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)
- [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: _____

Date: DEC 23 2015

90-day authority: ☐ Yes ☐ No

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

① Slicks Big Time BBQ LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Slicks Big Time BBQ

3. Business Location: 9425 SW Commerce Circle Bld 14 Wilsonville, Washington Cty OR 97070
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7160 SW Shady Ln Portland, OR 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-327-8200
(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: Dan Slick
(manager must fill out an Individual History form)

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

11. Contact person for this application: Dan Slick 503-327-8200 503-319-5633
(name) (phone number(s))

7160 SW Shady LN Portland, OR 97223
(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 Dan Slick Date 12/23/15 ③ _____ Date 12/23

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: 12.22.15

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~CHRISTOPHER HANFORD~~ ③ GARDEN BAR LLC
   ② ~~ANA CHAND~~ ④
2. Trade Name (dba): GARDEN BAR
3. Business Location: 100 SW MARKET SUITE A-1 PORTLAND MULT OR 97201 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: ~~[illegible]~~ 220 NW 8th AVE PORTLAND OR 97209 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 917 · 304 · 1732 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☐ Yes ☒ No
7. If yes to whom: N/A Type of License: _____
8. Former Business Name: N/A
9. Will you have a manager? ☒ Yes ☐ No Name: JUDITH LOW (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: CHRIS HANFORD (name) 917 · 304 · 1732 (phone number(s))
    ~~[illegible]~~ 135 SE REX PORTLAND OR 97202 (address) (fax number) chris@gardenbarpdx.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 12/17/15 ③ _____ Date _____

② [signature] Date 12.7.15 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

- [ ] 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: [illegible]

Date: 12-21-15

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

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

① JMarc LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Racks on 5th

3. Business Location: 225 N 5th (number, street, rural route) Monroe (city) Benton (county) OR (state) 97456 (ZIP code)

4. Business Mailing Address: 675 Pine St. (PO box, number, street, rural route) Monroe (city) OR (state) 97456 (ZIP code)

5. Business Numbers: ~~(541) 231-1636~~ TBD (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: Kayla Brown (manager must fill out an Individual History form)

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

11. Contact person for this application: Julie Marone (name) (541)231-1636 (phone number(s))

675 Pine St Monroe OR 97456 (address) N/A (fax number) JMarc05@AOL.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 Julie Marone Date 12-21-15 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: OLCC

Date: 12/22/2015 (CW)

90-day authority: ☐ Yes ☒ No

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

① MORGEN LONG WINE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): MORGEN LONG

3. Business Location: 113 N. YAMHILL ST (number, street, rural route) CARLTON (city) YAMHILL (county) OR (state) 97111 (ZIP code)

4. Business Mailing Address: 3016 SE Ash St (PO box, number, street, rural route) Portland (city) OR (state) 97214 (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: Omero Cellars Type of License: WY

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: Seth Morgen-Long (name) 541-954-8958 (phone number(s))

3016 Ash St. Pltd (address) _____ (fax number) sethmlong@gmail.com (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
DEC 22 2015
SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① Seth M Long Date 12/22/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] 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: K.O.

Date: 12-21-15

90-day authority: [ ] Yes [ ] No

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

① Nu Springs LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Nu Springs LLC

3. Business Location: 26661 Rocky Point Road (number, street, rural route) Klamath (city) (county) OR (state) 97601 (ZIP code)

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

5. Business Numbers: 844-733-2263 (phone) 541-356-2232 (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Mark Granas (name) (phone number(s))

301 Front St, Klamath Falls OR 97601 (address) (fax number) W8N2fish@gmail.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 12/15/15 ③ _____ Date _____

② [signature] Date 12/15/15 ④ _____ Date _____

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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: P

Date: 12-21

90-day authority: ☐ Yes ☐ No

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

① MF Tasty, LLC ③ _____

② ~~Eric Gitenstein~~ ④ _____

2. Trade Name (dba): MF Tasty

3. Business Location: 3710 N Mississippi Ave, Portland, Multnomah, OR 97227
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 610 NE Shaver Portland, OR 97212
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 602-740-8861
(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: Eric Gitenstein 602-740-8861
(name) (phone number(s))

610 NE Shaver St, Portland OR 97212 N/A chefewg@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 11/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED DEC 21 2015 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: Grower Sales/ Wine & Cider

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: P

Date: 12-21

90-day authority: ☐ Yes ☐ No

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

① Theresa Draper ③ _____

② _____ ④ _____

2. Trade Name (dba): Draper Girls Cider Company

3. Business Location: 6200 HWY 35 (number, street, rural route) Parkdale (city) Hood River (county) OR (state) 97041 (ZIP code)

4. Business Mailing Address: 6200 HWY 35 (PO box, number, street, rural route) Parkdale (city) Hood River (state) OR (ZIP code) 97041

5. Business Numbers: 6200 HWY 35 (phone) Parkdale Hood River OR 97041 (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? Hood River (name of city or county)

11. Contact person for this application: Theresa Draper (name) (541) 490-8113 (phone number(s))

6200 HWY 35 Parkdale, OR 97041 (address) (fax number) drapergirls.ciderco@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 12/8/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED DEC 14 2015 Oregon Liquor Control Commission Initials: _____

RECEIVED DEC 21 2015 Oregon Liquor Control Commission Initials: _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: DEC 21 2015

90-day authority: ☐ Yes ☐ No

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

① Maru Kin, LLC ③ _____

② ~~David Rademacher~~ ④ _____

2. Trade Name (dba): Maru Kin

3. Business Location: 609 SE Ankeny Ste A (number, street, rural route) Portland (city) Mult (county) OR (state) 97214 (ZIP code)

4. Business Mailing Address: PO Box 28406 (PO box, number, street, rural route) Portland (city) OR (state) 97228 (ZIP code)

5. Business Numbers: [redacted] (phone) 503-894-9021 (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: David Rademacher (name) 503-[redacted] 894-9021 (phone number(s))

PO Box 28406 Portland OR 97228 (address) (fax number) ~~503~~ david@western-commercial.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 19 Dec 2015 林雅一 Date 21 Dec 2015

② [signature] Date 21 Dec 2015 ③ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 12/18/15

90-day authority: ☐ Yes ☒ No

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

① DEPOE BAY INN LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Depoe Bay Inn

3. Business Location: 235 SE Bayview Ave Depoe Bay OR 97341 Lincoln County
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 249 Depoe Bay OR 97341
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-765-2322 (phone) 541-765-2350 (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: Harbor Lights Inn

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

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

11. Contact person for this application: Taffy Gleason (name) 541-765-2322 (phone number(s))
235 SE Bayview (address) 541-765-2350 (fax number) Taffy.gleason@yahoo.com (e-mail address)
Depoe Bay OR 97341

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

- ☐ Full On-Premises Sales ($402.60/yr)
  - ☐ Commercial Establishment
  - ☐ Caterer
  - ☐ Passenger Carrier
  - ☐ Other Public Location
  - ☐ Private Club
- ☑ Limited On-Premises Sales ($202.50/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: 12-18-15

90-day authority: ☐ Yes ☐ No

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

① Envista Entertainment LLC ③ N/A

② N/A ④ N/A

2. Trade Name (dba): Sky High Sports

3. Business Location: 11131 SW Greenburg Road (number, street, rural route) Tigard (city) Multnomah (county) Oregon (state) 97223 (ZIP code)

4. Business Mailing Address: 11131 SW Greenburg Road (PO box, number, street, rural route) Tigard (city) Oregon (state) 97223 (ZIP code)

5. Business Numbers: 503-924-5867 (phone) N/A (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: Elizabeth Kramer (manager must fill out an Individual History form)

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

11. Contact person for this application: Elizabeth Kramer (name) 503-459-9375 (phone number(s))

10925 SW Riverwood Road Portland, Oregon 97219 (address) N/A (fax number) e@envistagroup.net (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 12/18/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☒ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: DEC 18 2015

90-day authority: ☐ Yes ☐ No

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

① Beth Negash ③ _____

② _____ ④ _____

2. Trade Name (dba): T & E CONVENIENT STORE

3. Business Location: 5416 N. VANCOUVER ST. PORTLAND OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5416 N VANCOUVER AVE PORTLAND, OR 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 626 617 6631
(phone) (fax)

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

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

8. Former Business Name: T & T CONVENIENT STORE

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

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

11. Contact person for this application: BETH NEGASH
(name) (phone number(s))

4821 N WILLIAMS AVE PORTLAND, OR 97217
(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 Beth Negash Date 12/18/15 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: P

Date: 12/18

90-day authority: ☐ Yes ☐ No

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

① Ardor Wines LLC ③ _____

② Red E Cafes LLC ④ _____

2. Trade Name (dba): Ardor Natural Wines

3. Business Location: 1006 N Killingsworth St Portland Multnomah Oregon 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8929 N Fortune Ave Portland Oregon 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 919-389-6098
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Ryan Jones 919-389-6098
(name) (phone number(s))

8929 N Fortune Ave ardorwines@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 12/7/15 ③ _____ Date _____

X ② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

217679

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [signature]

Date: 12/22/15

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

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

① 5 Star Dive Bar L.L.C. ③ _____

② _____ ④ _____

2. Trade Name (dba): Shack N Cue #125

3. Business Location: 1970 Lancaster Dr. Salem Marion OR 97301
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1313 Madrona Coop. SE Salem OR 97302
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-509-1291
(phone) (fax)

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

7. If yes to whom: Rack N Cue LLC Type of License: full on Premises

8. Former Business Name: Rack N Cue

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

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

11. Contact person for this application: Norman R. Newton 503-509-1291
(name) (phone number(s))

1313 Madrona Coop SE Salem OR NO [illegible]@concast.net
(address) (fax number) (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
DEC 21 2015
SALEM REGIONAL OFFICE

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

Applicant(s) Signature(s) and Date:

① [signature] Date 12-19-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

LY / P.P.

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: _____

L 217095

P 49918

ACTIONS

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

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: _____

Date: DEC 22 2015

90-day authority: [ ] Yes [ ] No

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

① Pierre and Annebelle's Picnics in Paradise LLC ③

② ~~Lumberyard MTB, LLC~~ ④

2. Trade Name (dba): Pulehu Pizza

3. Business Location: 2700 NE 82nd Ave Portland, OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4946 SW Barbur Blvd, Portland, OR 97239
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 915 6869
(phone) (fax)

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

7. If yes to whom: Lumberyard MTB, LLC Half Pipe Pizza LLC Type of License: Full

8. Former Business Name: Sprocket Pizza

9. Will you have a manager? [x] Yes [ ] No Name: Annebelle Eastling
(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: Annebelle Eastling 503 915 6869
(name) (phone number(s))
4946 SW Barbur Blvd annebelleeastling@gmail.c
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 12/18/15 ③ _____ Date _____

② _____ Date 12/14/15 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 97N

L 213972

P 2213

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: _____

Date: DEC 21 2015

90-day authority: ☐ Yes ☐ No

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

① ~~JESSICA BURNAM~~ KNIGHT TAVERNS INC. ③

② ~~BRIAN KNIGHT~~ ④

2. Trade Name (dba): BOTTOMS UP TAVERN

3. Business Location: 16900 NW ST. HELENS PORTLAND MULTNOMAH OR 97231
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (503) 621-9844
(phone) (fax)

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

7. If yes to whom: OREGON RIVER TAVERNS INC. Type of License: FULL ON PREM

8. Former Business Name: BOTTOMS UP ~~TAVERN~~

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

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

11. Contact person for this application: BRIAN KNIGHT 503 750-5156
(name) (phone number(s))

33280 LINDEN ST. 97056 BRKNIGHT789@YAHOO.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 2/21/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

221813

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: PSmother

Date: 12/21/15

90-day authority: ☒ Yes ☐ No

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

① Everyone's Market #6, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Everyone's Market #6

3. Business Location: 5045 Barger Dr. (number, street, rural route) Eugene (city) Lane (county) OR (state) 97402 (ZIP code)

4. Business Mailing Address: 1225 E Grant St. (PO box, number, street, rural route) Lebanon (city) OR (state) 97402 (ZIP code)

5. Business Numbers: 541-619-3075 (phone) 541-259-5505 (fax)

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

7. If yes to whom: Serv-U-Market LLC Type of License: Off-premises sales

8. Former Business Name: Serv U Market

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

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

11. Contact person for this application: Rajinder S. Dhote (name) 541-619-3075 (phone number(s))

1225 E Grant St., Eugene, OR 97402 (address) 541-259-5505 (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 Everyone's Market #6, Inc. Date 12/18/15 ③ _____ Date _____

by: Rajinder S. Dhote, Pres Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

PLEASE PRINT OR TYPE

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

222296

Applying as:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

FOR CITY AND COUNTY USE ONLY

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: 12/22/15

90-day authority: ☒ Yes ☐ No

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

① ~~Monica Krause~~ ③ Buddies, LLC

② ~~Anderanik Manoukian~~ ④

2. Trade Name (dba): Noli's Ristorante Italiano

3. Business Location: 769 Monroe St Eugene, Lane, OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1877 Brewer Ave. #G-1 Eugene OR 97401
(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: Noli Italian Cafe LLC Type of License: FCOM

8. Former Business Name: Noli

9. Will you have a manager? ☒ Yes ☐ No Name: Monica Krause
(manager must fill out an individual history form)

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

11. Contact person for this application: Monica Krause (541)669-8672
(name) (phone number(s))

1877 Brewer ave #61 Eugene 97401
(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 M. Krause Date 12-15-15 ③ _____ Date _____

② A Manoukian Date 12/15/15 ④ _____ Date _____

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

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

P48996

L210637

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: P

Date: 12-22

90-day authority: ☐ Yes ☐ No

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

① JacktoriaLLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Fillmore Trattoria

3. Business Location: 1937 NW 23rd Place (number, street, rural route) Portland (city) (county) Oregon (state) 97210 (ZIP code)

4. Business Mailing Address: 1937 NW23rd Place (PO box, number, street, rural route) Portland (city) Oregon (state) 97210 (ZIP code)

5. Business Numbers: _____ (phone) 415 326-5109 (fax)

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

7. If yes to whom: The Old Country, LLc Type of License: Full on premises sales

8. Former Business Name: Le Vieux

9. Will you have a manager? [x] Yes [ ] No Name: Jack Kretzman (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: Jack Kretzman (name) 415-298-2151 (phone number(s))

1937 NW 23rd Place (address) 415 326-5109 (fax number) Jackkretzman@me.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 12/15/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
DEC 15 2015
SALEM REGIONAL OFFICE

215752

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: Matt Calvert

Date: 12/15/15

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Birch Foods LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Liberty Spirit Bar and Grill
3. Business Location: 2653 Commercial st SE Salem Marion OR 97302
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: ~~NA~~ 4569 Antonia Ave NE Salem OR 97302
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503 588 2739 (phone) N/A (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: The Girls LTD Type of License: Full on Premise
8. Former Business Name: Same as Trade 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? Salem (name of city or county)
11. Contact person for this application: Joel Birch (name) 503 828 7180 (phone number(s))
    4569 Antonia Ave NE (address) Salem OR 97301 (fax number) jbirch886556gmail.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 12-5-15 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
- [x] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

P27375

L211995

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: 12-22-15

90-day authority: ☐ Yes ☐ No

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

① KC and HJY LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Polar King Restaurant

3. Business Location: 1030 E. Powell Blvd. Gresham Multnomah OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-655-8200
(phone) (fax)

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

7. If yes to whom: Gael Davis Type of License: ~~FOP~~ Limited

8. Former Business Name: Polar King Restaurant

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? Gresham
(name of city or county)

11. Contact person for this application: Tina Wiltsey-Trevizo ; 503-930-9261
(name) (phone number(s))

327 N Pacific Hwy, Woodburn, OR 97071 tina@wiltseybars.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 21, 2015 ③ _____ Date _____

② _____ Date Dec 21, 2015 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED 22/022 Oregon Liquor Control Commission Bend, Oregon

90-DAY AUTHORITY

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

APPLYING AS:

[ ] Limited Partnership [ ] Corporation [x] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Laura Shepard

Date: 12/17/15

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

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

① Beaver Greens, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Greens At Redmond

3. Business Location: 2575 SW Greens Blvd, Redmond, OR 97756
(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: 541-923-0694 541-548-9816
(phone) (fax)

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

7. If yes to whom: Beaver Greens LLC Type of License: Limited On-Premises Sales

8. Former Business Name: The Greens At Redmond, LLC

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

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

11. Contact person for this application: Randy Shipley 503-704-6744
(name) (phone number(s))

20040 SW Edy Rd Sherwood OR 97140 rshipley@hjarnett.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 12/14/2015 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
- [ ] New Outlet
- [x] Greater Privilege
- [ ] Additional Privilege
- [ ] Other _____

P40134
L22243

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 [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 18 2015

90-day authority: [ ] Yes [ ] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① KEN'S ARTISAN PIZZA, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): KEN'S ARTISAN PIZZA
3. Business Location: 304 SE 28th AVE PORTLAND MULT OR 97214 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 304 SE 28th AVE PORTLAND OR 97214 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-517-9951 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: KEN'S ARTISAN PIZZA Type of License: LIMITED ON-PREMISES
8. Former Business Name: SAME; THIS APP IS FOR ADD'L PRIVILEGE
9. Will you have a manager? [ ] Yes [x] No Name: KEN FORKISH (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: KEN FORKISH (name) 503-936-1771 (phone number(s))
    348 SW BANCROFT ST, PORTLAND 97239 (address) (fax number) KENFORKISH@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 12/17/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

C/LOC 212511

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 12/17/2015

90-day authority: ☐ Yes ☒ No

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

① ~~Kelly M Overly~~ Sugarcube Wines LLC ③

② ~~Stephen A Upchurch~~ ④

2. Trade Name (dba): Rose and Fern Wines

3. Business Location: 1242 SE Maple St (number, street, rural route) Dundee (city) Yamhill County (county) OR (state) 97115 (ZIP code)

4. Business Mailing Address: PO Box 12475 (PO box, number, street, rural route) Portland (city) OR (state) 97212 (ZIP code)

5. Business Numbers: 206-218-3573 (phone) (fax)

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

7. If yes to whom: Corus Estate and Vineyards LLC Type of License: Winery

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? Yamhill County (name of city or county)

11. Contact person for this application: Kelly M Overly (name) 206-218-3573 (phone number(s))

2303 NE 12th Ave #4, Portland OR 97212 (address) (fax number) kelly@roseandfernwines.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 Nov 1, 2015 ③ _____ Date

② _____ Date 11/2/2015 ④ _____ Date

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
DEC 03 2015
SALEM REGIONAL OFFICE

Application is being made for:

LICENSE TYPES

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

ACTIONS

- ☐ Change Ownership
- ☐ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☒ Other Second Loc

218926

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 12/17/2015

90-day authority: ☐ Yes ☒ No

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

① Woodpecker Haven LLC ③ ~~N&K Holdings LLC~~

② ~~Henry Morgan~~ ④ ~~David Rizzo~~

2. Trade Name (dba): Rizzo Winery

3. Business Location: 992 SW Hwy. 99, Dundee, Oregon 97115
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11245 SW Davies Rd. #916 Beaverton, Oregon 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 577-5741
(phone) (fax)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
DEC 17 2015
SALEM REGIONAL OFFICE

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

7. If yes to whom: David Rizzo Type of License: Bonded Winery

8. Former Business Name. _____

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

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

11. Contact person for this application: David Rizzo (503) 577-5741
(name) (phone number(s))

11245 SW Davies Road #916, Beaverton OR 97007 (503) 577-5741
(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 12-1-15 ③ [signature] Date 12-1-2015

② [signature] Date 12/1/15 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 _

225244

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: 12/18/15

90-day authority: ☐ Yes ☒ No

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

① ~~Jaylene Sellars~~ ③ _____

② MJ Market LLC ④ _____

2. Trade Name (dba): MJ Market

3. Business Location: 7457 Blackwell Rd Central Point Jackson OR 97502
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7457 Blackwell Rd Central Point OR 97502
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-664-1683 N/A
(phone) (fax)

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

7. If yes to whom: MJ Market Type of License: Off-Premises

8. Former Business Name: Pine Tree Market

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

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

11. Contact person for this application: Jaylene Sellars (541) 621-0268
(name) (phone number(s))

7457 Blackwell Rd Central Point OR 97502 mjmarketllc@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 Jaylene Sellars Date 9-13-15 ③ _____ Date 5 2015

② _____ Date _____ ④ _____ Date _____

RECEIVED

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

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

(rev. 03/2011)

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

217515

Section 1: Complete This Section For All Requests

1. Licensee Name(s): ~~Lisa Stratford for~~ HH Pizza, LLC
(as currently licensed)
2. Trade Name (dba): Happy Hollow Pizza (current business name) Type of License: Full on-premises (O, L, F, etc.)
3. Business Address: 16085 SE Happy Valley Town CTR Dr. (street) Happy Valley, OR (city) (ZIP code) 97086
4. Mailing Address: 14325 SE Crystal CT (street) Portland, OR (city) 97236 (ZIP code)
5. Telephone Number: 503-706-2148 (business) (home)
6. Check here for a duplicate license certificate ☐

Section 2: Change of Trade Name

New Trade Name (dba): (same) Happy Hollow Pizza

Section 3: Change of Legal Name

1. New Name: ~~RKG, LLC~~
2. Date of Name Change: ~~[illegible]~~
3. Attach a signed copy of legal document(s).

Section 4: Change to Legal Entity (Corp. or LLC)

1. Entity Name: RKG, LLC
2. Complete and attach LLC or Corporation Questionnaire.
3. Attach a signed copy of modified lease agreement if applicable.

Section 5: Deletion of Partner(s)

1. Name of Deleted Partner(s):
2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Lisa Strafford Title: owner/member

Licensee Signature: L. Strafford **Date:** 12/23/15

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

224376

Section 1: Complete This Section For All Requests	1. Licensee Name(s): ~~Lisa Strafford~~ for The Ticket Sports, LLC (as currently licensed) 2. Trade Name (dba): The Ticket (current business name) Type of License: Full on-premises (O, L, F, etc.) 3. Business Address: 1383 NE 181st Ave (street) Portland (city) 97230 (ZIP code) 4. Mailing Address: 14325 SE Crystal Ct (street) Portland (city) 97236 (ZIP code) 5. Telephone Number: 503-706-2148 (business) (home) 6. Check here for a duplicate license certificate ☐
Section 2: Change of Trade Name	New Trade Name (dba): The Ticket
Section 3: Change of Legal Name	1. New Name: 2. Date of Name Change: 3. Attach a signed copy of legal document(s).
Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: RKG, LLC 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Lisa Strafford Title: Owner

Licensee Signature: L. Strafford **Date:** 12/23/15

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

#226726

Section 1: Complete This Section For All Requests	1. Licensee Name(s): ~~Lisa Strafford for~~ Nineteen 33, LLC (as currently licensed) 2. Trade Name (dba): Nineteen 33 (current business name) Type of License: Full on-Premises (O, L, F, etc.) 3. Business Address: 1873 Willamette Falls Dr West Linn 97068 (street) (city) (ZIP code) 4. Mailing Address: 14325 SE Crystal CT Portland 97236 (street) (city) (ZIP code) 5. Telephone Number: 503-706-2148 (business) (home) 6. Check here for a duplicate license certificate ☐
Section 2: Change of Trade Name	New Trade Name (dba): Nineteen 33
Section 3: Change of Legal Name	1. New Name: 2. Date of Name Change: 3. Attach a signed copy of legal document(s).
Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: RKG, LLC 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Lisa Strafford Title: Owner

Licensee Signature: L Strafford **Date:** 12/23/15

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION

CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

224377

Section 1: Complete This Section For All Requests	1. Licensee Name(s): ~~Lisa Strafford for~~ Spectator Pizza, LLC (as currently licensed) 2. Trade Name (dba): Spectator Pizza (current business name) Type of License: Limited On-Premises (O, L, F, etc.) 3. Business Address: 21700 Salamo rd (street) West Linn (city) 97068 (ZIP code) 4. Mailing Address: 14325 SE Crystal CT (street) Portland (city), 97230 (ZIP code) 5. Telephone Number: 503-706-2148 (business) (home) 6. Check here for a duplicate license certificate ☐
Section 2: Change of Trade Name	New Trade Name (dba): Spectator Pizza
Section 3: Change of Legal Name	1. New Name: 2. Date of Name Change: 3. Attach a signed copy of legal document(s).
Section 4: Change to Legal Entity (Corp. or LLC)	1. Entity Name: RYG, LLC 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
Section 5: Deletion of Partner(s)	1. Name of Deleted Partner(s): 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Lisa Strafford Title: Owner

Licensee Signature: L. Strafford **Date:** 12/23/15

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)