



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 _____

TRADE NAME _____

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

GRANTS PASS
(name of city or county)

recommends that this license be:

Granted Denied

By: William O. Landis
(signature) (date)

Name: WILLIAM O. LANDIS

Title: CHIEF

OLCC USE ONLY

Application Rec'd by: ag

Date: 10/3/05

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 RBS MARKET, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): ROGUE RIVER MARKET AND DELI

3. Business Location: 1641 ROGUE RIVER HIGHWAY GRANTS PASS
(number, street, rural route) (city) (county) (state) (ZIP code) OR-97522

4. Business Mailing Address: 1720 REDWOOD AVE STE A-BB GRANTS PASS OR-97522
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-476-9483
(phone) (fax)

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

7. If yes to whom: JOHMAN & DP INC Type of License: OFF-PREMISES SALES

8. Former Business Name: STOP N GO MARKET

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

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

11. Contact person for this application: RAJU SHRESTHA 707-508-6406
(name) (phone number(s))
1625 SE N ST F202 GRANTS PASS - OR-97522 - RAJU@YAHOO.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date _____ ③ _____ Date 09/15/05
② _____ Date _____ ④ _____ Date _____



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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 _____

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: OCT 02 2015

90-day authority: Yes No

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

① Water Hole No. 2 Saloon, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Spud Monkeys, Inc.

3. Business Location: 1716 NW Fairview Dr, Gresham Multnomah OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1716 NW Fairview Dr Gresham OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (208) 557-8010 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: _____

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

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

11. Contact person for this application: Burke Adams (208) 557-8010
(name) (phone number(s))
1185 NE 27th St, Gresham, OR 97030 N/A burkesdroid@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 Burke Adams Date 9/30/2015 ③ _____ Date _____

② _____ Date _____ 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 LTN

*P37868
L212085
L212032*

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: 10-2-15

90-day authority: Yes No

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

① Emma Daria, Inc ③ _____

② _____ ④ _____

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

3. Business Location: 2253 NE Burnside St, Gresham, Multnomah, OR, 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 8063, Portland, OR 97207
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-667-8126
(phone) (fax)

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

7. If yes to whom: Gresham Main Street Deli, LLC Type of License: Full- On Premises + OFF

8. Former Business Name: Simaa, Inc. Patti's

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

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

11. Contact person for this application: Shahram Jahangiri 503-933-3330
(name) (phone number(s))
1260 Hallinan St, Lake Oswego, OR 97034 shahramj@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

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

② _____ Date _____ 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

L# 215349
P# 18855

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: 10/2/15

90-day authority: Yes No

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

1 Ko, Kwang Cho Arvin

2

2. Trade Name (dba): Dennis Market

3. Business Location: 425 NW Saltzman Rd. Portland, Washington, OR 97229

4. Business Mailing Address:

5. Business Numbers: Dennis Market

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

7. If yes to whom: Anryu, LLC Type of License: Off-Premises

8. Former Business Name: Dennis Market

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

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

11. Contact person for this application: Young J. You 503-758-3549
9880SW BVTN-Hillsdale #203 Beaverton OR 97005 503-430-8376 youngjkr@gmail.com

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

Applicant(s) Signature(s) and Date:

1 [Signature] Date 10/1/15
2 Date



OREGON LIQUOR CONTROL COMMISSION
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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 4priv.

L# 223750
P# 16828

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: KD

Date: 10-1-15

90-day authority: Yes No

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

① CHRISTINA NGUYEN ③ _____

② THANH THAO, INC ④ _____

2. Trade Name (dba): THANH THAO RESTAURANT

3. Business Location: 4005 SE Hawthorne Portland OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13834 SW Lidell PORTLAND, OREGON 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-238-6232
(phone) (fax)

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

7. If yes to whom: KHANH QUANG NGUYEN type of license: Full on-premises

8. Former Business Name: THANH THAO RESTAURANT

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: CHRISTINA NGUYEN 503-248-2007
(name) (phone number(s))
13834 SW Lidell OR _____
(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 9/30/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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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 CITY

90-DAY AUTHORITY

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APPLYING AS:

Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____

(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L. Brown

Date: 9/29/2015

90-day authority: Yes No

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

① Smoke This Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Smoke This

3. Business Location: 527 NE Bellevue Dr. #110 Bend DeWaters 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: not assigned yet

(phone) (fax)

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

7. If yes to whom: Early Enterprises Inc. Type of License: 0

8. Former Business Name: BEST PRICE CIGARETTES

9. Will you have a manager? Yes No Name: _____

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Lisa Jones 541-419-2776

(name) (phone number(s))

2026a Selnightsbridge Pl. Bend OR 97702 joneslisa@live.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 9-28-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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- 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 20 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: 9/29/15

90-day authority: Yes No

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

① Bethlyn's Global Fusion, LLC ③

② _____ ④

2. Trade Name (dba): Bethlyn's Global Fusion

3. Business Location: 1289 NE 2nd St. Ste. 2 Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 711 Rector Dr. La Pine OR 97739
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 925-354-0091
(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: 2nd St Eats

9. Will you have a manager? Yes No Name: Sandra J. McLean
(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: Sandra J. McLean 925-354-0091
(name) (phone number(s))
711 Rector Dr. jackiem086@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: Sandra J. McLean Date 5/26/15 ③

② _____ Date _____ ④



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

OCT 01 2015
By: Shawn Murphy

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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 - 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: 10/1/15

90-day authority: Yes No

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

① _____ ③ _____
② _____ ④ _____

2. Trade Name (dba): The Rock 'n' Roll Restaurant and Bar, LLC

3. Business Location: 94321 Wedderburn Loop Gold Beach Curry Oregon 97444
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 1200 Gold Beach Oregon 97444
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.247.4471 541.247.6716
(phone) (fax)

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

7. If yes to whom: Shawn Murphy Type of License: Full On-Premise Sales

8. Former Business Name: Saltwater Bistro

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

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

11. Contact person for this application: Samuel E. Waller 541-247-6676
(name) (phone number(s))
P.O. Box 1200 Gold Beach, OR 541-247-6716
(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 9/25/15 ③ _____ Date _____
② [Signature] Date 9/25/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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 213102
P 37870

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: **OCT 05 2015** _____

90-day authority: Yes No

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

① DeWayne-K-Kotter Local Lounge LLC ③

② Richard-S-Arriola ④

2. Trade Name (dba): Local Lounge

3. Business Location: 3536 NE Martin Luther King BLVD Portland Multnomah Oregon 97212
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 311 SE 87th Ave Portland Oregon 97216
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-282-1833 _____
(phone) (fax)

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

7. If yes to whom: Harry Jarvis III / Triple Three Enterprises Type of License: Full on Premises

8. Former Business Name: Local Lounge

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 Oregon / Multnomah County
(name of city or county)

11. Contact person for this application: DeWayne K Kotter 541-910-4108
(name) (phone number(s))
311 SE 87th Ave Portland, Oregon, 97216 dewk1957@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 DeWayne K. Kotter Date Oct 5, 2015 ③ _____ Date _____

② Richard S. Arriola Date Oct 5, 2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

*Palooza
L223431*

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: *JP*

Date: *10-5-15*

90-day authority: Yes No

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

① Terwilliger Plaza, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): TERWILLIGER PLAZA

3. Business Location: 2545 SW Terwilliger Blvd Portland Multnomah Oregon 97201
 (number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-226-4911 503-299-4803
 (phone) (fax)

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

7. If yes to whom: Terwilliger Plaza, Inc. Type of License: Full On-Premises

8. Former Business Name: N/A

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

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

11. Contact person for this application: Job York 503-808-7864
 (name) (phone number(s))
2545 SW Terwilliger Blvd Portland, OR 97201 503-299-4803 York@terwilligerplaza.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 *Don [Signature]* Date 9/30/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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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 _____

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: KOD

Date: 10/5/15

90-day authority: Yes No

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

Fortune Pizza LLC

2. Trade Name (dba): Fortune Pizza

3. Business Location: 3508 SE 52nd Ave Portland Mult OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3508 SE 52nd Ave Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-7749929
(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: KURT LIAO
(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: Kurt Liao 503-482-9693
(name) (phone number(s))
3508 SE 52nd Ave Portland OR 97206 Fortunepizza@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:

Man Cai Liao Date 10-25-2015 Date _____
[Signature] Date 10-25-2015 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) <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 Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input 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 checked="" type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<p>ACTIONS</p> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>change in location</u>
--	--

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: D. Green

Date: 10/5/15

90-day authority: Yes No

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

① Kandarian Wine Cellars LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Kandarian Wine Cellars

3. Business Location: 907 w Third Ave Eugene Lane OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 897 Veneta OR 97482
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-944-3656
(phone) (fax)

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

7. If yes to whom: Territorial Uniquists Type of License: winery

8. Former Business Name: _____

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

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

11. Contact person for this application: Haley Kandarian 541-944-3656
(name) (phone number(s))
PO Box 893 Veneta OR 97487 haley@kandarianwinecellars.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 9/12/15 ③ _____ Date _____

② [Signature] Date 9/12/15 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 CITN

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: 10/6/15

90-day authority: Yes No

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

① WILEY'S TRATTORIA, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): WILEY'S TRATTORIA

3. Business Location: 1606 ASHLAND ST. Ashland Jackson OR 97520
(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: 541-488-0285
(phone) (fax)

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

7. If yes to whom: GRETCHEN BOYCAN Type of License: LIMITED on PREMISES

8. Former Business Name: WILEY'S WORLD PASTA

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

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

11. Contact person for this application: ANDREW VAN SNEE 310 869-3749
(name) (phone number(s))

1273 ASHFORD WAY 888 700 8914 andrew.e.filmalliance.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 9/2/15 ③ _____

② _____ Date _____ ④ _____

RECEIVED
DATE: 10/6/15
FAXED: N/A
POSTED: N/A
LOCAL OFFICE



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: **OCT 05 2015**

90-day authority: Yes No

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

① Christine Richards ③ _____

② Scream'n Beans LLC ④ _____

2. Trade Name (dba): Elka Bees Coffee Haus

3. Business Location: 12330 SE Sunnyside Road, Clackamas, OR 97015
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-381-6585 503-885-3132
(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: Christine Richards
(manager must fill out an Individual History form)

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

11. Contact person for this application: Christine Richards 503-381-6585
(name) (phone number(s))
12330 SE Sunnyside Road, Clackamas OR 97015 christine@elka-bees-coffee.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Christine Richards Date 10/3/15 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 _____

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: **OCT 06 2015** _____

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 Bad Reputation LLC Productions LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Siren Theater

3. Business Location: 315 NW Davis St Portland Multnomah OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1407 NE 71st Ave Portland OR 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-771-6422
(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: Shelley McLendon
(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: Shelley McLendon 503-771-6422
(name) (phone number(s))
1407 NE 71st Ave shelleymc72@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 10.2.15 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 _____

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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

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: **OCT 05 2015**

90-day authority: Yes No

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

- ① FARCAST FOOD CORPORATION ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Powellhurst Tavern

3. Business Location: 12344 SE Powell Blvd Portland Multnomah OR 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2324 SE 122nd Ave Portland OR 97233
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-702-8236 (cell) 503-621-8013 (cell) N/A
(phone) (phone) (fax)

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

7. If yes to whom: Powellhurst Tavern LLC Type of License: Full-One Premise

8. Former Business Name: N/A Powellhurst Tavern

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

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

11. Contact person for this application: SHU YUNG WU-YUAN 503-621-8013 (cell)
(name) (phone number(s))
2324 SE 122nd Ave Portland NONE shuyung168@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 Shu Yung Wu-Yuan Date 10/5/15 ③ _____ Date _____
 ② Robert Wier Date 10/5/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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: KD

Date: 10/10/15

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Brick & Mortar: Barbershop and Grooming Supply LLC
 ② _____ ④ _____

2. Trade Name (dba): Brick and Mortar

3. Business Location: 1429 SE Hawthorne Blvd. Portland, OR 97214
(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: 503-477-4300 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: Kendelle Phillips
(manager, must fill out an Individual History form)

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

11. Contact person for this application: Michael Denton 503-708-3300
3322 SE 68th Ave. 97206
(name) (phone number(s)) (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 8-17-15 ③ _____ Date _____

② [Signature] Date 8-17-15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

SUP 09 15

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:

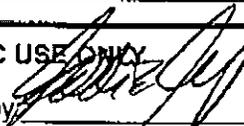
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: 10/6/15

90-day authority: Yes No

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

① Twin Plunge Brewing Company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Common Block Brewing Co.

3. Business Location: 315 E 5th Street Medford Jackson Oregon 97501
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 315 E 5th Street Medford OR 97501
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.326.2277 _____
(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: _____

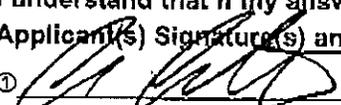
9. Will you have a manager? Yes No Name: Alex Amarotico
(manager must fill out an Individual History form)

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

11. Contact person for this application: Alex Amarotico 541.840.8494
(name) (phone number(s))
265 Alta Ave Ashland, OR 97520 alex@commonblockbrewing.c
(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 9/6/2015 ③ _____

② _____ Date _____ ④ _____

PAID: 10/6/15
Date: 10/20/15
Date: 9/16/15



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

0? EM 9-14-15

Application is being made for:

LICENSE TYPES

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

Limited On-Premises Sales (\$202.60/yr)
Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other:

ACTIONS

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

RECEIVED

AUG 13 2015

Oregon Liquor Control Commission

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: Jim

Date: _____

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① Carin Ayren GARDNER COFFEE LLC

② _____

2. Trade Name (dba): Doppio Coffee LLC

3. Business Location: 310 Oak Street Hood River OR 97031

4. Business Mailing Address: Same

5. Business Numbers: 541.386.3000

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

7. If yes to whom: Michael Bartholomew Type of License: Limited on premises

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

9. Will you have a manager? Yes No Name: _____

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

11. Contact person for this application: Carin Ayren 541.380.0409

728 Prospect Ave Hood River OR 97031 doppiohoodriver@gmail.com

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

Applicant(s) Signature(s) and Date:
① [Signature] Date June 26
② _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

N/O 9/0? EM 9/14/15

Application is being made for:

LICENSE TYPES

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

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

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other _____

RECEIVED

AUG 25 2015

Oregon Liquor Control Commission
Sed, 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: *L*

Date: *8/28/2015*

90-day authority: Yes No

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

① MOSICK, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Hiyu

3. Business Location: 3890 Acee Dr Hood River, Hood River, OR, 97031

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

4. Business Mailing Address: 3890 Acee Dr Hood River OR 97031

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

5. Business Numbers: 503-367-4332 _____

(phone) (fax)

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

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

8. Former Business Name: Pheasant Valley Vineyards + Winery Inc.

9. Will you have a manager? Yes No Name: Nathaniel Ready

(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: Nathaniel Ready 503-367-4332

(name) (phone number(s))

3960 Acee Dr Hood River OR 97031 nate.ready@ame.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 *Nate Ready* Date 7/21/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED

JUL 28 2015

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: 9/1/15

The City Council or County Commission:

City of Ashland
(name of city or county)

recommends that this license be:

Granted Denied

By: Barbara Christensen 9/1/15
(signature) (date)

Name: BARBARA CHRISTENSEN

Title: CITY RECORDER

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 8/4/15

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① BERKSHIRE ENTERPRISES LLC ③
② _____ ④ _____

2. Trade Name (dba): SMITHFIELDS PUB + PIES

3. Business Location: 23 S 2nd ST ASHLAND JACKSON OR 97520
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541 488 7973
(phone) (fax)

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

7. If yes to whom: LINDAUER DeKESEL LLC Type of License: FULL ON PREMISES

8. Former Business Name: PADDY BRANANS IRISH PUB

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

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

11. Contact person for this application: NEIL CLOONEY 541 324 4590
(name) (phone number(s))
328 CAMBRIDGE ST ASHLAND OR 97520 neilclooney@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/21/15 ③ _____ Date 8/1/15
② _____ Date _____ ④ _____ Date N/A



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

10/7/15

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**

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: **10/7/15**

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 Hellgate Cellars, LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Hellgate Cellars

3. Business Location: 980 SW 10th suite 12 Grants Pass OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 916 SW 10th St. Grants Pass OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-245-9463
(phone) (fax)

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

7. If yes to whom: N/A Type of License: N/A

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Lindsay Brown
(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
(name)
300 Brown Rd O'Brien OR
(address) (fax number)
541-218-5556
(phone number(s))
carrie@hellgate.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] Date 9/2/15 ③ _____ Date 9/15/15
 ② _____ Date _____ ④ _____ Date _____

RECEIVED
 10/7/15
 POSTED: 9/15/15



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: MT

Date: 9/25/15

90-day authority: Yes No

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

AMITY ROOM LLC

2. Trade Name (dba): Orange Tasting Room

3. Business Location: 418 S. Trade St Amity Yamhill OR 97101
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1903 NW Irving St #205 Portland OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 617 688 2557 N/A
(phone) (fax)

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

7. If yes to whom: N/A Type of License: N/A

8. Former Business Name: N/A

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

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

11. Contact person for this application: Alexander Clark 617 688 2557
(name) (phone number(s))
1903 NW Irving St #205 N/A callinstead@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 9/21/15

_____ 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 _____

P44926
L212114

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: _____

OCT 06 2015

Date: _____

90-day authority: Yes No

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

① ~~Robert M Stickney R & J HOWEVERS LLC~~

② ~~Jeanene Stickney~~ ④ _____

2. Trade Name (dba): Rounders Gresham

3. Business Location: 1155 NE Division Gresham Mult OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 23044 SE Mercer Ct Damascus OR 97089
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-658-3669
(phone) (fax)

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

7. If yes to whom: Hoops Karma LLC Type of License: Limited on Prem

8. Former Business Name: Rounders Gresham

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

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

11. Contact person for this application: Robert M Stickney 503-730-6178
(name) (phone number(s))
23044 SE Mercer Ct Damascus OR
(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 9/21/15 ③ _____ Date _____
 ② [Signature] Date 9/26/15 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: OCT 06 2015

90-day authority: Yes No

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

① RIP CITY GRILL LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): RIP CITY GRILL

3. Business Location: 8324 SE 17th PORTLAND MULT OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14200 LIVESAY OREGON CITY OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503/544/2374
(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: CLINT MELVILLE 503/544/2374
(name) (phone number(s))

14200 LIVESAY RD OREGON CITY OR 97045 N/A RIPCITYGRILL@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 10/1/15 ③ _____ Date _____

X 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: distillery

ACTIONS

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 10-7-15

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 michael-valdrow ③ _____

② Clackamas Distilling LLC ④ _____

2. Trade Name (dba): Clackamas Distilling LLC

3. Business Location: 11630 se 27th ave ,milwaukie, clackamas, oregon 97222
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15400 SE Rainier Ct, clackamas, oregon, 97015
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-351-9048 503-344-4867
(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? Milwaukie
(name of city or county)

11. Contact person for this application: michael valdrow
(name) (phone number(s))
15400 SE Rainier CT 503-344-4867 503-351-9048
(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 8-30-2015 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

Initials: [Signature]

RECEIVED

OCT 7 2015

mvaldrow@comcast.net