Washington County, OR, 97140
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 301037 Portland OR 97294
(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: Charles Cole, individual history form on file at OLCC
(manager must fill out an Individual History form)

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

11. Contact person for this application: Thomas (TJ) Southard 503-545-2303
(name) (phone number(s))
8145 SE 138th Dr, Portland, OR 97236 tjsolera@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 9-10-15 ③ _____ Date _____

② *[Signature]* Date 9/10/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
CHANGE OF INFORMATION APPLICATION

P 9-14-15 ✓

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).
- Remember to attach all requested documents.

#14915 L#223621

Section 1: Complete This Section For All Requests

1. Licensee Name(s): Hatch Restaurant, Inc.
(as currently licensed)

2. Trade Name (dba): Killer Burger Type of License: F-com
(current business name) (O, L, F, etc.)

3. Business Address: 510 SW 3rd Ave Portland OR 97204
(street) (city) (ZIP code)

4. Mailing Address: P.O. Box 31037 Portland OR 97294
(street) (city) (ZIP code)

5. Telephone Number: 503-946-8946 971-804-2303
(business) (home)

6. Check here for a duplicate license certificate

Section 2: Change of Trade Name

New Trade Name (dba): _____

Section 3: Change of Legal Name

1. New Name: _____

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: Killer Burger, Inc.

2. Complete and attach LLC or Corporation Questionnaire.

3. Attach a signed copy of modified lease agreement if applicable.

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: Robert Spencer Title: Director, Killer Burger
 Licensee Signature: Robert E Spencer Date: 9-3-2015



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 CITA

L# 221355
P# 200

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: **SEP 14 2015**

90-day authority: Yes No

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

① Mason Daniel MGDMD INC. ③

② Mike Stepien ④

2. Trade Name (dba): ~~Pitiful Princess~~ Thru City Strip

3. Business Location: 12646 SE Division St. Portland Multnomah Oregon 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12646 SE Division St. Portland Oregon 97236
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-954-1019 (phone) _____ (fax)

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

7. If yes to whom: Wells Entertainment LLC type of License: Full On Premises

8. Former Business Name: ~~Pitiful Princess~~ The Pitiful Princess

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: Mason Daniel 503-960-3464
(name) (phone number(s))
7654 N. Williams Ave. Portland, OR 97217 vaderthor@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 _____ Date 9-13-15 ③ _____ Date _____

② Mason Daniel Date 9-13-15 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 _____

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: JA

Date: 9-14-15

90-day authority: Yes No

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

① Walgreen Co. ③ _____

② _____ ④ _____

2. Trade Name (dba): Walgreens #16251

3. Business Location: 7070 NE SANDY BLVD, PORTLAND, OR 97213

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

4. Business Mailing Address: P.O. BOX 901 DEERFIELD IL 60015

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

5. Business Numbers: (503) 484-1328 (503-484-1329)

(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: JEFF R BIESENTHAL

(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: Sushma Vadgama 847-527-2334

(name) (phone number(s))

Walgreen Co., P.O. BOX 901, #MS3353, Deerfield, IL 60015 sushma.vadgama@walgreens.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 Amelia Legutki Date 9/9/15 ③ _____ Date _____

Amelia Legutki (Asst. Secretary)

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 checked="" 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: _____	<p>ACTIONS</p> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CTW</u>
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

P45517
L215985

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: 9-15-15

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Jerome R. Klima Jr. The KKB Grill Inc. ③ _____
 ② _____ ④ _____

2. Trade Name (dba): KB Teriyaki Grill and Coffee Bar

3. Business Location: 19660 McLoughlin Blvd. Gladstone Clackamas OR 97027
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 25 NW 23rd Pl. Ste 6 PMB 367 Portland OR 97210
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 975 8733 503 916 1776
(phone) (fax)

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

7. If yes to whom: Koffee Barn Inc Type of License: Limited On-Premises Sales

8. Former Business Name: KB Teriyaki Grill and Coffee Bar

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

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

11. Contact person for this application: Jerry Klima 503 975 8733
(name) (phone number(s))
25 NW 23rd Pl. Ste 6 PMB 367 Portland OR 97210 503 916 1776 thekkbarill@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 Jerome R. Klima Jr. Date 7/16/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____

RECEIVED
SEP 15 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 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 checked="" 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

P51780
L223406

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: KJP

Date: 9/15/15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Carmellas LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Carmella's Wines
- Business Location: 1320 SE Water Ave Portland, OR Multnomah
(number, street, rural route) (city) (county) (state) (ZIP code) 97214
- Business Mailing Address: Same as location
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-232-1633
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No Limited Off-premise and
- If yes to whom: Carmella's Wines Type of License: Limited on-premise
- Former Business Name: _____
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Multnomah County
(name of city or county)
- Contact person for this application: Maggie Shippy 503-858-4255
(name) (phone number(s))
5414 SE Milwaukie Ave Portland, OR 97202 maggieshippy@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 9/9/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/TN

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: JH Smotherer

Date: 9/14/15

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 Simply Pacific LLC ② _____
③ _____ ④ _____

2. Trade Name (dba): Whirled Pies @ Cosmic

3. Business Location: 199 W. 8th Ave Eugene Lane OR 97401
(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: 541 338 9333
(phone) (fax)

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

7. If yes to whom: Cosmic Cafe LLC Type of License: L

8. Former Business Name: Cosmic Pizza Cafe/The Edsel

9. Will you have a manager? Yes No Name: Amber Ivy
(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: Kaj Kaldahl 541 915 7066
(name) (phone number(s))
30119 Fox Hollow Rd Eugene OR 97405 kaj@whirledpies.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 Kaj Kaldahl Date 9/3/15 ② _____ Date _____
③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

SEP 14 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) WYNE
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 1st Location

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY MEDFORD RECEIVED OFFICE OF OREGON LIQUOR CONTROL COMMISSION

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: 9/16/15

90-day authority: Yes No

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

Augustino Estate, LLC

2. Trade Name (dba): Augustino Estate

3. Business Location: 400 Brown Road O'Brien Josephine OR 97534
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 420 O'Brien OR 97534
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-218-5556
(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: Reggie Boltz
(manager must fill out an Individual History form)

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

11. Contact person for this application: Carrie Boltz 541-218-5556
(name) (phone number(s))
300 Brown Road (address) (fax number) carrie.boltz@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

[Signature] Date 8/31/15

_____ Date _____

Filed: 9/16/15
Posted:



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED
SEP 16 2015
BY: *Primm*

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: *9/16/15*

90-day authority: Yes No

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

① Bryan Longland ③ The Densmore Family LLC

② JEFF Longland ④ _____

2. Trade Name (dba): Sunset Lodging

3. Business Location: 1865 Beach Loop Drive Bandon Coos Oregon 97411

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

4. Business Mailing Address: PO Box 373 Bandon Oregon 97411

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

5. Business Numbers: 541 347 2453

(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: Bryan Longland / Jeff Longland

(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: Bryan Longland 541-347-2453

(name) (phone number(s))

1865 Beach Loop DR. Bandon 541-347-3636 bryan@sunsetmotel.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 Bryan Longland Date 6-25-15 ③ _____ Date _____

② Jeff Longland Date 6-25-15 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 _____

CITY AND COUNTY USE ONLY

Date application received: 6-24-15

The City Council or County Commission:
CITY OF PORT ORFORD
(name of city or county)

recommends that this license be:

Granted Denied
By: [Signature] 06-24-15
(signature) (date)

Name: HANK HOBART #23380

Title: CHIEF OF POLICE

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

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 9/16/15

90-day authority: Yes No

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

- ① Port Orford Community Cooperative ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Port Orford Co-op

3. Business Location: 812 Oregon Street/Hwy 101 Port Orford Curry OR 97465
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 404 Port Orford OR 97465
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-366-2067
(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: Pamela Berndt
(manager must fill out an Individual History form)

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

11. Contact person for this application: Pamela Berndt 541-253-1260
(name) (phone number(s))
PO Box 404, Port Orford, OR 97465 poccoop@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 6.11.15 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/TN

RECEIVED

JUL 29 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: 9/16/15

90-day authority: Yes No

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

- ① Long Creek Marketing Inc. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Long Creek General Store & Cafe

3. Business Location: 105 Hwy 395 North, Long Creek, Grant, OR 97856
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 427, Long Creek, OR 97856
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 421-3332
(phone) (fax)

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

7. If yes to whom: Tammy Manning & Mark Manning Type of License: Limited On-Premises & Off-Premises Sale

8. Former Business Name: The Stampede (Painted Manning Ranch)

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? Long Creek
(name of city or county)

11. Contact person for this application: Janine Manning (541) 620) 4429
(name) (phone number(s))
38677 Durst Rd, Long Creek, 97856 ja9manning@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 7/16/15 ③ _____ Date _____
② _____ Date _____ 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 _____

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L. Shepard

Date: 9/16/15

90-day authority: Yes No

RECEIVED

SEP 16 2015

Oregon Liquor Control Commission
Bend, Oregon 97754

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

- ① Shaileshkumar Patel ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Cowboy Corner

3. Business Location: 896 S main st Prineville Crook OREGON
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 896 S main st Prineville OR 97754
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-416-4466 _____
(phone) (fax)

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

⑦ 7. If yes to whom: Prineville Cowboy Corner LLC Type of License: off premise license

8. Former Business Name: Cowboy corner

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? Crook County Prineville
(Sister) PENNA PATEL 541-382-1821 (name of city or county)

11. Contact person for this application: Shaileshkumar Patel 541-416-4466
(name) (phone number(s))
896 S main St 541-385-7758 _____
(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 * S. C. Patel Date: 9-16-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED

SEP 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: SC

Date: 9/11/15

90-day authority: Yes No

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

- ① Brandon Chadbourne ② B&B Delivery Service LLC
- ③ Brandon Ham ④ _____

2. Trade Name (dba): B&B Delivery Service

3. Business Location: 1236 NE 2ND ST. Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541 749-8824
(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 OR. Deschutes
(name of city or county)

11. Contact person for this application: Brandon Chadbourne 541 749-8824
(name) (phone number(s))
1236 NE 2ND ST. Bend OR. 97701 Brandon.Chadbourne@icloud.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① Brandon Chadbourne Date 09/08/15 Date _____
- ② Brandon Ham Date 09/08/15 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 _____

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: KD

Date: 9-10-15

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 - Core Alchemy Cider LLC

② ± ④ _____

2. Trade Name (dba): Core Alchemy Cider

3. Business Location: 600 NW Hertel Hillsboro Washington OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1158 SE 56th Ave Hillsboro OR 97123
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-310-7823 (phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Anthony Hertel 503-310-7823
(name) (phone number(s))
1158 SE 56th Ave. (address) (fax number) tonyhertel@hotmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Anthony Hertel Date 9-10-15 ③ _____ Date _____

② [Signature] Date 9-11-15 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 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: KJD

Date: 9/14

90-day authority: Yes No

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

① Nia Technique Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): StudioNia

3. Business Location: 918 SW Yamhill Street 3rd/4th Floor Portland, OR 97205
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 918 Yamhill Street 3rd Floor Portland, OR 97205
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.245.9886
(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? _____
(name of city or county)

11. Contact person for this application: Dominique Dore 503.245.9886
(name) (phone number(s))
918 SW Yamhill Street 3rd Floor Portland OR 97205 503.245.2159
(address) (fax number) dominique@niasounds.com
(e-mail address)

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

Applicant(s) Signature(s) and Date: _____ Date 8-26-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

*L# 212081
P# 310939*

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: 9/11/15

90-day authority: Yes No

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

① Tienda San Miguel, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Tienda San Miguel

3. Business Location: 68 NE Division St. Gresham, OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 68 NE Division St. Gresham OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 492-2828 (503) 489-0560
(phone) (fax)

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

7. If yes to whom: Martha E. Ortega Type of License: Off-Premises

8. Former Business Name: El Aveblito Market, Inc.

9. Will you have a manager? Yes No Name: Lourdes M. Santos
(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: Lourdes Maria Santos
(name) (phone number(s))
68 NE Division St. Gresham OR 97030 (503) 489-0560
(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]
907 SE McLoughlin Blvd
Liquor Control Commission

Date: 8/20/15 ③

Date _____
Governor

Date _____ ④



lu.santos127@gmail



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: **SEP 16 2015**

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① TUATARA ENTERPRISES, INC. ③ _____
 ② _____ ④ _____
- Trade Name (dba): BESAW'S
- Business Location: 1545 NW 21ST AVE PORTLAND MULT. OR 97210
(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: 503 2282619
(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: KATE BLAIRSTONE
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? PORTLAND, MULTNOMAH
(name of city or county)
- Contact person for this application: CANA FLUG 503.701.7400
(name) (phone number(s))
1407 NE BRAZEE ST. PDX OR 97212 canaf@besaws.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 Cana Flug Date 09.10.15 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 _____

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:

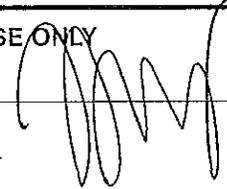
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: SEP 16 2015

90-day authority: Yes No

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

① TUATARA ENTERPRISES, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): THE SOLO CLUB

3. Business Location: 1565 NW 21ST AVE PORTLAND, MULT, OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1545 NW 21ST AVE PORTLAND, OR 97210
(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: KATE BLAIRSTONE
(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: CANA FLUG 503.701.7460
(name) (phone number(s))
1407 NE BRAZEE PDX, OR 97212 cana@besaws.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 Cana Flug Date 09.10.15 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

CITY AND COUNTY USE ONLY

LICENSE TYPES

- 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 3rd location

Handwritten notes:
218790
P54013
L219001

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: *9-16-15*

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 Portland Cider Company LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Portland Cider Co.

3. Business Location: 12000 SE 82nd Ave., Happy Valley, OR 97086
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 2488, Oregon City, OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-908-7654
(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? Happy Valley, OR
(name of city or county)

11. Contact person for this application: Jeff Parrish 503-709-9479
(name) (phone number(s))
17220 S Radfords View Ln, Oregon City, OR 97045 jeff@portlandcider.com
(address) (fax number) (e-mail address)

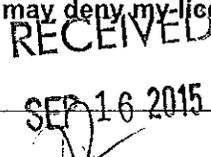
I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 9/14/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Initials: *[Signature]*





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 223700
P 42357

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: **SEP 17 2015**

90-day authority: Yes No

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

VJOR Foods LLC _____
 _____ _____

2. Trade Name (dba): Sami's Deli

3. Business Location: 17218 SE Powell Blvd, Portland, Multnomah, OR 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 863 Camas WA 98607
(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: YMCHON INC Type of License: Limited on-Premises

8. Former Business Name: Sami's 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? Portland
(name of city or county)

11. Contact person for this application: Vikrant Patankar 470-443-8697
(name) (phone number(s))
1340 NW maple Ln, camas, WA 98607 vjorfoods@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

[Signature] Date 9/13/2015 _____ Date _____
 _____ Date _____ _____ Date _____