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
- [ ] 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: KB

Date: 12/4/15

90-day authority: ☐ Yes ☐ No

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

① 3M's Restaurants LLC ③ _____

② ~~Juana Juarez Mendoza~~ ④ _____

2. Trade Name (dba): La Roca Mexican Restuarant

3. Business Location: 1727 Hill St SE (number, street, rural route) Albany (city) Linn (county) OR (state) 97322 (ZIP code)

4. Business Mailing Address: 1727 Hill St SE (PO box, number, street, rural route) Albany (city) OR (state) 97322 (ZIP code)

5. Business Numbers: 541-928-6141 (phone) (fax)

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

7. If yes to whom: Justino Huesca Type of License: Full on premises

8. Former Business Name: La Roca Mexican Restaurant

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

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

11. Contact person for this application: Juana Juarez (name) 541-220-1953 (phone number(s))

970 Jessicas Ct SE Albany OR 97322 (address) (fax number) Lalomendoza09@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 11/24/15 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 [x] 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: OK

Date: 11-23-15

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

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

*① Ruth Hernandez ③ _____

② _____ ④ _____

2. Trade Name (dba): Casa de Reyes

3. Business Location: 2434 Main St Sweet Home Linn OR 97386
(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: _____
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Ruth Hernandez 541-971-1417
(name) (phone number(s))

411 Oak Terrace Sweet Home OR 97386
(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 Ruth _____ Date 11/27/15 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 [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: KB

Date: 12/3/15

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

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

① ~~Alberto A Baez Sr~~ ③ _____

② Cocina Baez, Inc. ④ _____

2. Trade Name (dba): Cocina Baez

3. Business Location: 1775 W 6th ave Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1775 W 6th ave Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-881-0913
(phone) (fax)

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

7. If yes to whom: Chan Bros Enterprises, Inc Type of License: Full

8. Former Business Name: Fortune Inn

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

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

11. Contact person for this application: Alberto A Baez Sr 503-881-0913
(name) (phone number(s))

4783 Nma ave. SE Salem, OR cocinabaez@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 Alberto A Baez Date 11-4-15 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)
- [x] Off-Premises Sales ($100/yr)
  - [x] with Fuel Pumps
- [ ] Brewery Public House ($252.60)
- [ ] Winery ($250/yr)
- [ ] Other: _____

ACTIONS

- [x] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] 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 [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: KB

Date: 12/1/2015

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Thabet Management, Inc. ② _____ ③ _____ ④ _____
2. Trade Name (dba): buy 2 013
3. Business Location: 324 W. Harvard (number, street, rural route) Roseburg (city) OR (county) (state) 97470 (ZIP code)
4. Business Mailing Address: 4105 Franklin Blvd (PO box, number, street, rural route) Eugene (city) OR (state) 97403 (ZIP code)
5. Business Numbers: 541-344-5983 (phone) 541-485-7399 (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: _____ Type of License: Off premises sales
8. Former Business Name: _____
9. Will you have a manager? [ ] Yes [x] No Name: Lutfi Thabet (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Roseburg - Douglas County (name of city or county)
11. Contact person for this application: Barb Ross-Franklin (name) 541-344-5983 (phone number(s)) 4105 Franklin Blvd (address) 541-485-7399 (fax number) Bross-franklin@tmt (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 01 Dec 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: [illegible]

Date: 12/4/15

90-day authority: ☐ Yes ☒ No

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

① Boardgamer LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Funagain Games

3. Business Location: 1280 Willamette St. (number, street, rural route) Eugene (city) Lane (county) Oregon (state) 97401 (ZIP code)

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

5. Business Numbers: 541-654-4205 (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: Cary Madden (manager must fill out an Individual History form)

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

11. Contact person for this application: Cary Madden (name) 541-654-4205 (phone number(s))

1280 Willamette St., Eugene, OR 97401 (address) (fax number) carym@funagain.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 11-5-2015 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: [illegible]

Date: 12/7/15

90-day authority: ☒ Yes ☐ No

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

① ~~Hirofumi Kamazuka~~ ③ _____

② ~~Sukja Yoon~~ Seijin, LLC ④ _____

2. Trade Name (dba): Tokyo Tonkatsu

3. Business Location: 201 W. Broadway Eugene Lane Oregon 97401
(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: (458) 205 - 8076 NONE
(phone) (fax)

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

7. If yes to whom: Mizpah, LLC Type of License: L

8. Former Business Name: Tokyo Tonkatsu

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

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

11. Contact person for this application: Hirofumi Kamazuka (541) 852 6932
(name) (phone number(s))

1617 Adkins Street; Eugene, OR 97401 hirofumi_kamazuka@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 11/3/15 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
- [ ] Additional Privilege
- [x] Other CTN

L# 219442
P# 54175

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: OR

Date: 12-3-15

90-day authority: [ ] Yes [ ] No

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

① MAG Group LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): On the Green Bar & Grill

3. Business Location: 32050 SW Charbonneau Dr Wilsonville Clackamas OR 97070
(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: none yet
(phone) (fax)

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

7. If yes to whom: ~~not sure~~ Wine Garden Inc Type of License: Full On Premise + OFF

8. Former Business Name: Oregon Wine Garden

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? City of Wilsonville
(name of city or county)

11. Contact person for this application: Marco Gonzalez 503-851-2096
(name) (phone number(s))

32050 SW Charbonneau Dr, Wilsonville OR 97070 none djfgonzalez@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Marco Gonzalez Date 12-1-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P40847
L227119

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: 12-4-15

90-day authority: ☐ Yes ☐ No

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

① Double Mountain, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Double Mountain Brewery

3. Business Location: 8 Fourth Street (number, street, rural route) Hood River (city), Hood River (county), OR (state) 97031 (ZIP code)

4. Business Mailing Address: PO Box 1660 (PO box, number, street, rural route) Hood River (city) OR (state) 97031 (ZIP code)

5. Business Numbers: 541-387-0042 (phone) 541-387-0043 (fax)

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

7. If yes to whom: Double Mountain, LLC Type of License: Brewery Public House

8. Former Business Name: _____

9. Will you have a manager? ☑ Yes ☐ No Name: Jonathan Warzsynski (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: Matthew Swihart (name) 541-399-1302 (phone number(s))

PO Box 1660 Hood River, OR 97031 (address) 541-387-0043 (fax number) matt@doublemountainbrewery (e-mail address)

RECEIVED DEC 03 2015

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 11-20-15 ③ _____ Date: _____

② _____ Date _____ ④ _____ Date _____

RECEIVED NOV 25 2015 Incomplete Initials: _____ Oregon Liquor Control Commission

Oregon Liquor Control Com

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: _____

Date: 12-4-15

90-day authority: ☐ Yes ☐ No

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

① SAFFRON LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): SAFFRON COLONIAL CAFE

3. Business Location: 4120 N WILLIAMS AVE PORTLAND MULTNOMAH OREGON 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3915 N MISSOURI AVE PORTLAND OREGON 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: NOT ASSIGNED
(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: SALLY KRANTZ
(manager must fill out an Individual History form)

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

11. Contact person for this application: SALLY KRANTZ 503-885-4816
(name) (phone number(s))

3915 N MISSOURI AVE PORT OR 97227 sallykrantz@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 DEC 2 2015 ③ _____ 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: KD

Date: 12/2/15

90-day authority: [ ] Yes [ ] No

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

① Paiche LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Paiche

3. Business Location: 4237 SW Corbett Ave Portland Multnomah OR 97239
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4237 SW Corbett Ave Portland OR 97239
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-403-6186
(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, OR
(name of city or county)

11. Contact person for this application: Casimira Tadewaldt 503-522-6683
(name) (phone number(s))

3745 SW Water Ave Portland, OR 97239 503-403-6186 casimirat@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 11/30/15 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: M. Olsen

Date: 12/2/15

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

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

① PINE STREET MARKET LIQUOR LICENSE ~~LLC~~ ③ HOLDING COMPANY LLC

② _____ ④ _____

2. Trade Name (dba): PINE STREET MARKET

3. Business Location: 133 SW Pine Street (number, street, rural route) Portland (city) Mult (county) OR (state) 97204 (ZIP code)

4. Business Mailing Address: 123 SE 2nd Ave (PO box, number, street, rural route) Portland (city) Mult (state) OR 97214 (ZIP code)

5. Business Numbers: NA (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: Nate Tilden (manager must fill out an Individual History form)

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

11. Contact person for this application: Nate Tilden (name) 503-516-4510 (phone number(s))

4805 N. Montana Ave Portland 97217 (address) NA (fax number) nate@chykcommon.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 11-3-15 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: _____

Date: _____

90-day authority: [ ] Yes [ ] No

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

① RANDOM FOOD, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): RANDOM FOOD

3. Business Location: 111 SE 6th STE A (number, street, rural route) GP (city) JOSEPHINE (county) OR (state) 97526 (ZIP code)

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

5. Business Numbers: 541-761-7972 (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: TIM MOCK (manager must fill out an Individual History form)

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

11. Contact person for this application: TIM MOCK (name) 541.761.7972 (phone number(s))

455 NE 11th St (address) (fax number) BBTM@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 8/17/15 ③ _____ Date _____

② _____ Date 8/17/15 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: KB

Date: 12/1/2015

90-day authority: ☑ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Thabet Management, Inc. ③ _____
   ② _____ ④ _____
2. Trade Name (dba): buy 2 013
3. Business Location: 324 W. Harvard (number, street, rural route) Roseburg (city) OR (county) (state) 97470 (ZIP code)
4. Business Mailing Address: 4105 Franklin Blvd (PO box, number, street, rural route) Eugene (city) OR (state) 97403 (ZIP code)
5. Business Numbers: 541-344-5983 (phone) 541-485-7399 (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: _____ Type of License: Off premises sales
8. Former Business Name: _____
9. Will you have a manager? ☐ Yes ☒ No Name: Lutfi Thabet (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Roseburg - Douglas County (name of city or county)
11. Contact person for this application: Barb Rees-Franklin (name) 541-344-5983 (phone number(s)) 4105 Franklin Blvd (address) 541-485-7399 (fax number) Brees-franklin@tmi (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 01 Dec 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 CHANGE OF TRADENAME.

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:

CITY OF LA GRANDE
(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: 11-12-15

90-day authority: ☒ Yes ☐ No

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

① LAGRANDE CHEVRON FOODMART INC ③ _____

② _____ ④ _____

2. Trade Name (dba): L B B C

3. Business Location: 1519 Adams AVE La grande Union OR 97850
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 516 SW 5th St Redmond OR 97756
(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: Cho family LNC Type of License: off Premises

8. Former Business Name: ~~Cho family LNC~~ La Grande Shop & Go

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

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

11. Contact person for this application: Farukh Abdullah 949-331-5598
(name) (phone number(s))

3780 SW Crest CT, Redmond OR, 97756
(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 10-30-15 ③ _____ Date _____

② _____ Date 10-30-15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: KO.

Date: 11-12-15

90-day authority: ☒ Yes ☐ No

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

① DAVID ROBIN INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): ATOZSTUFFNTHINGS.COM

3. Business Location: 809 MAIN ST. KLAMATH FALLS KLAMATH OREGON 97601
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4256 SELMA ST KLAMATH FALLS OR 97603
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 209-992-8094
(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: DAVID Hendrickson
(manager must fill out an Individual History form)

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

11. Contact person for this application: DAVID HENDRICKSON 209-992-8094
(name) (phone number(s))

4256 SELMA ST, KLAMATH FALLS OR 97603 DA4440@HOTMAIL.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 10/20/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED
DEC 03 2015

Application is being made for:

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

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

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 NORTH BEND LIQUOR & TOBACCO LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): NORTH BEND LIQUOR & TOBACCO

3. Business Location: 2229 NEWMARK ST NORTH BEND / COOS OR 97459
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. BOX 686 NORTH BEND OR 97459
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-756-2616 (phone) 541-808-2614 (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: DIANE DAWSON
(manager must fill out an Individual History form)

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

11. Contact person for this application: ROBERT DICKEY (541) 419-6687
(name) (phone number(s))

63462 VOGT RD 541-808-2614 radbk1097@gmail
(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] member Date 10/26/2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

set Form | Print Form

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)
- [x] Winery ($250/yr)
- [ ] Other: _____

ACTIONS

- [ ] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other 2nd location

L 217873
P 52924

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: DEC 07 2015

90-day authority: [ ] Yes [ ] No

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

① Franchere Wine Company LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Franchere

3. Business Location: 34948 S Barlow Rd (number, street, rural route) Woodburn (city) OR (county) 97071 (state) (ZIP code)

4. Business Mailing Address: 212 Westfield St (PO box, number, street, rural route) Silverton (city) Marion (state) OR 97381 (ZIP code)

5. Business Numbers: 773-710-7024 (phone) (fax)

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

7. If yes to whom: Hanson Vineyards LLC Type of License: Winery

8. Former Business Name: Hanson Vineyards

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? Clackamas County (name of city or county)

11. Contact person for this application: Michael H Hinds (name) 773-710-7024 (phone number(s))

212 Westfield St Silverton, OR 97381 (address) (fax number) mike@francherewine.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 12/5/2015 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

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

L#217610
P#53447

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: KO

Date: 12/4/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Berkeley's Grill, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Berkeley's Bar & Grill
3. Business Location: 6302 SW Meadows Rd, Lake Oswego Oregon 97035 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 6302 SW Meadows RD L.O. OR 97035 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (971) 246-8384 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Wisconsin Club Inc. Type of License: Full on Premise Sales
8. Former Business Name: DBA: Lamonts
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? Lake Oswego (name of city or county)
11. Contact person for this application: Steven Beyrle (503) 449-1181 (name) (phone number(s))
    5300 Parkview Drive #1037, Lake Oswego OR 97035 (address) (fax number) (e-mail address) stevebey@hotmail.com

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

Applicant(s) Signature(s) and Date:

① Steven Beyrle Date 11/10/15 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

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

P39617

L214705

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: DEC 07 2015

90-day authority: ☐ Yes ☐ No

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

① The Sign of ~~Three~~ 3 LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Hairy Lobster

3. Business Location: 900 N.W. 11th Ave Portland OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1125 N.W. 12th Ave. #815 Portland OR 97209
(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? [x] Yes

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

8. Former Business Name: Jamison

9. Will you have a manager? [x] Yes [ ] No Name: David Root & Melissa Root
(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: David Root 702-302-8063
(name) (phone number(s))

1125 N.W. 12th Ave #815 Portland OR 97209 desertchef1@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 12.4.2015 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: BAKER City (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: 11-12-15

90-day authority: ☒ Yes ☐ No

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

① MOEJOE SMOKE & GIFT INC ③ _____

② _____ ④ _____

2. Trade Name (dba): Baker Bare Bones

3. Business Location: 815 Campbell St. (number, street, rural route) Baker (city) Baker (county) OR (state) 97814 (ZIP code)

4. Business Mailing Address: 815 Campbell St. (PO box, number, street, rural route) Baker (city) OR (state) 97814 (ZIP code)

5. Business Numbers: (541) 678-1477 (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: MASOUD S. ARIA (manager must fill out an Individual History form)

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

11. Contact person for this application: Farukh F. Abdullah (name) (949) 331-5598 (phone number(s))

3780 SW Crest Ct. Redmond, OR 97756 (address) _____ (fax number) GlobalaFinvesting@gmail (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 10-26-15 ③ _____ Date _____

② _____ Date 10-26-15 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

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

L# 223510
P# 48718

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: KG

Date: 12/8/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① King's Cabaret LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): King's Cabaret
3. Business Location: 13550 SE Powell Blvd Portland, OR 97236 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 66681, Portland, OR 97290 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503.502.0746 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Kings Wild Bar & Grill LLC Type of License: Full On-Premises and limited on-premises
8. Former Business Name: Kings Wild Bar & Grill
9. Will you have a manager? [x] Yes [ ] No Name: JOSE PARRA (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: Jose Parra (name) 503.502. 0746 (phone number(s))
    3409 NE 62nd Avenue, #51, Vancouver, WA 98661 (address) (fax number) jsprr@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 JS Date 9-2-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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DEC 08 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: SL for: Terry Hutton

Date: 12/8/15

90-day authority: ☒ Yes ☐ No

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

① FSK LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): In & Out C-Store

3. Business Location: 305 S. Oregon St. Ontario Oregon 97914
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 305 S. Oregon St. Ontario Oregon 97914
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 1-541-889-5380
(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: Fawad Saheb-Khan
(manager must fill out an Individual History form)

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

11. Contact person for this application: Fawad Saheb-Khan 1-541-216-8714
(name) (phone number(s))

7108 W. San Fernando Boise, Id 83704 SahebKhan_fawad@yahoo.co
(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 _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

MASTERFILE

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: [illegible]

Date: 12/8/15

90-day authority: ☐ Yes ☒ No

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

① The Noodle Shop, Co. - Colorado, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Noodles & Company

3. Business Location: 2820 Gateway Street (number, street, rural route) Springfield, Lane County, (city) (county) OR (state) 97477 (ZIP code)

4. Business Mailing Address: 520 Zang Street, Suite D, Broomfield, CO 80021 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 720-214-1900 (phone) 913-273-0564 (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: To be determined (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: Sue Hamilton (name) 913-488-6250 cell phone (phone number(s))

520 Zang Street, Suite D, Broomfield, CO 80021 (address) 913-273-0564 (fax number) shamilton@noodles.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 11/17/15 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
- [ ] Additional Privilege
- [ ] Other _____

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L (F) 214287
(O) 214302

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: KD

Date: 12/7/15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Samuel Saltos ② Katherine Koo ③ KS Foods Inc. ④
2. Trade Name (dba): Zilla Sake
3. Business Location: 1806 NE Alberta St. Portland Multnomah OR 97211 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1806 NE Alberta St Portland OR 97211 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 288-8372 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Allison Lowe Type of License: Full on premises, full-off premises
8. Former Business Name: Zilla Sake (keeping current name with change of ownership).
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 / Multnomah (name of city or county)
11. Contact person for this application: Samuel Saltos (503) 679-6511 (name) (phone number(s))
    333 SE 48th Ave. Portland OR 97215 (address) (fax number) sj_samuel13@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 11/27/15 ③ _____ Date _____

② _____ Date 11/27/15 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 12-8-15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Two Stroke Coffee Co. LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): ~~Same as above / N/A~~ Two Stroke Coffee Co.
3. Business Location: 8926 North Lombard Street Pltd Mult OR 97203
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 2925 NE Glisan Street Portland OR 97232
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 949. 735. 7122
   (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 NO Name: ~~Stephanie T. Tommasello / Seth B. Cifferi~~
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Multnomah County
    (name of city or county)
11. Contact person for this application: Stephanie Tommasello 949.735.7122
    (name) (phone number(s))
    9232 N. Tyler Avenue, Portland OR 97203 Stephanie@TwoStrokeCoffeeCo.com
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 9/11/15 ③ _____ Date _____

② _____ Date 9/11/15 ④ _____ Date _____

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Initials: _____

Oregon Liquor Control Commission

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 Lesser Privilege

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: 12-8-15

Date: _____

90-day authority: ☐ Yes ☐ No

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

① SUNGJIP LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Hana Japanese Bistro

3. Business Location: 2236 NE Alberta St (number, street, rural route) Portland (city) OR (county) (state) 97211 (ZIP code)

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

5. Business Numbers: 503 719 6984 (phone) (fax)

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

7. If yes to whom: SUNGJIP LLC Type of License: Full on premise

8. Former Business Name: _____

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

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

11. Contact person for this application: Matthew Lee (name) 503 719 6984 (phone number(s))

14195 SW 131st Pl Tigard OR 97224 (address) X (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 12/3/2015 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 _____

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Oregon Liquor Control Commission

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: (SC) For: Randy Hanlock

Date: 12/4/15

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

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

① FLIPPIN LIFE INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): DUDA'S BILLIARDS BAR

3. Business Location: 1020 NW WALL ST. (number, street, rural route) Bend (city) Deschutes (county) OR (state) 97703 (ZIP code)

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

5. Business Numbers: 541-410-7874 (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: JEFF DUDA (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: JEFF DUDA (name) 541-410-7874 (phone number(s))

2845 SW 37TH CT Redmond, OR 97756 (address) (fax number) DUDA_32@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 [signature] Date 12-4-15 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
DEC 07 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 FOR: LARRY BROWN

Date: 12/17/15

90-day authority: ☐ Yes ☒ No

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

① ~~Jack Pedro~~ 2 JP LLC ③ _____

② ~~Judith Bell Pedro~~ ④ _____

2. Trade Name (dba): BINKY'S

3. Business Location: 61249 S Hwy 97, STE 160 BEND, DESCHUTES, OR 97702
(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: _____
(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
(name of city or county)

11. Contact person for this application: ~~JACK PEDRO~~ 971-242-9471
(name) (phone number(s))

61186 LEARY DR. BEND, OR 97702 JackPedro@Prodigy.Net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 12-2-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: Eddie

Date: _____

90-day authority: ☐ Yes ☐ No

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

① VINTAGE HOTELS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): BEST WESTERN INN AT THE ROGUE

3. Business Location: 8959 ROGUE RIVER HWY (number, street, rural route) ROGUE RIVER (city) JACKSON (county) OR (state) 97527 (ZIP code)

4. Business Mailing Address: PO BOX 910 (PO box, number, street, rural route) GRANTS PASS (city) OR (state) 97528 (ZIP code)

5. Business Numbers: 541-582-2200 (phone) 541-582-1415 (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: BRIAN PAINE (manager must fill out an Individual History form)

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

11. Contact person for this application: SHARON TERRY (name) 541-956-0231 (phone number(s))

PO BOX 910, GRANTS PASS, OR 97528 (address) 541-956-5771 (fax number) sharon@vintagehotels.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 12/2/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED DEC 08 2015 N.O.

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: Eddie

Date: _____

90-day authority: ☐ Yes ☐ No

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

① Alex Ganos ③ _____

② _____ ④ _____

2. Trade Name (dba): Biologic Brewing Supply

3. Business Location: 4543 S. Pacific Hwy (number, street, rural route) Phoenix (city) Jackson (county) OR (state) 97535 (ZIP code)

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

5. Business Numbers: 541-535-6726 (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? Jackson (name of city or county)

11. Contact person for this application: Alex Ganos (name) 541-535-6726 (phone number(s))

4543 S. Pacific Hwy. Phoenix, OR 97535 (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 10/21/15 ③ _____ Date _____ N.W.

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:

[x] 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: Marc Warren

Date: _____

90-day authority: [ ] Yes [ ] No

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

① S & S Restaurant Group LLC ③ _____

② Warren Country Inn ④ _____

2. Trade Name (dba): Warren Country Inn

3. Business Location: 56575 Columbia River Hwy Warren, OR 97053
(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: 503 397 1776
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jose Luis Soltero 503 396 0679
(name) (phone number(s))
33715 SE Barbara Ct Sandy, OR 97055
(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 11-12-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Oregon Liquor Control Commission
P.O. Box 967
Warrenton, OR 97146

1-800-452-OLCC (6522) • www.oregon.gov/olcc

Received: 12-8-15

(rev. 08/2011)

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: [signature]

Date: 12-8-15

90-day authority: [ ] Yes [ ] No

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

① Two Stroke Coffee Co. LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): ~~Same as above~~ Two Stroke Coffee Co.

3. Business Location: 8926 North Lombard Street Ptld Mult OR 97203
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2925 NE Glisan Street Portland OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 949.735.7122
(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 [x] No NO Name: ~~Stephanie T. Tommasello / Seth B. Ciferri~~
(manager must fill out an Individual History form)

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

11. Contact person for this application: Stephanie Tommasello 949.735.7122
(name) (phone number(s))

9232 N. Tyler Avenue, Portland OR 97203
(address) (fax number) (e-mail address)

Stephanie@TwoStrokeCoffeeCo.com

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

Applicant(s) Signature(s) and Date:

① [signature] Date 9/11/15 ③ _____ Date _____

② [signature] Date 9/11/15 ④ _____ Date _____

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DEC 08 2015
Initials: _____
Oregon Liquor Control Commission

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
- [ ] Other _____

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L212230

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: P

Date: 12/8

90-day authority: ☐ Yes ☐ No

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

① WEI JUAN INC ③ _____

② _____ ④ _____

2. Trade Name (dba): REPUBLIC CAFE & MING LOUNGE

3. Business Location: 222 NW 4TH AVE, PORTLAND, OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5518 SE RAYMOND ST, PORTLAND OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-226-4388
(phone) (fax)

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

7. If yes to whom: Mui Brothers Inc Type of License: FULL-ON PREMISES

8. Former Business Name: Republic cafe & Ming lounge

9. Will you have a manager? [x] Yes [ ] No Name: SUE L MUI
(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: DANDAN ZHANG 503-432-8839
(name) (phone number(s))

8733 SE Division St., Ste# 207, Portland, OR 97266 503-200-1947 ustaxreturn@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 11/25/15 ③ _____ Date _____

② _____ Date 11/24/15 ④ _____ Date _____

RECEIVED DEC 07 2015 Initials: _____ Oregon Liquor Control Commission

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: P

Date: 12/7

90-day authority: [ ] Yes [ ] No

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

① OSF International Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): The Old Spaghetti Factory

3. Business Location: 21192 SW Langer Farms Pkwy, Sherwood, Clackamas County, OR 97140
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 0715 SW Bancroft St., Portland, OR 97239
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Local: TBD; Corporate - 503-225-0433; Fax - 503-226-6214
(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: Travis Crownover
(manager must fill out an Individual History form)

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

11. Contact person for this application: James J. Damis, 503-226-7644
(name) (phone number(s))

620 SW Fifth Ave., Ste 1010, Portland, OR 97204 503-226-3072 jdamis@spiritone.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 By James J. Damis, Sec. Date 12/2/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
DEC 07 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: WMBW

ACTIONS

- ☐ Change Ownership
- ☐ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other Change of location

P54484
C223943

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: P

Date: 12/7

90-day authority: ☐ Yes ☐ No

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

① ~~KENT TRACEY SPEAR~~ ③ _____

② Dateline International Inc ④ _____

2. Trade Name (dba): Dateline International Inc

3. Business Location: 18404 NE San Rafael PORTLAND MULTNOMAH OR 97230
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4855 SW EASTGATE DR Wilsonville OR 97070
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 855 4558
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: KENT SPEAR 503 855 4558
(name) (phone number(s))

4855 SW EASTGATE DR Wilsonville OR 97070 traceyspear@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Kent Tracey Spear Date 11-23-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
DEC 07 2015
Oregon Liquor Control Commission

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: KD

Date: 12/8/15

90-day authority: ☐ Yes ☐ No

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

① SPIKE'S FLAGSHIP LLC ③ _____

② Flagship ④ _____

2. Trade Name (dba): SPIKE'S HOT DOGS

3. Business Location: 400 SW 10TH SUITE #105 PORTLAND MULT OR 97205
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6515 SE 36TH PLACE PORTLAND OR 97202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-789-1000 ⊖
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: ROBERT J PARSONS 503-789-1000
(name) (phone number(s))

6515 SE 36TH PLACE PORTLAND robert.parsons5@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 Robert J Parsons Date 12-3-2015 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: 12-9-15

90-day authority: ☐ Yes ☐ No

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

① Coffee House Holdings, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #483

3. Business Location: 1018 NW Civic Drive (number, street, rural route) Gresham (city) Multnomah (county) OR (state) 97030 (ZIP code)

4. Business Mailing Address: Attn: Mailstop S-TAX2 License Services, PO Box 34442, Seattle, WA 98124-1442 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-667-9943 (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: TBD (manager must fill out an Individual History form)

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

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

621 SW Morrison St., Ste. 1300, Portland, OR 97205 (address) 503-273-9135 (fax number) dt@wysekadish.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 _____ ③ _____ Date _____

② _____ Date 12/2/2015 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☑ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [signature]

Date: 12-9-15

90-day authority: ☐ Yes ☐ No

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

① Coffee House Holdings, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Starbucks Coffee #14026

3. Business Location: 2711 NW Town Center Drive, #1 (number, street, rural route) Beaverton (city) Washington (county) OR (state) 97006 (ZIP code)

4. Business Mailing Address: Attn: Mailstop S-TAX2 License Services, PO Box 34442, Seattle, WA 98124-1442 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-617-4586 (phone) (fax)

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

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

8. Former Business Name: _____

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

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

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

621 SW Morrison St., Ste. 1300, Portland, OR 97205 (address) 503-273-9135 (fax number) dt@wysekadish.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 12/2/2015 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

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: D

Date: 12-10

90-day authority: [ ] Yes [ ] No

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

① Double Mountain, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Double Mountain Taproom

3. Business Location: 4336 SE Woodstock Blvd (number, street, rural route) Portland (city) Multnomah (county) OR (state) 97206 (ZIP code)

4. Business Mailing Address: PO Box 1660 (PO box, number, street, rural route) Hood River (city) OR (state) 97031 (ZIP code)

5. Business Numbers: ~~541-386-0042~~ (phone) 541-387-0043 (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: Jon Warszynski (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: Matt Swihart (name) 541-399-1302 (phone number(s))

PO Box 1660 Hood River, OR 97031 (address) 541-386-0043 (fax number) matt@doublemountainbrewery.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:

RECEIVED

① _____ Date 9-11-15 ③ _____ Date _____

DEC 09 2015

② _____ Date _____ ④ _____ Date _____

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 _____

MASTER FILE

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: [illegible]

Date: 12/10/15

90-day authority: ☐ Yes ☒ No

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

① TA Operating, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Petro Stopping Centers / IRON SKILLET

3. Business Location: 3730 Fern Valley Road, Phoenix, Jackson, OR 97535
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Two Newton Place, 255 Washington Street, Suite 300 Newton, MA 02458
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 535-3372 (phone) (541) 512-3041 (fax)

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

7. If yes to whom: TA Operating LLC Type of License: Off-Premises Sales

8. Former Business Name: N/A

9. Will you have a manager? ☑ Yes ☐ No Name: Wilma Jean McConahie
(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: Adena M. Santiago, Buchman Law Firm, LLP 732-986-9862
(name) (phone number(s))

510 Thornall Street, Suite 200, Edison, NJ 08837 732-632-8760 asantiago@buchmanlaw.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:

TA Operating LLC by: Mark R. Young, Exec. VP, General Counsel

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

- [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: CWormandy

Date: 12-9-15

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

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

① DIVAJO, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): CHANCES BAR + GRILL

3. Business Location: 1484 Hawthorne Ave NE, Salem Marion, 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: _____ (phone) (fax)

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

7. If yes to whom: HSK, Inc. Type of License: FOP

8. Former Business Name: Woody's Cantina

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

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

11. Contact person for this application: HELEN POWELL (name) 1805-368-0465 (phone number(s))

6551 TAPLEY STREET, SIMI VALLEY, CA 93063 (address) (fax number) HELENSAUTMAN@MSN.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 Helen M. Powell Date 11-19-15 ③ _____ Date _____

② Paul M Powell Date 11/19/15 ④ _____ Date _____

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OREGON LIQUOR CONTROL COMMISSION

SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

Date: 1/19

90-day authority: [ ] Yes [ ] No

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

① ~~Danita J. Brittle~~ The Mason Jar LLC ③ _____

② ~~Danielle L. Tkacik~~ ④ _____

2. Trade Name (dba): The Mason Jar LLC

3. Business Location: 360 S. Broadway St. (number, street, rural route) Estacada (city) Clackamas (county) OR (state) 97023 (ZIP code)

4. Business Mailing Address: P.O. Box 262 (PO box, number, street, rural route) Estacada (city) OR (state) 97023 (ZIP code)

5. Business Numbers: (503) 630-2233 (phone) (503) 630-2255 (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: Danita J. Brittle (manager must fill out an Individual History form)

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

11. Contact person for this application: DeDe Brittle (name) (971) 404-8877 cell / (503) 630-2233 work (phone number(s))

549 SW Dogwood Rd. Estacada, OR 97023 (address) (503) 630-2233 (fax number) danika@themasonjarllc.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 Danita J. Brittle Date 10/12/15 ③ _____ Date _____

② _____ Date 10/9/2015 ④ _____ Date _____

RECEIVED DEC 09 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 _____

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90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: P

Date: 12-10-15

90-day authority: ☐ Yes ☐ No

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

① ZHEN & CHEN RESTAURANT INC ③ _____

② _____ ④ _____

2. Trade Name (dba): LAM'S CHINESE KITCHEN

3. Business Location: 102 E 2ND ST, MOLALLA OR 97038
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 102 E 2ND ST, MOLALLA OR 97038
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-829-4050
(phone) (fax)

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

7. If yes to whom: HOUSE OF YANG, LLC Type of License: LIMITED ON PREMISES SALES

8. Former Business Name: ~~HOUSE OF YANG, LLC~~ Lam's Chinese Kitchen

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

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

11. Contact person for this application: DANDAN ZHANG (name) 503-432-8839 (phone number(s))
8733 SE Division St., Ste# 207, Portland, OR 97266 (address) 503-200-1947 (fax number) ustaxreturn@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 ZI HAO ZHEN Date 12-3-15 ③ _____ Date _____

② Shun Qiong Chen Date 12-3-15 ④ _____ Date _____

RECEIVED DEC 07 2015 Initials: _____ Oregon Liquor Control Commission