



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

EH

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: 8-1-16

90-day authority: Yes No

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

1 Midway Firehouse Pizza LLC 3
2 4

2. Trade Name (dba): Midway Firehouse Pizza LLC

3. Business Location: 14805 Sw Hillsboro Hwy Hillsboro, Washington County, OR 97123
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14805 SW Hillsboro Hwy, Hillsboro, OR 97123
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (phone) (fax)

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

7. If yes to whom: Type of License:

8. Former Business Name:

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

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

11. Contact person for this application: Greg DeWolf 503-628-0336 or 503-750-1876
(name) (phone number(s))
15625 SW Hillsboro Hwy, Hillsboro, OR 97123 midwayfirehousepizza@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

1 Signature Date 6/20/16 3 Date JUL 20 2016

2 Signature Date 4 Initials: Date

Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

*DM*

Application is being made for:

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

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

**APPLYING AS:**  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

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

recommends that this license be:  
 Granted     Denied

By: \_\_\_\_\_ (signature)    \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: *[Signature]*

Date: 8-1-16

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - Brewed By Gnomes LLC ③
  - ~~Shahram Hosseinion, owner~~ ①
- Trade Name (dba): Brewed By Gnomes
- Business Location: 4031 SE Hawthorne Blvd, Portland, Multnomah, OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1735 SE 33<sup>rd</sup> Ave Portland OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-706-6491  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: \_\_\_\_\_
- Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Portland ✓  
(name of city or county)
- Contact person for this application: Shahram Hosseinion 503-706-6491  
(name) (phone number(s))  
1735 SE 33<sup>rd</sup> Ave, Portland, OR 97214 shahramhosseinion@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 Shahram Hosseinion Date 7/26/16 ③ \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED  
 Date  
JUL 28 2016  
 (rev 08/2011)

Initials: [Signature]  
 Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PR

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: \_\_\_\_\_

Date: 7-29-16

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Robert Gilham - Ferment LLC ③ Jaime Athos
- ② Jennifer Peterson ④ Dan Peterson

2. Trade Name (dba): Ferment

3. Business Location: 5th Floor, Yard, 33 NE 3rd Ave, Portland, Multnomah, OR 97232  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Unit 308, 501 Portway Ave, Hood River, OR 97031  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 917-842-9170  
(phone)

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

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes  No Name: Jennifer Peterson Initials: JP  
(manager must fill out an Individual History form) Oregon Liquor Control Commission

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: Jennifer (Jenn) Peterson 917-842-9170  
(name) (phone number(s))  
Unit 308, 501 Portway Ave, HR, OR 97031 jenn@fermentculture.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 7/16/16 ③ [Signature] Date 7/21/16
- ② [Signature] Date 7/13/16 ④ [Signature] Date 7/21/16



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Handwritten initials and signature in the top right corner.

Application is being made for:

LICENSE TYPES

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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 (CTA)

Handwritten notes: L 230483, P 595

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: 7-29-16

90-day authority: Yes No

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

- 1 Neighborhood Restaurant Group II, LLC
2

2. Trade Name (dba): The Lighthouse Restaurant & Bar

3. Business Location: 10808 NW Saint Helens Rd, Portland, OR 97231

4. Business Mailing Address: 700 NW Marlborough Avenue, Portland, OR 97210

5. Business Numbers: 503-348-0933

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

7. If yes to whom: Charles Salyer & Preita Salyer Type of License: Full On-premise

8. Former Business Name: Same: Lighthouse Restaurant & Bar Inn + Restaurant

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

10. What is the local governing body where your business is located? Linton / Portland

11. Contact person for this application: Alex Bond 503-348-0933
700 NW Marlborough Ave, Portland, OR 97210 alex@serratto.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 7-22-16

2 Date

RECEIVED

JUL 29 2016

Initials: Date Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Pending

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

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 8-1-16

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

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

1 Everest Enterprises LLC
2

2. Trade Name (dba): Everest Enterprises LLC

3. Business Location: 12526 NW Milazzo Ln Portland Washington OR 97229
(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: 971-213-8158
(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: Michelle Zhu
(manager must fill out an Individual History form)

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

11. Contact person for this application: Michelle Zhu 503-442-3465
(name) (phone number(s))
12526 NW Milazzo LN everestpdx@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

1 Signature Date 07/29/2016
2 Signature Date
Initials: Date
Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

DT

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 \_\_\_\_\_

L241169  
P 27254

### 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: 8-2-16

90-day authority:  Yes  No

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

- ① Tucson Portland LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Embassy Suites by Hilton Portland Airport

3. Business Location: 7900 NE 82nd Avenue Portland Multnomah OR 97220  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2398 E. Camelback Rd., Suite 1000 Phoenix AZ 85016  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-460-3000  
(phone) (fax)

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

7. If yes to whom: Atrium TRS V, LLC ✓ Type of License: F-COM

8. Former Business Name: Embassy Suites by Hilton Portland Airport

9. Will you have a manager?  Yes  No Name: James Dodson  
(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: Dan Kramer 415-795-2327  
(name) (phone number(s))  
633 Battery St., Suite 110, San Francisco, CA 94111 dan@djklawgroup.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 7/21/16 ③ \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED  
AUG 01 2016  
Date

Initials: \_\_\_\_\_  
Oregon Liquor Control Commission  
(rev. 08/2011)





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

**APPLYING AS:**  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

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

recommends that this license be:  
 Granted     Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: \_\_\_\_\_

Date: 7/20/16

90-day authority:  Yes     No

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

① "R" Little Market & Cafe LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Perky's Cafe

3. Business Location: 7620 3rd St Turner Manon OR 97392  
(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: 503-985-6502  
(phone) (fax)

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

7. If yes to whom: KCE Properties, LLC Type of License: LOP & To go lic.

8. Former Business Name: same

9. Will you have a manager?  Yes     No Name: Sharon Boice  
(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: Sharon T Boice 503-510-7153  
(name) (phone number(s))  
9993 Silver Falls Hwy SE Aumsville OR 97325 sharonboice@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 Sharon T Boice, member Date 7-12-16 ③ \_\_\_\_\_

② [Signature] Date 7-12-16 ④ \_\_\_\_\_

**RECEIVED**  
OREGON LIQUOR CONTROL COMMISSION  
JUL 19 2016



# 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

JUL 28 2016

225134

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: Se

Date: 7/28/16

90-day authority:  Yes  No

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

① Long's Deli, LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Long's Sports Pub

3. Business Location: 166 So. Oregon St Ontario Malheur OR 97914  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 341 Fruitland ID 83619  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-881-9911 Cell: 208-741-1363  
(phone) (fax)

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

7. If yes to whom: Long's Deli, LLC Type of License: Limited On-Premises Sales

8. Former Business Name: N/A

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

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

11. Contact person for this application: LARRY LEAVITT 208-741-1363  
(name) (phone number(s))

164 Ash Loop Fruitland ID 83619 N/A longssportspub@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 Larry Leavitt Member Date 7/25/16 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 CFTN

240211  
46495

**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: 08-02-16

90-day authority:  Yes  No

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

① Benny's Donuts LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Benny's

3. Business Location: 116 NW 35th St Corvallis Benton Oregon 97330

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

4. Business Mailing Address: 200 SW 4th St, Suite 201 Corvallis OR 97333

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

5. Business Numbers: 541-602-4838

(phone) (fax)

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

7. If yes to whom: Parkway Bow Enterprises, Inc Type of License: Unknown F-Corn

8. Former Business Name: N/A Sunnyside Up

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

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Benny Augeri 541-602-4838

(name) (phone number(s))

200 NE Cambridge Circle benny.augeri@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 Benny Augeri Date 10-30-2010 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
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- Other Public Location
- Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- ~~New Outlet~~
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

*new outlet*

### 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:

*Medford*

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: *JN*

Date: *7.21.16*

90-day authority:  Yes  No

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

① *North Medford Liquor + Tobacco, LLC*

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): *North Medford Liquor & Tobacco*

3. Business Location: *1590 Delta Waters rd. Suite 108/110 Medford, OR 97504*  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: *541-973-2240*  
(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: *Taylor Thomas*  
(manager must fill out an Individual History form)

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

11. Contact person for this application: *Haley R Hansen* *541-761-7630*  
(name) (phone number(s))  
*274 Pine Grove Rd. Rogue River, OR 97537* *(541) 973-2241* *ehansen1131@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 *Haley R Hansen* Date *6-10-16* ③ \_\_\_\_\_

② *[Signature]* Date *6-10-16* ④ \_\_\_\_\_

# RECEIVED

JUL 19 2016

MEDFORD REGIONAL OFFICE  
OREGON LIQUOR CONTROL COMMISSION (rev. 08/2011)



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

EH

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 CTA

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 8-4-16

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

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

1 Sylvan Stop & Go Market LLC 3
2 4

2. Trade Name (dba): Sylvan Stop & Go Market

3. Business Location: 1850 Sw Skyline Blvd. Ste 4, Portland, Multnomah, OR 97221

4. Business Mailing Address: 17092 NW Tucson St Beaverton OR 97006

5. Business Numbers: 5037996748 (phone) (fax)

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

7. If yes to whom: Sylvan stop and go Inc Type of License: 0

8. Former Business Name: Sylvan Stop & Go

9. Will you have a manager? Yes No Name: Rona Wahdi (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: Abdul Mohammady 503 799 6748
17092 NW Tucson St Beaverton OR 97006 mohammady9345@comcast.net

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

Applicant(s) Signature(s) and Date:

1 [Signature] Date 6/18/16 3
2 [Signature] Date 4

RECEIVED AUG 03 2016
Initials: [Signature] Date
Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PR

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 CTA

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P 266

### 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: 8-3-16

90-day authority:  Yes  No

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

- ① Rogers Entertainment LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Scarlet Lounge

3. Business Location: 12646 SE Division Portland Multnomah OR 97256  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4504 SW Hewett Blvd Portland OR 97221  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Webb Entertainment LLC Type of License: Full on-Premises

8. Former Business Name: The Pitiful Princess

9. Will you have a manager?  Yes  No Name: David Rogers  
(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: David Rogers 503-502-8026  
(name) (phone number(s))  
4504 SW Hewett Blvd Portland OR 97221 davewr15@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 7/31/16 ③ \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED  
Date 8/1/2016  
Initials [Signature] Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

*Pending* DB

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: 8-3-16

90-day authority:  Yes  No

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

- ① Mrinal Sen Tamrakar ③ \_\_\_\_\_
- ② Rajani Sen Tamrakar ④ \_\_\_\_\_

2. Trade Name (dba): J & J Little store

3. Business Location: 2936 SE Washington St. Milwaukie, OR 97222  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2936 SE Washington St Milwaukie, OR 97222  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 654-5420  
(phone) (fax)

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

7. If yes to whom: Eui Jin Kim Type of License: off-premises

8. Former Business Name: J & J Little 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? City of Milwaukie  
(name of city or county)

11. Contact person for this application: Mrinal Sen Tamrakar  
(name) (phone number(s))  
229 Fuchsia Way Healdsburg, CA 95448 mr12mr12@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 8-1-16 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② *[Signature]* Date 8/1/16 ④ \_\_\_\_\_ Date \_\_\_\_\_  
Initials: *[Signature]* 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 - GENERAL PARTNERSHIP

### 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: 8/4/2016 Con

90-day authority:  Yes  No

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

KAAC HALL  \_\_\_\_\_

REBECCA HALL  \_\_\_\_\_

2. Trade Name (dba): GREAT HALL MEADERY AND GREAT HALL MEADS

3. Business Location: 1307 NORTHGATE DR INDEPENDENCE POLK OR 97351  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (707) 695-8921  
(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? INDEPENDENCE  
(name of city or county)

11. Contact person for this application: REBECCA HALL (707) 695-8921  
(name) (phone number(s))  
1307 NORTHGATE DR INDEPENDENCE OR 97351 RHALL@GREATHALLMEADERY.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:

A Hall Date 16 July 2016  \_\_\_\_\_ Date \_\_\_\_\_

R Hall Date 7/16/16  \_\_\_\_\_ Date JUL 20 2016





# 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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AUG 02 2016

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: SE

Date: 8/2/16

90-day authority:  Yes  No

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

① Tacos Mexico LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Tacos Mexico LLC per AI 8/2/16

3. Business Location: 105 SE 2nd St. Ontario Malheur OR 97914  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 133 SW 7th Ave Ontario OR 97914  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-889-6668  
(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: Valentina Solis-Tellez  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Valentina Solis-Tellez 541-936-7931  
(name) (phone number(s))  
133 SW 7th Ave Ontario OR  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Valentina Solis T. Date 4-22-16 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

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MAY 12 2016



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Pending

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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L 234878
P 54884

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 8-1-16

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

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

1. Abbey Creek Vineyard, LLC

2. Trade Name (dba): Abbey Creek Vineyard

3. Business Location: 602 NW 23rd Ave Portland/Mult/OR 97210

4. Business Mailing Address: 14611 NW Germantown RD/Portland/OR 97231

5. Business Numbers: 503-389-0619 / 503-289-2077

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

7. If yes to whom: IPACS Cellars LLC Type of License:

8. Former Business Name: IPACS Cellars

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

when issued make this a 2nd loc to primary Abbey

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

11. Contact person for this application: Bertony Faustin 503-389-0619
14611 NW Germantown RD PDX 97231 5032892077 bertony@abbeycreekvineyard

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

Applicant(s) Signature(s) and Date:

1. [Signature] Date 7-27-16

2. [Signature] Date

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JUL 27 2016

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 \_\_\_\_\_

**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: C. W. [Signature]

Date: 7-25-16

90-day authority:  Yes  No

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

① Lancaster Mayjai LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Sandee Thai Restaurant

3. Business Location: 211 Oak St Silverton Clatsop Oregon 97381  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 211 Oak St. Silverton Oregon 97381  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-874-4140 503-874-4160  
(phone) (fax)

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

7. If yes to whom: Ken Wetzel Type of License: Limited

8. Former Business Name: Sandee Thai

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OREGON LIQUOR CONTROL COMMISSION

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(manager must fill out an Individual History form) 7/25/2016

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

(name of city or county) CLATSOP REGIONAL OFFICE

11. Contact person for this application: Greg Lancaster 503-380-0763  
(name) (phone number(s))

P.O. Box 800 Lake Oswego 97034  
(address) Oregon (fax number) 503-697-8528 (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/18/16 ③ \_\_\_\_\_

② [Signature] Date 7/13/16 ④ \_\_\_\_\_

RECEIVED  
Date JUN 27 2016  
Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 8/4/16

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

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

1 Happy Dragon Inc
2

2. Trade Name (dba): Happy Dragon Restaurant & Lounge

3. Business Location: 951 N 1st Ave Stayton Marion OR 97383

4. Business Mailing Address: 951 N 1st Ave Stayton OR 97383

5. Business Numbers: 503 769 5899

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

7. If yes to whom: Happy Dragon Inc Type of License: Full on-premises

8. Former Business Name:

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

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

11. Contact person for this application: Janson Chen 503 758 0375
951 N 1st Ave Stayton OR 97383 happydragon.stayton@gmail.com

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

Applicant(s) Signature(s) and Date:

1 [Signature] Date 7/26/16
2 Date

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OREGON LIQUOR CONTROL COMMISSION
AUG 01 2016



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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AUG 03 2016

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: KETTERHOFF

Date: 8/3/16 JW

90-day authority:  Yes  No

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

① SRKS' NW LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Eastside Market

3. Business Location: 582 E MAIN Street HERMISTON oregon 97132  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1942 SKY meadow Ave Richland wa 99352  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-567-5811  
(phone) (fax)

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

7. If yes to whom: THOMPSON GREEN INC Type of License: OFF

8. Former Business Name: EASTSIDE MARKET

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

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

11. Contact person for this application: RAMAN MALH 360-201-8071  
(name) (phone number(s))  
1942 SKY meadow Ave Richland wa 99352 RAMANZIRA@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 Raman Malh Date 8/3/16 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 location

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 8/4/16

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Jade Peace Inc. ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Jade Garden

3. Business Location: 625 Lancaster Dr. NE Salem OR 97301  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1049 Chardonnay Ln NE KEIZER OR 97303  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-999-0405 503-393-2916  
(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: RON CHEN  
(manager must fill out an Individual History form)

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

11. Contact person for this application: RON CHEN 503-999-0405  
(name) (phone number(s))  
1049 Chardonnay Ln NE KEIZER OR 97303  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/1/2016 ③ \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION

AUG 01 2016 Date

SALEM REGIONAL OFFICE 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 2<sup>nd</sup> location

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 8/4/2016 CW

90-day authority:  Yes  No

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

① Old Wagon Road Vineyards, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Mistibleu Wines

3. Business Location: 12000 NW Old Wagon Road, Carlton, Yamhill, OR, 97111  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12000 NW Old Wagon Road, Carlton, OR, 97111  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-662-7249  
(phone) (fax)

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

7. If yes to whom: Old Wagon Road Vineyards, LLC Type of License: Winery

8. Former Business Name: \_\_\_\_\_

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

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

11. Contact person for this application: Christopher James Barnes 503-662-7249  
(name) (phone number(s))  
12000 NW Old Wagon Road, Carlton, OR, 97111 (no fax number) chris@mistibleu.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/26/2016 ③ \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION



# OREGON LIQUOR CO ROL COMMISSION LIQUOR LICENSE APPLICATION

*DM*

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 *CTA*

*L239544  
P 35188*

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission: \_\_\_\_\_

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: \_\_\_\_\_

Date: *8-4-16*

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① Natee Erisoontorn ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Thai Touch Cuisine

3. Business Location: 1334 S.E. Hawthorne Portland, Multnomah, OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: "503" 232-7774  
(phone) (fax)

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

7. If yes to whom: Thai Spoon LLC Type of License: Limited on-Premises Sales

8. Former Business Name: Thai Spoon Restaurant

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

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

11. Contact person for this application: Natee Erisoontorn "503" 708-9248  
(name) (phone number(s))  
3631 N.E. 82<sup>nd</sup> Ave Portland OR 97220 ptom708@hotmail.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 *Natee Erisoontorn* Date 08/01/16 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Oregon Liquor Control Commission

RECEIVED  
AUG 03 2016



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

PR

Application is being made for:
LICENSE TYPES: Full On-Premises Sales, Commercial Establishment, Caterer, Passenger Carrier, Other Public Location, Private Club, Limited On-Premises Sales, Off-Premises Sales, Brewery Public House, Winery, Other.
ACTIONS: Change Ownership, New Outlet, Greater Privilege, Additional Privilege, Other CTN.
CITY AND COUNTY USE ONLY: Date application received, The City Council or County Commission recommends that this license be: Granted or Denied.
OLCC USE ONLY: Application Rec'd by, Date: 8-4-16, 90-day authority: Yes or No.

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
1. LIMCHAROEN, LLC
2. Trade Name (dba): THAI LEMON
3. Business Location: 4604 SE Hawthorne BLVD PORTLAND OR 97215
4. Business Mailing Address: same
5. Business Numbers: THAI LEMON 503
6. Is the business at this location currently licensed by OLCC? Yes
7. If yes to whom: Panpon Ung Argawong Type of License: Full On-Premises Sales
8. Former Business Name: THAI Dish 2
9. Will you have a manager? No Name:
10. What is the local governing body where your business is located? Portland
11. Contact person for this application: sirilak Promprasent 503-422-5757

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. sirilak Promprasent Date 7/28/16
2. Date
Initials: AUG 02 2016 Date
Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PR

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

*OLCC 23890221  
P 54597*

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission: \_\_\_\_\_

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

---

**OLCC USE ONLY**

Application Rec'd by:

Date: 8-4-16

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - ① Portland Fish Market LLC ③ \_\_\_\_\_
  - ② \_\_\_\_\_ ④ \_\_\_\_\_
2. Trade Name (dba): Portland Fish Market
3. Business Location: 4404 SE Woodstock Blvd Portland Multnomah OR 97206  
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 4404 SE Woodstock Blvd Portland OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-477-6988  
(phone) (fax)
6. Is the business at this location currently licensed by OLCC?  Yes  No
7. If yes to whom: Portland Fish Market LLC Type of License: Off-Premise Sales
8. Former Business Name: Same
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: Agnes Berkowitz 503-562-9365  
(name) (phone number(s))  
4404 SE Woodstock Blvd. agnese@pdxfishmarket.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 7/28/16 ③ \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

Initials:  Date \_\_\_\_\_

RECEIVED  
 Date 8/2/2016  
 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 *2nd loc.*

**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: 8/4/2016 *CU*

90-day authority:  Yes  No

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

- ① Elevee Wines, LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Elevee Winegrowers

3. Business Location: 801 N. Scott Street Carlton Yamhill Oregon 97111  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9653 NE Keyes Lane Dundee Oregon 97115  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 840-8448  
(phone) (fax)

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

7. If yes to whom: Carlton Winemakers Studio Type of License: Winery

8. Former Business Name: \_\_\_\_\_

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

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

11. Contact person for this application: Tom Fitzpatrick (503) 840-8448  
(name) (phone number(s))  
9653 NE Keyes Lane, Dundee, OR 97115 tom@eleveewines.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 7/20/16 ③ \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

SALEM REGIONAL OFFICE Date \_\_\_\_\_  
JUL 29 2016

RECEIVED  
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 CFN

### 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: 8/4/10

90-day authority:  Yes  No

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① SAC Enterprises LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Mill City Mobil

3. Business Location: 654 NW Santiam Bl. Mill City Marion OR 97360  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6341 Donaldson Rd. Grants Pass OR 97526  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: n/a.  
(phone) (fax)

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

7. If yes to whom: unknown Type of License: off premises sales w/gas

8. Former Business Name: Santiam Quick Mart

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

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

11. Contact person for this application: Robert L. Eastridge III 541-226-6735  
(name) (phone number(s))  
57 Cedar St. PO Box 230 Shady Grove, OR 30centerprises49@gmail.com  
(address) (fax number) 97539 (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/18/10 ③ \_\_\_\_\_

② [Signature] Date 7/15/10 ④ \_\_\_\_\_

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION  
JUL 21 2010 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: 8/4/16

90-day authority:  Yes  No

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

① Romana's Mexican Restaurant LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Romana's Mexican Restaurant

3. Business Location: 2325 Fairgrounds NE Salem Marion OR 97305  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 380 Boone RD SE Salem OR 97306  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-512-3807  
(phone) (fax)

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

7. If yes to whom: Golden Island Noodles 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? Salem, Marion  
(name of city or county)

11. Contact person for this application: Amelia Garcia 503-512-3807  
(name) (phone number(s))  
380 Boone RD SE Salem OR 97306  
(address) (fax number) (e-mail address)

**RECEIVED**  
OREGON LIQUOR CONTROL COMMISSION

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 6/28/16 ③ \_\_\_\_\_

② [Signature] Date 6/28/16 ④ \_\_\_\_\_

JUL 28 2016

SALEM REGIONAL OFFICE  
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: OK

Date: 08-04-16

90-day authority:  Yes  No

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

- ① WANG'S FAMILY RESTAURANT INC. ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): OCEAN GARDEN

3. Business Location: 2207 WINCHESTER AVE, REEDSPORT, DOUGLAS, OR 97467  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2207 WINCHESTER AVE REEDSPORT OR 97467  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-271-3590  
(phone) (fax)

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

7. If yes to whom: JEFF BU CHEN / OCEAN GARDEN INC. Type of License: LIMITED ON-PREMISES SALES

8. Former Business Name: OCEAN GARDEN INC.

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

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

11. Contact person for this application: NORA LEUNG 503-998-9678  
(name) (phone number(s))  
13449 SE SHANNON VIEW, CLACKAMAS OR 97015 503-698-5450 norayleung@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 Jie Hua TAN Date 07/08/16 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② Yi Zhuoney Wang Date 07/08/16 ④ \_\_\_\_\_ Date \_\_\_\_\_