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: K.O.

Date: 10-22-15

90-day authority: ☐ Yes ☐ No

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

① Mathers Sporting Goods LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Ken's Sporting Goods

3. Business Location: 136854 Hwy 97 N (number, street, rural route) Crescent (city) Klamath (county) Or (state) 97733 (ZIP code)

4. Business Mailing Address: PO Box 290 (PO box, number, street, rural route) Crescent (city) Or (state) 97733 (ZIP code)

5. Business Numbers: (541) 433-2530 (phone) _____ (fax)

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

7. If yes to whom: Charles Defoe Jr. Type of License: Off-Premises

8. Former Business Name: Ken's Sporting Goods

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? Klamath (name of city or county)

11. Contact person for this application: Kimberly A Mathers (name) (907) 209-1556 (phone number(s))

PO Box 290 Crescent, OR 97733 (address) (541) 433-5389 (fax number) matherska@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 Kimberly A Mathers Date 9/23/15 ③ _____ Date _____

② Dennis A Mathers Date 23 Sep 15 ④ _____ Date _____



11/03/2015 18:13 5418835507 PAGE 02/06

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: The City of The Dalles (name of city or county)

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

**OLCC USE ONLY**

Application Rec'd by: S. Fetterhoff

Date: 11-02-15

90-day authority: ☐ Yes ☒ No

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

① Liberty Tapworks LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Liberty Tapworks

3. Business Location: 517 E 2nd St. (number, street, rural route) The Dalles (city) Wasco (county) OR (state) 97058 (ZIP code)

4. Business Mailing Address: 330 W 20th St. (PO box, number, street, rural route) The Dalles (city) OR (state) 97058 (ZIP code)

5. Business Numbers: 541-980-0399 (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: Crown Prints

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

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

11. Contact person for this application: Brandie L. Drake (name) 541-980-0399 (phone number(s))

330 W 20th St. The Dalles, OR 97058 (address) _____ (fax number) stubbymoose@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 Brandie Drake Date 10-5-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

- [ ] Change Ownership
- [x] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

RECEIVED
NOV 2 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 [x] 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: 11/3/15

90-day authority: ☐ Yes ☑ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① High Desert Crossing LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Brown Owl
3. Business Location: 550 SW Industrial Way Suite 120 (number, street, rural route) Bend (city) Deschutes (county) OR. (state) 97702 (ZIP code)
4. Business Mailing Address: 1801 NE Purcell Blvd. #6 (PO box, number, street, rural route) Bend (city) OR. (state) 97701 (ZIP code)
5. Business Numbers: (541) 213.8810 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [x] No
7. If yes to whom: — Type of License: —
8. Former Business Name: Recharge
9. Will you have a manager? [x] Yes [ ] No Name: Lisandro Ramón (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: Lisandro Ramón (name) (541) 213.8810 (phone number(s))
    1801 NE Purcell Blvd. #6 (address) — (fax number) highdesertcrossing01@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:**

① _____ Date 10/28/15 ③ _____ Date _____

② _____ Date 10/28/15 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 _____

RECEIVED

NOV 02 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: 11/2/15

90-day authority: ☒ Yes ☐ No

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

① ~~Phillip Ryan Lindell~~ ③ _____

② Skjersaa's Public House LLC ④ _____

2. Trade Name (dba): Skjersaa's Public House

3. Business Location: 345 SW Century Dr #100 Bend Deschutes OR 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 345 SW Century Dr. #100 Bend OR 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-382-2154 970 443 4200 (cell)
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Phillip Ryan Lindell 970 443 4200
(name) (phone number(s))

60661 RiverBend Dr lindellryan@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 10/12/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

RECEIVED
SEP 18 2015
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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) WYNC
- ☐ 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 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: 11/2/15
90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
☑ Diamondback Consulting, Inc. ☐ _____
☐ _____ ☐ _____

2. Trade Name (dba): Diamondback Vineyards

3. Business Location: 4833 Bordeaux Avenue Medford Or. 97504
(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: 707.490.8300 & 707.328.7938 (phone) 541.500.1585 (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: Isabella Frosini
(manager must fill out an Individual History form)

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

11. Contact person for this application: Isabella Frosini (name) 707.490.8300 (phone number(s))
4833 Bordeaux Ave. Medford, Or. 97504 (address) (fax number) isabellafrosini@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:

☐ John Russell [signature] Date 9.11.15 ☐ _____ Date _____
☐ _____ Date _____ ☐ _____ Date _____

FAXED: 11/2/15
POSTED:

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: JSmotherer

Date: 11/2/15

90-day authority: ☐ Yes ☒ No

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

① Dandelions Flowers & Gifts, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Dandelions Flowers & Gifts

3. Business Location: 1710 Chambers (number, street, rural route) Eugene (city) Lane (county) Oregon (state) 97402 (ZIP code)

4. Business Mailing Address: 1710 Chambers (PO box, number, street, rural route) Eugene (city) OR (state) 97402 (ZIP code)

5. Business Numbers: 541-485-1261 (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: Shirley Lyons (manager must fill out an Individual History form)

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

11. Contact person for this application: Shirley Lyons (name) 541-485-1261 (phone number(s))

1710 Chambers Eugene, OR 97402 (address) 541-484-9303 (fax number) shirley@dandelionsflowers.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 Shirley A Lyons Date 10/26/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [X] Full On-Premises Sales ($402.60/yr)
  - [X] 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
- [X] 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 [X] 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: Brother

Date: 11/2/15

90-day authority: [ ] Yes [X] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① BHFETTER, INC. ③ NA
   ② / / / / NA ④ NA
2. Trade Name (dba): The Terrace Café
3. Business Location: 490 Valley River Center, Eugene, Lane, OR. 97401 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 490 Valley River Center, Eugene, OR. 97401 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-344-8369 (phone) / / (fax) Email HBFetter@gmail.com
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: BHFETTER, INC. Type of License: limited On Premises
8. Former Business Name: NA
9. Will you have a manager? [X] Yes [ ] No Name: Beverly C Fetter (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: Beverly C Fetter (name) 541-344-8369 (phone number(s))
    490 Valley River Center Eugene OR 97401 (address) / (fax number) HBFetter@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 Beverly C Fetter Date 10-4-15 ③ _____ Date _____

② Herbert E Fetter Jr Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] 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**

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other CHANGE TRADENAME

**90-DAY AUTHORITY**

[x] 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 [x] Individuals

**CITY AND COUNTY USE ONLY**

Date application received: 10/16/2015

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

recommends that this license be: [x] Granted [ ] Denied

By: _____ (signature) 10-27-2015 (date)

Name: Lilly Alarcon-Strong

Title: Assistant City Recorder

**OLCC USE ONLY**

Application Rec'd by: S. Fetterhoff

Date: 10-15-15

90-day authority: [x] Yes [ ] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① GASTON NOGALES ③ _____
   ② _____ ④ _____
2. Trade Name (dba): ELMALECON
3. Business Location: 285 E MAIN ST, HERMISTON OR 97838 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 285 E MAIN ST HERMISTON OR 97838 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (541) 564-59-55 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: MARTHA Echeverria Type of License: F-COM
8. Former Business Name: LA HACIENDA MEXICAN RESTAURANT
9. Will you have a manager? [ ] Yes [x] No Name: _____ (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? HERMINTON OR (name of city or county)
11. Contact person for this application: GASTON NOGALES (name) 509 491 70 89 (phone number(s))
    706 S SYCAMORE AVE PASCO WA 99301 (address) (fax number) noga742@live.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 10-14-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [x] Additional Privilege
- [ ] Other _____

**90-DAY AUTHORITY**

[x] 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 [x] 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: CMB

Date: 10/29/15

90-day authority: [ ] Yes [x] No

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

① ~~Shelly Solomon~~ ③ Bread + Butter, LLC

② ~~Eric Solomon~~ ④ _____

2. Trade Name (dba): Horny Goat

3. Business Location: 234 SW 5th St Grants Pass (Josephine) OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 234 SW 5th St Grants Pass OR 97526
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: [redacted]
(phone) (fax)

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

7. If yes to whom: Jon/Kathryn Bowen Type of License: Full on Premises

8. Former Business Name: Roux 26

9. Will you have a manager? [x] Yes [x] No Name: ~~Shelly Solomon~~ S.S.
(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: Shelly Solomon 541 295 7054
(name) (phone number(s))

168 Linkhart drive PO Box 110 Selma 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 10/20/15 ③ _____ Date OCT 06 2015

② [signature] Date 10/20/15 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

**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: CKG

Date: 10/29/15

90-day authority: ☐ Yes ☒ No

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

① Geno's Mexican Restaurant, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Geno's Mexican Restaurant, Inc.

3. Business Location: 102 S. Main St. (number, street, rural route) Phoenix (city) Jackson (county) Oregon (state) 97535 (ZIP code)

4. Business Mailing Address: 939 S. Valley View Rd. #10 (PO box, number, street, rural route) Ashland (city) Oregon (state) 97520 (ZIP code)

5. Business Numbers: (541) 535-8446 (phone) _____ (fax)

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

7. If yes to whom: Soco's La Burrita, inc Type of License: Limited On-Premises Sales

8. Former Business Name: Soco's La Burrita

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

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

11. Contact person for this application: Dave S Gall (name) (541) 690-7767 (phone number(s))

939 S. Valley View Rd. #10 (address) _____ (fax number) dlaker74@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:

① Maria Luz Gall Date 4-26-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

APR 27 2015

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other CTN

L 214210
P 45804

**90-DAY AUTHORITY**

[x] 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 [x] 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: OCT 30 2015

90-day authority: ☐ Yes ☐ No

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

① ANANKE, LLC ③ _____

② ~~Jane Smith (Owner)~~ ④ _____

2. Trade Name (dba): ~~ANANKE~~ Not named yet

3. Business Location: 2930 NE Killingsworth St. Portland, OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5616 N. Commercial Ave Portland, OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (573) 544-3536
(phone) (fax)

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

7. If yes to whom: ~~Katherine LeSueur~~ 100 LICIOUS LLC Type of License: Full On-Premises Sales + Off

8. Former Business Name: Cocotte - ~~Too Licious, LLC~~

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

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

11. Contact person for this application: Jane Smith (573) 544-3536
(name) (phone number(s))

5616 N Commercial Ave mrsjanesmithis@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 Jane Smith Date 10/28/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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: 10-30-15

90-day authority: [ ] Yes [ ] No

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

① ~~Kuanjai Ketcham~~ ③ ~~THOMAS KOSHIAZ~~

② ~~Tom Star Inc.~~ ④ Fifty Diner Inc

2. Trade Name (dba): Blue Moon Diner

3. Business Location: 20167 SW Tualatin Valley Hwy (number, street, rural route) Aloha (city) Washington (county) OR (state) 97006 (ZIP code)

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

5. Business Numbers: (503) 746-5794 (phone) (503)746-7024 (fax)

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

7. If yes to whom: _____ Type of License: Expired 2009

8. Former Business Name: Blue Moon Diner

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

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

11. Contact person for this application: Kuanjai Ketcham (name) (503)267-0693 (phone number(s))

1059 SE 24th Ave. Hillsboro, OR 97123 (address) (503)746-7024 (fax number) kuanjaik@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:**

① Kuanjai Ketcham Date 6/23/15 ③ _____ Date _____

② Thomas Koshiaz Date 10/22/15 ④ _____ Date _____

RECEIVED SEP 28 2015 Oregon Liquor Control Commission Initials: _____

RECEIVED OCT 30 2015 Oregon Liquor Control Commission Initials: _____

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: 10/30/15

90-day authority: ☒ Yes ☐ No

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

① Brookings Liquor Store, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Brookings Liquor Store

3. Business Location: 896 Chetco Avenue (number, street, rural route) Brookings (city) Curry (county) OR (state) 97415 (ZIP code)

4. Business Mailing Address: PO Box 4429 (PO box, number, street, rural route) Brookings (city) Oregon (state) 97415 (ZIP code)

5. Business Numbers: 541-469-2502 (phone) 541-469-2502 (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? Brookings (name of city or county)

11. Contact person for this application: Pamela Downing (name) 541-251-0884 (phone number(s))

PO Box 26 Brookings 97415 (address) 541-469-2502 (fax number) pamela@harborside.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 Pamela Downing Date 10/29/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

RECEIVED
OCT 30 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 [x] 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: 10/30/15

90-day authority: [ ] Yes [x] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① DONALD E. SMITH ③ DPS PIZZA COMPANY INC. LLC
   ② PAUL D. SMITH ④
2. Trade Name (dba): BACKYARD BRICK OVEN PIZZA + SPORTS PUB
3. Business Location: 63130 LANCASTER (number, street, rural route) Bend (city) (county) OR (state) 97701 (ZIP code)
4. Business Mailing Address: _____ (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541.659.8639 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [x] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? [x] Yes [ ] No Name: DONALD E. SMITH (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: DONALD SMITH (name) 541-659-8639 (phone number(s))
    63339 Kalamata Loop BEND 97701 (address) (fax number) pizzainbend@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 [signature] Date 9-01-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] 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**

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

**90-DAY AUTHORITY**

[x] 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 [x] 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: [illegible]

Date: 10/30/15

90-day authority: [x] Yes [ ] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① El Molcajete Mexican Grill, LLC
   ② _____ ③ _____
2. Trade Name (dba): El Molcajete Mexican Grill
3. Business Location: 201 E. Park St. Grants Pass, OR. 97527 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 201 E Park St. Grants Pass, OR. 97527 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541.474.1506 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: LA GLORIA Corp of Oregon Type of License: Full on Premises
8. Former Business Name: El Paraiso Mexican Restaurant
9. Will you have a manager? [x] Yes [ ] No Name: Sergio A. Arias (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: Maria Arias (name) 541-840-9655 (phone number(s))
    1302 Bonita ave Medford, OR. 97504 (address) (fax number) elmolcajetemexicangrill@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:**

① [signature] Date 10/1/15 ③ _____ Date _____

② Sergio Arias Date 10/1/15 ④ _____ Date _____

FAXED 10/30/15

Postal: N/A

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

**CITY AND COUNTY USE ONLY**

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

**OLCC USE ONLY**

Application Rec'd by: OLCC

Date: 10/29/2015

90-day authority: ☐ Yes ☒ No

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
OCT 29 2015
SALEM REGIONAL OFFICE

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Old Wagon Road Vineyards, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Mistiblen Wines
3. Business Location: 13301 NE Kuehne Rd, Carlton Yamhill OR 97111 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 12000 NW Old Wagon Rd Carlton OR 97111 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 317-560-1335 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Laurel Ridge Winery Type of License: Winery
8. Former Business Name: _____
9. Will you have a manager? ☐ Yes ☒ No Name: _____ (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Yamhill (name of city or county)
11. Contact person for this application: Christopher James Barnes (name) 317-560-1335 (phone number(s))
    12000 OLD Wagon Rd. Carlton, OR 97111 (address) _____ (fax number) crispy@ymail.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 10/22/15 ③ _____ Date _____

② _____ Date 10/22/15 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: 10.21.15

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

recommends that this license be:

☒ Granted ☐ Denied

By: [signature] (signature) 10/21/15 (date)

Name: JULIE A SCHMELZER

Title: DIRECTOR OF ADMINISTRATION

**OLCC USE ONLY**

Application Rec'd by: [signature]

Date: 10/20/15

90-day authority: ☐ Yes ☒ No

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

① Fireside Diner, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Fireside Diner

3. Business Location: 97953 Shopping Center Ave. Brookings Or. 97415
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1598 Brookings Or 97415
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 813 2400
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Harold Ohler 541 813 2400 541 815 9036
(name) (phone number(s))

16063 Driftwood Ln # 9 Brookings Or 97415 fireside hwy 101e 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 Harold Ohler Date 10/14/15 ③ _____ Date _____

② [signature] Date 10/14/15 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 Second Loc

SECOND LOCATION

P50001

L217887

**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: NOV 02 2015

90-day authority: ☐ Yes ☐ No

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

① Boring Brewing Co., LLC ③ _____

② _____ ④ _____

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

3. Business Location: 28150 SE Hwy 212, Suite A | Boring | Clackamas | OR | 97009
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 569 | Boring | OR | 97009
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.427.8619
(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? Clackamas
(name of city or county)

11. Contact person for this application: John Griffith (name) 503.793.1382 (phone number(s))

PO Box 569, Boring, OR 97009 (address) (fax number) r1100rt99@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 _____ Date 11/01/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

P# 354125
L# 212974

**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: 11/2/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① FARNN CORPORATION ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Lombard & Fortune Mini Mart
3. Business Location: 6221 N. Lombard St. Portland OR 97203
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Same
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-285-8857
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: Thomas Duong/Nhu Tran Type of License: Off-Premises
8. Former Business Name: Lombard & Fortune Mini Mart
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: Sochann Farnn (name) 503-754-0334 (phone number(s))
    1446 SE 180th Way Portland OR 97233 (address) (fax number) Sochann-Farnn@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:**

① Sochann Farnn Date 11-02-15 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
OCT 22 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: 10/22/15

90-day authority: ☒ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Gregory Overton ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Bull And Beers
3. Business Location: 62971 Desert Sage Ct Bend OR 97701 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Box 6921 Bend OR 97708 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-728-1710 (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? Deschutes (name of city or county)
11. Contact person for this application: Greg Overton (name) 541-815-6609 (phone number(s))
    62971 Desert Sage Ct (address) _____ (fax number) Bend OR 97701 (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 10.20.15 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: J Smothers

Date: 11/4/15

90-day authority: ☐ Yes ☒ No

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

① Carolyn F Curtis ③ _____

② Donald E. Curtis ④ _____

2. Trade Name (dba): Broadway Grill

3. Business Location: 24992 West Broadway Veneta Lane Oregon 97487
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 638 Veneta OR 97487
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Carolyn F Curtis 541 935 2096 868-5377 cell
(name) (phone number(s))

24992 West Broadway Veneta Or 97487
(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 Carolyn Curtis Date 11-4-15 ③ _____ Date _____

② _____ Date 11-4-15 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: Smother

Date: 11/4/15

90-day authority: ☐ Yes ☒ No

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

① Cinemark USA, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Cinemark 17 – Springfield

3. Business Location: 2900 Gateway, Springfield, Lane County, OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3900 Dallas Parkway, Suite 500 Plano TX 75093
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 746-5531
(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: Lee Anton Dencklau
(manager must fill out an Individual History form)

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

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

621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com
(address) (fax number) (e-mail address)

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

**Applicant(s) Signature(s) and Date:**

① [signature] Date 8/19/15 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: _____

90-day authority: ☐ Yes ☐ No

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

☐ ~~Scott Keith~~ ☐ _____

☐ Northwest Outdoor Store, LLC

2. Trade Name (dba): NORTHWEST Outdoor Store

3. Business Location: 980 Biddle Rd Medford, Jackson OR 97504
(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: 541-245-4000 541-245-4004 call first
(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? Medford
(name of city or county)

11. Contact person for this application: Scott Keith 541-245-4000
(name) (phone number(s))

980 Biddle Rd Medford OR 97504 NWOSTORE@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:

☐ Scott Keith Date 10/16/15 ☐ _____ Date _____

☐ _____ Date _____ ☐ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

**CITY AND COUNTY USE ONLY**

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

**OLCC USE ONLY**

Application Rec'd by: Cwamundy

Date: 10-16-15

90-day authority: ☑ Yes ☐ No

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
OCT 16 2015
SALEM REGIONAL OFFICE

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

① Cuisine India, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): CUISINE INDIA

3. Business Location: 1220 State St SE SALEM OR 97301
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-990-8679
(phone) (fax)

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

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

8. Former Business Name: TAJ MAHAL INDIAN 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: GURDEEP BAJWA 541-979-1137
(name) (phone number(s))

3919 NW Walnut Pl Corvallis OR 97330 GaggiBajwa@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 _____ Date 10-16-15 ③ _____ Date _____

② _____ Date 10-16-15 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: 11/3

90-day authority: ☐ Yes ☐ No

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

① Primuva LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Primuva

3. Business Location: 13905 SW Allen Blvd, Apt. 20 Beaverton Washington Oregon 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13905 SW Allen Blvd, Apt. 20 Beaverton Oregon 97005
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 332 9091
(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? Beaverton
(name of city or county)

11. Contact person for this application: Valeria Dimastrodonato 503 332 9091
(name) (phone number(s))

13905 SW Allen Blvd, Apt. 20 Beaverton, Or 97005 valeriadimastrodonato@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 10/24/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
NOV 03 2015
Oregon Liquor Control Commission

Initials: [illegible]

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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**

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other CTN

P224

L221552

**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 [x] Limited Liability Company [ ] Individuals

**CITY AND COUNTY USE ONLY**

Date application received: _____

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

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

**OLCC USE ONLY**

Application Rec'd by: P

Date: 11/3

90-day authority: [ ] Yes [ ] No

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

① GIGI A GOGO LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): GiGi A GoGo

3. Business Location: 11051 SW Barbur Blvd, Portland, OR 97219
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7426 SW 19th Ave, Portland, OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 244-3320
(phone) (fax)

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

7. If yes to whom: ~~Tricia Bosch~~ Rockland Entertainment LLC Type of License: Full on premises

8. Former Business Name: ~~Rockland Entertainment~~ Lure

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

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

11. Contact person for this application: Clay Horste (541)905-2202
(name) (phone number(s))

7426 SW 19th Ave clayhorste@me.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 10/28/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [x] Additional Privilege
- [x] Other GTN

L#219321
P# 44171

**90-DAY AUTHORITY**

[x] 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 [x] 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: KG

Date: 11/2/15

90-day authority: ☐ Yes ☐ No

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

① DayRayMax Corporation ③ _____

② _____ ④ _____

2. Trade Name (dba): Lima Peruvian Restaurant

3. Business Location: 12090 SW Allen Blvd. (number, street, rural route) Beaverton (city) WA (county) OR (state) 97005 (ZIP code)

4. Business Mailing Address: 12050 SW Why Worry Ln. (PO box, number, street, rural route) Beaverton (city) OR (state) 97008 (ZIP code)

5. Business Numbers: ~~714-329-0745~~ (phone) DC (fax)

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

7. If yes to whom: El Paraiso Tropical Inc Type of License: Off-~~Limited~~ premises

8. Former Business Name: El Paraiso Tropical

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

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

11. Contact person for this application: David Cabrera (name) (phone number(s)) 714-329-0745

12050 SW Why Worry Ln. Beaverton OR 97005 (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 10/06/2015 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 Guest Brewery

**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 NOV 04 2015

90-day authority: ☐ Yes ☐ No

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

① Laurelwood Restaurants Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Laurelwood Public House & Brewery

3. Business Location: 506 Columbia St (number, street, rural route) Hood River (city) Hood River (county) OR (state) 97031 (ZIP code)

4. Business Mailing Address: 5115 NE Sandy Blvd. (PO box, number, street, rural route) Portland (city) OR (state) 97213 (ZIP code)

5. Business Numbers: 503-282-0622 (phone) (fax)

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

7. If yes to whom: BC Marketing Concepts Inc. Type of License: BP

8. Former Business Name: Full Sail Brewing Company

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

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

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine (name) 503-778-5469 (no solicitations) (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (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 _____ Attorney-in-Fact Date Oct 29, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☐ Individuals

**CITY AND COUNTY USE ONLY**

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

**OLCC USE ONLY**

Application Rec'd by: _____

Date: _____

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① RB Little Store LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): RB Little Store LLC
3. Business Location: 1720 N Hwy 101 Rockaway Beach Tillamook OR 97136 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 71 Rockaway Beach OR 97136 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 971 306 1250 (phone) 971 306 (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: Shannon Mills (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? City of Rockaway Beach (name of city or county)
11. Contact person for this application: Shannon Mills (name) 503 252 3609 (phone number(s))
    1028 NE 13th Ave Rockaway 97136 (address) 971 306 1032 (fax number) RbLittleStore@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 Shannon Mills Date 10/03/15 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
- [x] 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
- [x] 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 [x] 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: CL

Date: 11/3/15

90-day authority: ☐ Yes ☑ No

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

① Osprey Café LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Osprey Cafe

3. Business Location: 2281 Beach Drive (number, street, rural route) Seaside (city) Clatsop (county) Oregon (state) 97138 (ZIP code)

4. Business Mailing Address: 2281 Beach Drive (PO box, number, street, rural route) Seaside (city) OR (state) 97138 (ZIP code)

5. Business Numbers: 503.739.7054 (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? City of Seaside (name of city or county)

11. Contact person for this application: Joshua Bokish (name) 503.438.9577 (phone number(s))

2281 Beach Drive, Seaside OR 97138 (address) _____ (fax number) incaorchid@icloud.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 11/03/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

L# 220242
P# 49473

**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: KO

Date: 11/4/15

90-day authority: ☐ Yes ☐ No

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

① Extreme Grocery Discounters LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Everyday Deals

3. Business Location: 17310 SE Division St. Portland, Multnomah, Oregon 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 600 SE 146th Ave Portland Oregon, 97233
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 949.332.0724
(phone) (fax)

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

7. If yes to whom: ~~Steven Harkless~~ Everyday Deals INC Type of License: Off-Premises Sales

8. Former Business Name: Everyday Deals, Inc

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

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

11. Contact person for this application: Stephen Crandall 208.589.4783
(name) (phone number(s))

2306 E 3860 S, St. George, Ut 84790 steve@eventidepartners.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 10/27/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

L 220263

P 48328

**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: NOV 04 2015

90-day authority: ☐ Yes ☐ No

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

① Extreme Grocery Discounters LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Everyday Deals Extreme Discount

3. Business Location: 600 SE 146th Ave Portland Multnomah county State of Oregon 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 600 SE 146th Ave Portland Oregon 97233
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 949.332.0724
(phone) (fax)

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

7. If yes to whom: ~~Steven Harkless~~ Everyday Deals INC. Type of License: Off-Premises Sales

8. Former Business Name: Everyday Deals Extreme Discount LLC

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

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

11. Contact person for this application: Stephen Crandall 208.589.4783
(name) (phone number(s))

2306 E 3860 S, St. George, UT 84790 steve@eventidepartners.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 10/27/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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
- [x] 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 [x] 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: _____

NOV 04 2015

Date: _____

90-day authority: [ ] Yes [ ] No

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

① POND VALLEY LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): RAKU

3. Business Location: 1 N. Fremont st Portland Mult OR 97227
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 25 N. Fremont st Portland OR 97227
(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 [x] No

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

8. Former Business Name: —

9. Will you have a manager? [ ] Yes [x] 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: Hiroshi IKEGAYA 503 914-9654
(name) (phone number(s))

949 NW Overton st #311 Portland, OR 97209 971-373-8089
(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 Jim Ike Date 10/31/15 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
- [x] Brewery Public House ($252.60)
- [ ] Winery ($250/yr)
- [ ] Other: _____

**ACTIONS**

- [ ] Change Ownership
- [x] 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 [x] 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 GILLVILLE, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): ROGUE VALLEY BREWING SUPPLY / BATTLE SHOP

3. Business Location: 123 SE K ST. GRANTS PASS JOSEPHINE OR 97526
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (503) 250-2321
(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? GRANTS PASS
(name of city or county)

11. Contact person for this application: TOM GILLES (503) 250-2321
(name) (phone number(s))

636 FLAMING RD GRANTS PASS OR 97526 N/A RVBSBREWING@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 _____ Date 11-3-15 ③ _____ Date _____

② _____ Date 11-3-15 ④ _____ Date _____

NOV 2015
MEDFORD REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

- [x] Full On-Premises Sales ($402.60/yr)
  - [x] 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**

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other CTN

P41998

L 223600

**90-DAY AUTHORITY**

[x] 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 [x] 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: 11/5/15

90-day authority: ☐ Yes ☐ No

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

① ~~BRETT BURMEISTER~~ ③ [redacted]

② ~~SCOTT SMITH~~ ④ SB Domain LLC

2. Trade Name (dba): HOME

3. Business Location: 719-721 SE Morrison St. Portland Multnomah OR 97214 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4316 N Montana Ave Portland OR 97217 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 896 2771 (phone) (fax)

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

7. If yes to whom: Purgatory LLC If License: FULL-ON-PREMISES

8. Former Business Name: MORRISON HOTEL BAR

9. Will you have a manager? [x] Yes [ ] No Name: BRETT BURMEISTER (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: BRETT BURMEISTER (name) 503 896 2771 (phone number(s))

4316 N MONTANA AVE PORTLAND (address) (fax number) DIESELBOI@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 [signature] Date 11/5/15 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: Oct 1, 2015

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

recommends that this license be:

☒ Granted ☐ Denied

By: Ron Rivers 10-19-15 (signature) (date)

Name: Ron Rivers

Title: Chair

**OLCC USE ONLY**

Application Rec'd by: Jm

Date: 9/25/2015

90-day authority: ☐ Yes ☒ No

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

① Stave & Stone LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Stave & Stone Winery

3. Business Location: ~~3825 Fletcher Dr.~~ 1930 Hwy 35 | Hood River | Hood River | OR | 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 181 | Odell | OR | 97044
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 - 806-1238
(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: Jill L. House
(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: Jill House (name) 541-806-1238 (phone number(s))

3825 Fletcher Dr. (address) (fax number) Jhouse809@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 [signature] Date 9/25/15 ③ _____ Date _____

② [signature] Date 9/25/15 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 C/TN

**90-DAY AUTHORITY**

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

**APPLYING AS:**

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

**CITY AND COUNTY USE ONLY**

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

**OLCC USE ONLY**

Application Rec'd by: DC

Date: 11-05-15

90-day authority: ☒ Yes ☐ No

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

① ~~Max Alatriste~~ Chilac, Inc ③ _____

② ~~Minerva Martinez~~ ④ _____

2. Trade Name (dba): ~~Chilac Inc dba Izzy's Pizza - Corvallis, Or 97330~~

3. Business Location: 2475 NW 9th st. Corvallis Benton Or 97330 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5251 N. Coast Hwy 101 Newport Or. 97365 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 757-1156 email - maxchilac@hotmail.com (phone) (fax)

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

7. If yes to whom: Jansen Enterprises, Inc Type of License: Limited On-Premises Sales

8. Former Business Name: ~~Same as above~~ Izzy's Pizza Bar Classic Buffet

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

10. What is the local governing body where your business is located? Corvallis, Or. 97330 (name of city or county)

11. Contact person for this application: Max Alatriste (541) 265-3636 - Wk (541) 961-8254 - cell (name) (phone number(s))

233 Ne 9th st. Newport, Or. 97365 (address) (fax number) maxchilac@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 Max Alatriste Date 10-20-2015 ③ _____ Date _____

② [signature] Date 10-20-2015 ④ _____ Date _____

paid 10.5.15 JM7
CR# 1.034193

OREGON LIQUOR CONTROL COMMISSION
# LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**
- [x] 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
- [x] 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 [x] Limited Liability Company [ ] Individuals

**CITY AND COUNTY USE ONLY**
Date application received: 10/5/15
The City Council or County Commission:
City of Coos Bay 10/20/15
(name of city or county)
recommends that this license be:
[x] Granted [ ] Denied
By: [signature] 10.30.15
(signature) (date)
Name: Amy Cinnaman
Title: Deputy Finance Director

**OLCC USE ONLY**
Application Rec'd by: [signature]
Date: 10/5/15
90-day authority: [ ] Yes [x] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① Spotlight Country Bar & Nightclub L.L.C
② Georgie Faye Pich ④
2. Trade Name (dba): Spotlight Country Bar & Nightclub LLC
3. Business Location: 1088 Newmark Av Coos Bay Coos OR 97420
(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: 541 808-3203
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? [ ] Yes [x] No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? [ ] Yes [x] No Name: _____
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Coos Bay
(name of city or county)
11. Contact person for this application: Georgie Faye Pich 541-266-7560 951-282-6161
(name) (phone number(s))
61141 Selander Rd.
(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 _____ ③ _____ Date _____
② Georgie Faye Pich Date 10/2/15 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 NOV 05 2015

90-day authority: ☐ Yes ☐ No

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

☐ JL Klemann LLC ☐ _____

☐ _____ ☐ _____

2. Trade Name (dba): The Secret Cellar

3. Business Location: 306 SE Ash St A14 PDX Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3502 SW Vermont St. PDX OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-853-9650
(phone) (fax)

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

7. If yes to whom: Portland Wine Storage Type of License: _____

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? Portland / Multnomah
(name of city or county)

11. Contact person for this application: Jennifer L. Klemann 503-853-9650
(name) (phone number(s))

3502 SW Vermont St. PDX OR 97219 klemann@thesecretcellar.club
(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 11/4/15 ☐ _____ Date _____

☐ _____ Date _____ ☐ _____ Date _____