OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

RECEIVED
APR 20 2012
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

Application is being made for:

LICENSE TYPES

- ☐ Full On-Premises Sales ($402.60/yr)
  - ☐ Commercial Establishment
  - ☐ Caterer
  - ☐ Passenger Carrier
  - ☐ Other Public Location
  - ☐ Private Club
- ☐ Limited On-Premises Sales ($202.60/yr)
- ☒ Off-Premises Sales ($100/yr)
  - ☐ with Fuel Pumps
- ☐ Brewery Public House ($252.60)
- ☐ Winery ($250/yr)
- ☐ 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: 4/20/12

90-day authority: ☐ Yes ☐ No

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

① SUNSTATE ENTERPRISES INC ③ _____

② _____ ④ _____

2. Trade Name (dba): STOP N SHOP MARKET

3. Business Location: 2751 N.PACIFIC HIGHWAY MEDFORD JACKSON OR 97501
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 984 NEWCASTLE ST MEDFORD OR 97501
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 707-688-8588 541-772-5333
(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: SUKHDEV SINGH
(manager must fill out an Individual History form)

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

11. Contact person for this application: SUKHDEV SINGH 707 -688-8588
(name) (phone number(s))

984 NEWCASTLE ST,MEDFORD,OR.97501 541-772-533 sanjeev7@msn.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 04/20/2012 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Received Time Apr. 20. 2012 9:55AM No. 4562

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 _____

P47361
L163225

90-DAY AUTHORITY

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

APPLYING AS:

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

- ☐ Granted
- ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 4-2012

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Grampy's Inc ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Grampy's
3. Business Location: 1652 NW Fairview Dr Gresham Multnomah OR 97030
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 19363 Willamette Dr. #242 West Linn OR 97068
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503 465-1463 503 465-0364
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: Grampy's Inc dba Grampy's Type of License: Limited On-Premises/Off Premises
8. Former Business Name: N/A
9. Will you have a manager? [x] Yes [ ] No Name: Have not hired yet.
   (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: Chris Somers 503 310-1105
    (name) (phone number(s))
    5375 Broadway St West Linn, OR. 97068 503-722-7541 grampys.chris@comcast.net
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4-9-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Reset Form | Print Form

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED
APR 12 2012
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ 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: 4-20-12

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Brad Boucher ③ _____
   ② Tara Thomas ④ _____
2. Trade Name (dba): Sauce
3. Business Location: 1640 Ashland St (number, street, rural route) Ashland (city) Jackson (county) OR (state) 97520 (ZIP code)
4. Business Mailing Address: Same (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541 488 5963 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Hardip Basra Type of License: Limited
8. Former Business Name: Three Rivers
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? Ashland (name of city or county)
11. Contact person for this application: Brad Boucher (name) 541-488-3090 (phone number(s))
    2300 Colton Rd (address) (fax number) bradboucher.grace@gmail (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4-17-12 ③ _____ Date _____

② _____ Date 4-19-12 ④ _____ Date _____

Received Time Apr. 20. 2012 3:28PM No. 4571

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☒ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K.O

Date: 4/9/12

90-day authority: ☐ Yes ☒ No

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

① RANDY ALAN O'Connor ③ _____

② _____ ④ _____

2. Trade Name (dba): O'Connors Irish Pub & Diner

3. Business Location: 22121 HWY 140 E. Dairy Klamath Oregon 97625
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 22121 HWY 140 E. Dairy Oregon 97625
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-545-1010 N/A
(phone) (fax)

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

7. If yes to whom: RANDY O'Connor Type of License: Limited - On Premises

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? Klamath County
(name of city or county)

11. Contact person for this application: RANDY O'Connor 541-545-1010
(name) (phone number(s))

22121 HWY 140 E. Dairy Or. 97625
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 3-17-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Received Time Apr. 20. 2012 11:37PM No. 4580

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: 4/16/12

The City Council or County Commission: Wallowa County Board of (name of city or county) Commissioners

recommends that this license be: ☑ Granted ☐ Denied

By: [signature] 4/16/12 (signature) (date)

Name: M.K. Hayward

Title: Chairman

OLCC USE ONLY

Application Rec'd by: [signature]

Date: 4-19-12

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① CARE O'MEL GUARDIAN LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): RIM ROCK INN
3. Business Location: 83471 LEWISTON HWY ENTERPRISE WALLOWA OR 97828 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 82471 LEWISTON HWY ENTERPRISE OR 97828 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541-828-7769 SAME (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: SELF MELANIE KIESECKER (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? WALLOWA (name of city or county)
11. Contact person for this application: MELANIE KIESECKER 541-828-7769 / 7744 (name) (phone number(s))
    80488 Courtney Butte Ln 541-828-7769 mjkcookie@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 Melanie Kiesecker Date Feb-29-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

Received Time Apr. 19. 2012 8:03PM No. 4560

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K.O.

Date: 4-19-12

90-day authority: ☒ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① FastBreak of Oregon, LLC ③ Brad Staub (Individual)
   ② David Staub (Individual) ④ _____
2. Trade Name (dba): Bly Chevron
3. Business Location: 61430 HWY 140 E (number, street, rural route) Bly (city) Klamath (county) OR (state) 97622 (ZIP code)
4. Business Mailing Address: PO Box 671 (PO box, number, street, rural route) Lakeview (city) OR (state) 97630 (ZIP code)
5. Business Numbers: 541-353-2551 (phone) 541-353-2612 (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Clough Oil Company Type of License: Off Premise Sales
8. Former Business Name: Bly Chevron
9. Will you have a manager? ☒ Yes ☐ No Name: Tom Schneider (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Bly, Klamath County (name of city or county)
11. Contact person for this application: Tom Schneider (name) 541-417-0027 (947-2101) (phone number(s))
    PO Box 671 Lakeview, OR 97630 (address) 541-947-3411 (fax number) Tom.Schneider@EdStaub.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 4-16-2012 ③ _____ Date _____

② _____ Date 4-16-2012 ④ _____ Date _____

Received Time Apr. 20. 2012 11:37PM No. 4580

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 _____

P3371
L167777

90-DAY AUTHORITY

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

APPLYING AS:

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 4-23-12

90-day authority: ☐ Yes ☐ No

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

① ~~Virginia Shattuck~~ _____ ③ _____

② The Shattuck Co. Inc ④ _____

2. Trade Name (dba): Joe's Pastime Tavern

3. Business Location: 359 E Main St. (number, street, rural route) | Hillsboro (city) | Washington (county) | OR (state) | 97123 (ZIP code)

4. Business Mailing Address: 1411 NE Arrowwood St. (PO box, number, street, rural route) | Hillsboro (city) | OR (state) | 97124 (ZIP code)

5. Business Numbers: 503-648-7327 (phone) | N/A (fax)

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

7. If yes to whom: ~~Virginia~~ Shattuck Co. Inc Type of License: Limited on-premises sales & off-premises

8. Former Business Name: ~~N/A~~ Joe's Pastime Tavern

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

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

11. Contact person for this application: Virginia Shattuck (name) | (503) 648-1555 (home) (phone number(s))

1411 NE Arrowwood St. (address) | N/A (fax number) | arrowwoodstreet@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 Virginia Shattuck Date 4-9-2012 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
APR 23 2012
REGULATORY FIELD SERVICES
Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- [ ] Change Ownership
- [ ] New Outlet
- [ ] Greater Privilege
- [ ] Additional Privilege
- [x] Other Add/drop Licensee

P 21110
L 57110

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
- [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: 4-2012

90-day authority: ☐ Yes ☐ No

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

① Portland Governor Hotel Acquisition, LLC ③ ALG Governor LLC

② McCormick & Schmick Restaurant Corp. ④ _____

2. Trade Name (dba): Governor Hotel, Jake's Grill, Jake's Catering

3. Business Location: 611 SW 10th Ave. (number, street, rural route) | Portland (city) | Multnomah (county) | OR (state) | 97205 (ZIP code)

4. Business Mailing Address: 1900 N Akard Street (PO box, number, street, rural route) | Dallas (city) | TX (state) | 75201 (ZIP code)

5. Business Numbers: 214-855-6000 (phone) _____ (fax)

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

7. If yes to whom: GH-Governor Management LLC Type of License: F-COM

8. Former Business Name: Governor Hotel

9. Will you have a manager? [✓] Yes [ ] No Name: Michael Gene Poe (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: Duke Tufty, Davis Wright Tremaine LLP (name) 503-778-5209 (phone number(s))

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 (address) 503-778-5299 (fax number) duketufty@dwt.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 4/16/2012

② _____ Date 4/17/12

③ ALG Governor LLC By: _____ Bashar Wali, V.P. Date 4.12.12

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

ACTIONS

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

P21444
L168904

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: 4-20-12

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~Walter Alexander Bowers~~ ③ AmeriThai LLC
   ② ~~Sayan Promwongse~~ ④ _____
2. Trade Name (dba): Thai Bloom!
3. Business Location: 3800 SW Cedar Hills Blvd. Beaverton Washington Oregon 97005
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 9644 SW West Haven Dr. Portland, Oregon 97225
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-297-2312
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? [x] Yes [ ] No
7. If yes to whom: ~~Thai Derm~~ GKS Thai LLC Type of License: beer and wine
8. Former Business Name: Thai Derm
9. Will you have a manager? [x] Yes [ ] No Name: Walter Alexander Bowers
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Beaverton
    (name of city or county)
11. Contact person for this application: Walter Alexander Bowers 503-297-2312
    (name) (phone number(s))
    9644 SW West Haven Dr Portland, OR 97225 walter.bowers@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 4-20-2012 ③ _____ Date _____

② _____ Date 4-20-2012 ④ _____ Date _____

OREGON LIQUO. . 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
- [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 [x] Corporation [ ] Limited Liability Company [ ] Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

Prineville
(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L. Brown

Date: 3/13/12

90-day authority: ☐ Yes ☒ No

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

① Sunset Stoves, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Caffe' Luxxe

3. Business Location: 233 NW 3rd Street (number, street, rural route) Prineville (city) Crook (county) OR (state) 97754 (ZIP code)

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

5. Business Numbers: 541-233-0771 (phone) 541-447-4115 (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: Kim Cross
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kim Cross (name) 541-771-6835 cell (phone number(s))

692 NE Fieldstone Lane (address) 541-447-4115 (fax number) kim@sunsetstoves.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 2-20-12 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: 4-23-12

90-day authority: ❑ Yes ❑ No

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

① Action/Adventure ③ _____

② _____ ④ _____

2. Trade Name (dba): ACTION ADVENTURE

3. Business Location: 1050 SE Clinton St. Portland Multnomah OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6538 SE 38th Ave. Portland OR 97202
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-789-8341 503-200-1096
(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: Devon Granmo
(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: Stephen Granmo 503-789-8341
(name) (phone number(s))

6538 SE 38th Ave. Portland, OR 97202 503-200-1096 steve@granmo.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 4/22/12 ③ _____ Date _____

② _____ Date 4/23/12 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: 4-23-12

90-day authority: ☐ Yes ☐ No

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

① Osvaldo Capistran ③ _____

② _____ ④ _____

2. Trade Name (dba): Paul'Os BBQ

3. Business Location: 17683 SW Farmington Road, Suite B | Aloha | Washington | Oregon | 97007
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13285 SW Jenkins Road Apt. B | Beaverton | Oregon | 97005
(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: Osvaldo Capistran | 503-984-5139
(name) (phone number(s))

13285 SW Jenkins Rd Apt. B, Beaverton, OR 97005 | osvaldo1971@frontier.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 4/23/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED
APR 12 2012
MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be: ☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Apocalypse Brewing Company, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Apocalypse Brewing Company
3. Business Location: 545 Rossanley Drive, Suite C (number, street, rural route) Medford (city) Jackson (county) Oregon (state) 97501 (ZIP code)
4. Business Mailing Address: 3432 Sonny Lane (PO box, number, street, rural route) White City (city) Oregon (state) 97503 (ZIP code)
5. Business Numbers: 541-864-9101 (phone) N/A (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: Nick Ellis (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Medford (name of city or county)
11. Contact person for this application: Nick Ellis (name) 541-864-9101 (phone number(s))
    3432 Sonny Lane, White City, OR 97503 (address) N/A (fax number) nick@apocalypsebrewing.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 4/8/12 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: 4/24/12

90-day authority: ☐ Yes ☐ No

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

① EL PORVENIR, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): EL PORVENIR

3. Business Location: 4620 NE CULLY BLVD PORTLAND, MULTNOMAH OR 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11945 SW PACIFIC HWY TIGARD OR 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-880-4638
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: RUFINO SANTILLAN
(name) (phone number(s))

11945 SW PACIFIC HWY, TIGARD, OR 97223
(address) (fax number) (e-mail address)

RECEIVED
APR 24 2012
REGULATORY FIELD SERVICES
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 Rufino Santillan Date 03/13/2012 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: 4-24-12

90-day authority: ☐ Yes ☐ No

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

① FRUTERIA EL CAMPESINO, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): FRUTERIA EL CAMPESINO

3. Business Location: 221 N. ADAIR ST CORNELIUS WASHINGTON OR 97113
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17871 SW T.V.HWY ALOHA OR 97006
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-307-5930
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: SALVADOR GALVAN 503-307-5930
(name) (phone number(s))

17871 SW T.V.HWY., ALOHA, OR 97006
(address) (fax number) (e-mail address)

RECEIVED
APR 24 2012
REGULATORY FIELD SERVICES
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 Salvador Galvan Date Mar 21, 2012 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: CM

Date: 4-24-12

90-day authority: ☐ Yes ☐ No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
   ① Rock N Wingz LLC
   ② _____ ④ _____
2. Trade Name (dba): Rock N Wingz
3. Business Location: 1350 27 NE Stephens Roseburg Douglas OR 97470 (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 312 Easy St Sutherlin OR 97479 (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541 672-5124 (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: Allison Lian (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Roseburg (name of city or county)
11. Contact person for this application: Allison Lian (name) 541 315-2412 (phone number(s))
    312 Easy St Sutherlin OR 97479 (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 Allison Lian Date 4/19/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Received: 4-20-12

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

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

APPLYING AS:
[ ] Limited Partnership [ ] Corporation [ ] Limited Liability Company [X] Individuals

CITY AND COUNTY USE ONLY
Date application received: _____
The City Council or County Commission:
Clatsop County
(name of city or county)
recommends that this license be:
[X] Granted [ ] Denied
By: Dana Cole 4/18/2012
(signature) (date)
Name: Dana Cole
Title: County Manager

OLCC USE ONLY
Application Rec'd by: LVB
Date: 4/24/12
90-day authority: [ ] Yes [ ] No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① Ryan K. Lee ③ _____
② _____ ④ _____
2. Trade Name (dba): Svensen Junction country store (to be changed)
3. Business Location: 92707 Svensen market Rd. Astoria, Clatsop OR 97103
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 1419 Stillwater Ct. Seaside OR 97138
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (503) 440-3324
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: Richard & Verna Arthur Type of License: on & off premise (Beer & Wine)
8. Former Business Name: Svensen Junction country store / pub
9. Will you have a manager? [ ] Yes [X] No Name: Self
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Astoria, Clatsop
(name of city or county)
11. Contact person for this application: Ryan Lee (503) 440-3324
(name) (phone number(s))
1419 Stillwater Ct. Seaside OR 97138
(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 Ryan K Lee Date 4/5/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
APR 23 2012
SALEM REGIONAL OFFICE

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

☐ Limited Partnership ☐ Corporation ☐ Limited Liability Company ☒ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: J. Marquardt

Date: April 20, 2012

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Marcelino Cruz ③ _____
   ② Alicia Cruz ④ _____
2. Trade Name (dba): Naedades Cruz
3. Business Location: 1360 6th st (number, street, rural route) Umatilla (city) _____ (county) OR (state) 97882 (ZIP code)
4. Business Mailing Address: 1360 6th St (PO box, number, street, rural route) Umatilla (city) OR (state) 97882 (ZIP code)
5. Business Numbers: (541) 922-2585 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Marcelino & Alicia Cruz Type of License: OFF-Premises
8. Former Business Name: SAME AS ABOVE
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? Umatilla (name of city or county)
11. Contact person for this application: Alicia Cruz (name) 509-591-8062 (phone number(s))
    1360 6th St Umatilla 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 _____ Date Feb 13 12 ③ _____ Date _____

② Alicia Cruz Date 04-17-12 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 4-24-12

90-day authority: ☐ Yes ☐ No

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

① Normal Activity LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Xico

3. Business Location: 3715 SE Division St. Portland, OR 97202 Mult
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Elizabeth Davis 415-317-1442
(name) (phone number(s))

63 NE Thompson St. Portland, OR 97212 (address) (fax number) liz@xicopdx.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 4/10/12 ③ _____ Date _____

② _____ Date 4/8/2012 ④ _____ Date _____

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REGULATORY FIELD SERVICES
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
- ☐ Additional Privilege
- ☐ Other _____

P45345
L163602
163581

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: 4-24-12

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① GRACKLE GROUP, INC. ③ _____
   ② ~~ANDRES GONZALEZ-DIAZ~~ ④ _____
2. Trade Name (dba): SUPERJET WINE & CHEESE
3. Business Location: 901 NW 10TH AVE PORTLAND (MULT) OR. 97213
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 3525 NE 44TH AVE PORTLAND OR 97213
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-336-1335
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: CLOUD 7 LLC Type of License: LIMITED ON PREMISIS + OFF
8. Former Business Name: CLOUD 7
9. Will you have a manager? ☒ Yes ☐ No Name: ANDRES GONZALEZ-DIAZ
   (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? MULTNOMAH, PORTLAND.
    (name of city or county)
11. Contact person for this application: ANDRES GONZALEZ-DIAZ 503-821-9188
    (name) (phone number(s))
    3525 NE 44TH AVE PDX OR 97213 _ blackbirdwine@gmail.com
    (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 4/10/12 ③ _____ Date _____

② _____ Date ④ _____ Date

RECEIVED
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REGULATORY FIELD SERVICES
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: WHLS MALT BEV&WINE

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: 4-24-12

90-day authority: ☐ Yes ☐ No

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

① TERRELL WINES LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): TERRELL WINES

3. Business Location: 1620 NE SANDY BLVD PORTLAND MULTNOMAH OREGON 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 640077 SAN FRANCISCO CA 94164-0077
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 510-717-4829 419-710-4829
(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? MULTNOMAH
(name of city or county)

11. Contact person for this application: CHRISTOPHER JAMES TERRELL 510-717-4829
(name) (phone number(s))

1355 LEAVENWORTH ST APT 6, SAN FRANCISCO, CA 94109 419-710-4829 chris@terrellwines.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 4/24/12 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: 4-24-12

90-day authority: ☐ Yes ☐ No

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

① Grand Cru Hospitality Group Inc ③ ~~Alex Chong~~

② ~~Patrick Miller~~ ④ _____

2. Trade Name (dba): Grand Cru Hospitality

3. Business Location: 224 NW 13th Ave. Portland, OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8806 N. Fiske Ave. Portland, OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 207-450-0607
(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? Multnomah County
(name of city or county)

11. Contact person for this application: Alex Chong
(name) (phone number(s))

8806 N. Fiske Ave. Portland, OR 97203 alex@grandcruhospitality.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 _____, secretary Date Apr 17, 2012 ③ _____ Date _____

② _____, President Date Apr 17, 2012 ④ _____ Date _____

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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: _____

Date: 4-24-12

90-day authority: ☐ Yes ☒ No

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

① Corvegas Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): TBD

3. Business Location: 160 NW Jackson Ave Corvallis Benton or 97330
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 214 SW 2nd St. Corvallis OR 97333
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-753-7373 N/A
(phone) (fax)

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

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

8. Former Business Name: N/A

9. Will you have a manager? ☒ Yes ☐ No Name: Brian Bovee
(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: Mark O'Brien 541-753-7373
(name) (phone number(s))

214 SW 2nd St. Corvallis OR 97333 mark@oldpizza.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 M O'B. VP Date 4/21/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

RECD APR 06 2012

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: 3/29/2012

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

recommends that this license be: ☒ Granted ☐ Denied

By: Linda St Clair 3/29/12
(signature) (date)

Name: Linda St Clair

Title: Deputy County Clerk

OLCC USE ONLY

Application Rec'd by: ACC

Date: 4/4/2012

90-day authority: ☐ Yes ☐ No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
   ① Illahe Hills Country Club ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Illahe Hills Country Club
3. Business Location: 3376 Country Club Dr. S. Salem OR 97302 (Marion)
   (number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 3376 Country Club Dr S Salem OR 97302
   (PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-364-0117
   (phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Illahe Hills Country Club Type of License: F-CLU
8. Former Business Name: ILLAHE COUNTRY CLUB
9. Will you have a manager? ☒ Yes ☐ No Name: Braden Thomas
   (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: Tom Whitaker 503-364-0117
    (name) (phone number(s))
    3376 Country Club Dr S — tom@illahehills.com
    (address) (fax number) (e-mail address)

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APR 23 2012
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 3-6-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

SALEM REGIONAL OFFICE

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

(rev. 08/2011)

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- ☐ Full On-Premises Sales ($402.60/yr)
  - ☐ Commercial Establishment
  - ☐ Caterer
  - ☐ Passenger Carrier
  - ☐ Other Public Location
  - ☐ Private Club
- ☐ 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: 4-24-12

90-day authority: ☐ Yes ☐ No

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

① Abbey Creek Vineyard LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Abbey Creek Vineyard

3. Business Location: 31441 NW Commercial St North Plains OR 97133
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14575 NW Germantown RD Pdx OR 97231
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-389-0619 503-289-2077
(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: Bertony FAUSTIN
(manager must fill out an Individual History form)

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

11. Contact person for this application: Bertony FAUSTIN 503-389-0619
(name) (phone number(s))

14611 NW Germantown RD 503-289-2077 bertony@abbeycreekvineyard.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 4-19-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

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

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

[ ] Granted [ ] Denied

By: _____ (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Heidi Smith

Date: 4/25/12

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

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Astoria Baker, LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): The Astoria Bar
3. Business Location: 2408 W. 11TH Ave (number, street, rural route) Eugene (city) Lane (county) OR (state) 97402 (ZIP code)
4. Business Mailing Address: 2408 W. 11th ave (PO box, number, street, rural route) Eugene (city) OR (state) 97402 (ZIP code)
5. Business Numbers: 541.653.2448 (phone), 541.912.1588 (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: B&B Brother Type of License: _____
8. Former Business Name: N/A
9. Will you have a manager? [X] Yes [ ] No Name: Christopher Baker (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Eugene, Lane (name of city or county)
11. Contact person for this application: Karen Baker (name) 541.653.2448 (phone number(s))
    340 S. 43rd. St. Spfld, OR 97478 (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 Karen C Baker Date 4/25/2012 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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(rev. 03/2009)

Reset Form Print Form

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

Date: 4-25-12

90-day authority: ☐ Yes ☒ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① Ma Mosa's LLC ③ _____
   ② _____ ④ _____
2. Trade Name (dba): Ma Mosa's
3. Business Location: 118 NW E. St. (number, street, rural route) Grants Pass (city) Josephine (county) OR (state) 97526 (ZIP code)
4. Business Mailing Address: P.O. Box 2003 (PO box, number, street, rural route) Grants Pass (city) OR (state) 97528 (ZIP code)
5. Business Numbers: 541-479-0236 (phone) _____ (fax)
6. Is the business at this location currently licensed by OLCC? ☑ Yes ☐ No
7. If yes to whom: Timothy Mack Type of License: limited on-premise sales
8. Former Business Name: Cucina Mista
9. Will you have a manager? ☑ Yes ☐ No Name: Terces Davis (manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Grants Pass (name of city or county)
11. Contact person for this application: Jodi Haines (name) (541)659-4824 (phone number(s))
    8585 Merlin Galice Rd. Merlin, OR 97532 (address) _____ (fax number) jodihaines@yahoo.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Jodi Haines Date 4/24/12 ⑤ _____ Date _____

③ _____ Date 4-24-12 ⑥ _____ 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:

City of Beaverton, Washington County
(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: 4/26/12

90-day authority: ☐ Yes ☐ No

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

① Panwest L.L.C.. ③ _____

② _____ ④ _____

2. Trade Name (dba): Spicy World Restaurant

3. Business Location: 10743 S.W. Beaverton-Hillsdale Highway, Beaverton, Washington, Oregon 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 90700, Portland, Oregon 97290-0700
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 277-4367 (503) 277-2366
(phone) (fax)

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

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

8. Former Business Name: Wong's King Seafood Restaurant

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

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

11. Contact person for this application: Vincent Kwong (503) 928-7913
(name) (phone number(s))

P.O. Box 90700, Portland, Oregon 97290-0700 (503) 828-9873 successbegin@goldms.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 Meng Yang / General Manager Date 04/23/2012 ③ Kebing Sun / Manager Date 04/23/2012

② Xin Jing / Assistant Manager Date 04/23/2012 ④ _____ Date _____

OREGON LIQUOR C 'TROL 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
- [X] Limited On-Premises Sales ($202.60/yr)
- [ ] Off-Premises Sales ($100/yr)
  - [ ] with Fuel Pumps
- [ ] Brewery Public House ($252.60)
- [ ] Winery ($250/yr)
- [ ] Other: _____

ACTIONS

- [X] Change Ownership
- [ ] New Outlet
- [X] Greater Privilege
- [ ] Additional Privilege
- [X] Other CITY

P46854
L156575

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: 4-26-12

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
   ① ~~THONGSAMOUT. SOUKSAVATH~~ ③ _____
   ② KAC Thai Fusion LLC ④ _____
2. Trade Name (dba): K.A.C THAI FISION. ~~LLC~~
3. Business Location: 710 SW 2ND AVE (number, street, rural route) PORTLAND (city) _____ (county) OR (state) 97204 (ZIP code)
4. Business Mailing Address: 133 SW 2nd Ave (PO box, number, street, rural route) Portland (city) OR (state) 97204 (ZIP code)
5. Business Numbers: 503-896-2241 (phone) 503-223-3454. (fax)
6. Is the business at this location currently licensed by OLCC? [X] Yes [ ] No
7. If yes to whom: Silver Baron Corp Type of License: Limited
8. Former Business Name: RIVERS Edge Cafe + Catering
9. Will you have a manager? [ ] Yes [X] No Name: THONGSAMOUT. SOUKSAVATH (MYSELF will work FULL TIME HERE)
   (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: THONGSAMOUT (name) 503-896-2241 (phone number(s))
    1556 NW 114TH AVE. PDX, OR 97229 (address) 503-223-3454 (fax number) maojr@comcast.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 3-28-12 ③ _____ Date 3/28/12

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 _____

P37672
L155440

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: 4-26-12

90-day authority: ❑ Yes ❑ No

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

① HEDGE HOUSE LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): HEDGE HOUSE

3. Business Location: 3412 SE DIVISION PDX MULT OR 97202
(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: 503-235-2215 N/A
(phone) (fax)

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

7. If yes to whom: HEDGE HOUSE LLC Type of License: LIMITED ON-PREMIS

8. Former Business Name: N/A

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

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

11. Contact person for this application: JERRY FECHTER 971-212-6359
(name) (phone number(s))

3412 SE DIVISION ST PDX OR 97202 baldguy@lompocbrewing.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 4-17-12 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 ED

Date: 4/26/2012 Tentative

90-day authority: ☐ Yes ☐ No

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

① Lynk Snap LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Valley Emporium

3. Business Location: 125 W Main St. Carlton, Oregon 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 981 Carlton, Oregon 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.810.0500
(phone) (fax)

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

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

8. Former Business Name:_____

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

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

11. Contact person for this application: Jeff Lorton 503.550.4272
(name) (phone number(s))

PO Box 981 CARLTON 97111
(address) (fax number) (e-mail address)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
APR 23 2012
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 _____ Date 4-23-12 _____ Date _____

② _____ Date 4/23/12 _____ Date _____

OREGON LIQUOR CONTRO 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 _____

Applying as:

☐ Individuals ☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company

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: Molly Wainwright

Date: 4/23/2012

90-day authority: ☐ Yes ☒ No

1. Applicant(s): [See SECTION 1 of the Guide]

① ~~CHAO YING CHEN~~ ③ CHEN'S SHANGHAI, INC

② ~~MAN HONG KUANG~~ ④ _____

2. Trade Name (dba): LUCKY FORTUNE

3. Business Location: 16492 WILLIAM FOSS RD LA PINE DESCHUTES OR 97739
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 3270 LA PINE OR 97739
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.536.2288 541.536.9456
(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? LA PINE DESCHUTES
(name of city or county)

11. Contact person for this application: MAN HONG KUANG (541) 419.8128
(name) (phone number(s))

PO BOX 3270 LA PINE OR 97239 (541)536.9456 KUANG_6@Q.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 Chen Yingchao Date 04-17-12 ③ _____ Date _____

② Man Hong Kuang Date 4-17-12 ④ _____ Date _____

1-800-452-OLCC (6522)

www.olcc.state.or.us

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: Molly Wainwright

Date: 4-23-12

90-day authority: ❑ Yes ☒ No

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

① KMP LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Pastrami

3. Business Location: 431 NW Franklin Ave Ste. 150 Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1005 NW Galveston Ave. Ste 240 Bend, OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-706-1556
(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: Kryste Adams
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kryste Adams 541-706-1556
(name) (phone number(s))

1005 NW Galveston Ave Ste. 240 ~~fax~~ kryste@varennacapital.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 Kryste Adams Date 4/5/12 ③ _____ Date 4/5/12

② _____ Date 4/5/12 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: 4/24/12

90-day authority: ❑ Yes ☒ No

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

① WNS, INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): SUSHI ISLAND JAPANESE RESTAURANT

3. Business Location: 3215 WEST 11TH AVE STE A, EUGENE, OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-345-6969
(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: HOI WING MA
(manager must fill out an Individual History form)

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

11. Contact person for this application: LI WEI 503-775-2720
(name) (phone number(s))

7059 SE POWELL BLVD, PORTLAND, OR 97206 503-774-5338 lilwei@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [signature] Date 4/16/2012 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____