



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

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

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

APPLYING AS:

Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 4-27-12

90-day authority: Yes No

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

① Carloyn Louise Madson Knomad ③ Gwynne Alayne Knowles

② Andrew James Madson International LLC

2. Trade Name (dba): Knomad Wine Group

3. Business Location: 111 SE Belmont st. #106 Portland Multnomah OR 97214

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

4. Business Mailing Address: 1326 NE 134th Portland OR 97230

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

5. Business Numbers: 503-544-0236 _____

(phone) (fax)

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

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

8. Former Business Name: _____

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

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Carolyn Madson 503-544-0236

(name) (phone number(s))

1326 NE 134th Portland, OR 97230 clmadson@knomadwine.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 Carloyn Louise Madson Date 4/24/12 ③ Andrew James Madson Date 4/21/12

② Andrew James Madson Date 4-24-12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
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 - 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: warehousing for int'l export

ACTIONS

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

90-DAY AUTHORITY

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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: OP

Date: 4-20-12

90-day authority: Yes No

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

① Gateway Express, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Gateway Express, Inc.

3. Business Location: 17146 NE Sandy Blvd. Portland Gresham Multnomah OR 97230
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17146 NE Sandy Blvd. Portland OR 97230
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-914-6317 503-487-0190
(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: Paul A. Schmudde
(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: Paul A. Schmudde 503-622-8208
(name) (phone number(s))
17146 NE Sandy Blvd. 503-487-0190 paul.schmudde@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 Paul A. Schmudde Date 4/18/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

APR 26 2012

REGULATORY FIELD SERVICES



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

5

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: John

Date: 4/30/12

90-day authority: Yes No

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

① THE LODGE AT OTTER CREST LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Lodge at Otter Crest

3. Business Location: 301 Otter Crest Dr. Otter Rock Lincoln OR 97369
(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: 541-765-2326 x594
(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: FLYING DUTCHMAN

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

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

11. Contact person for this application: BRUCE TAYLOR 503-887-8842
(name) (phone number(s))

same as #3
(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 Bruce Taylor Date 1/9/12 ③ _____ Date _____

② Justin Kibbe Date 1/9/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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 - 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 47A

P36969
L1167479

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: JP

Date: 4-30-12

90-day authority: Yes No

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

① Rainy Hill Capital, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Pizza Schmizza

3. Business Location: 891 NE 25th Ave Hillsboro Washington OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 13418 NE Mt. View Drive Battle Ground WA 98604
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 360-263-4723
(phone) (fax)

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

7. If yes to whom: Quarter Pic, Inc. Type of License: Limited On Premise Sales

8. Former Business Name: Pizza Schmizza Hillsboro Airport

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? Hillsboro
(name of city or county)

11. Contact person for this application: Steven Gingerich 360-263-4723
(name) (phone number(s))
13418 NE Mt. View Drive Battle Ground, WA 98604 sgingerich@tds.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] (managing member) Date 4/23/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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 - 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: BREWERY

ACTIONS

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

90-DAY AUTHORITY

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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: JP

Date: 4-30-12

90-day authority: Yes No

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

- ① Boring Brewing Co., LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Boring Brewing Co

3. Business Location: 13503 SE Richey Road, Boring Clackamas OR 97009
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 427-8619
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: John Griffith 503.793.1382
(name) (phone number(s))
P.O. Box 569 r1100rt99@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 04/03/2012 ③ APR 30 2012 Date _____

② _____ Date _____ ④ REGULATORY FIELD SERVICES Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>K. Siefkes</u> Date: <u>5/1/12</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① OB Sports F/B management, LLC
 ② _____ ④ _____
2. Trade Name (dba): Tetherow Golf Club
3. Business Location: 6040 Skyline Ranch Rd Bend Deschutes OR 97700
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 6040 Skyline Ranch Rd Bend Deschutes 97700
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: (541) 388-2582 (541) 388 9810
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: OB Sports F/B Management, LLC Type of License: F-com
8. Former Business Name: Tetherow Golf Club
9. Will you have a manager? Yes No Name: Chris van der Velde
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Deschutes County
(name of city or county)
11. Contact person for this application: Kevin Gilman 541.948.2851
(name) (phone number(s))
6040 Skyline Ranch Rd. 541.388.9810 kgilman@tetherow.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 1/30/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <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 type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 5-1-12

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① ~~Jamie Ann Ortiz Sabor Pachuca~~ ③ ~~Eleanora Ortiz León~~
 ② ~~Carlos Ortiz León~~ LLC ④ ~~Epifania Sanchez Hernandez~~

2. Trade Name (dba): Sabor Pachuca

3. Business Location: 23424 NE Halsey Woodvillage Multnomah OR. 97060
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1696 SW Hewitt Ave Troutdale OR. 97060
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-740-1042
(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: Village Grill

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

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

11. Contact person for this application: Jamie Ortiz 503-740-1042
(name) (phone number(s))
1696 SW Hewitt Ave Troutdale, OR 97060 Saborpachuca@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 Jamie Ortiz Date 4/27/12 ③ Eleanora Ortiz Date 4-27-12
 ② Carlos Ortiz Date 4/27/12 ④ Epifania Sanchez Date 4/27/2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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 - 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

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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: JP

Date: 5-1-12

90-day authority: Yes No

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

① JLM LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): THE MINI CHEF RESTAURANT

3. Business Location: 102-104¹⁰⁴ N. IVY STREET CANBY CLATSOPAS OR 97013
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 102 N. IVY STREET CANBY OR 97013
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-266-1441 (phone) 503-266-1442 (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: BISCUITS CAFE

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

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

11. Contact person for this application: JOHN MORRIS 503-319-5036
(name) (phone number(s))
102 N. IVY STREET CANBY OR. 503-266-1442 THEMINICHEF@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 John Morris Date 5/1/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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- 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 97N

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: 5-1-12

90-day authority: Yes No

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

- ① John Burrowes ③ _____
- ② _____ ④ _____

2. Trade Name (dba): HOGAN'S GOAT PIZZA

3. Business Location: 5222 NE SACRAMENTO PORTLAND OREG 97213
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5222 NE SACRAMENTO PORTLAND OREG 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 281 9008
(phone) (fax)

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

7. If yes to whom: John Burrowes Type of License: off premises sales

8. Former Business Name: John Catering

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: John Burrowes 503 228 2466
(name) (phone number(s))
7019 NE Kluckhohn Portland OREG 97213 M.J. Burrowes@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 April 12 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____

RECEIVED

MAY 01 2012

REGULATORY FIELD SERVICES



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 (\$262.60)

Winery (\$250/yr)

Other: WMBW

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other _____

90-DAY AUTHORITY

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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: 5/1/12 (Con)

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
- ① Purple Hands LLC. ③ _____
- ② _____ ④ _____
2. Trade Name (dba): Purple Hands
3. Business Location: 9200 NW Abbey Rd. Lakeview OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Po Box 14277 Portland OR 97243
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541.501.2459 (phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Trapp Abbey Type of License: warehouse
8. Former Business Name: _____
9. Will you have a manager? Yes No Name: Cody T. Wrigley
(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: Cody T. Wrigley 541.501.2459
(name) (phone number(s))
Po Box 14277 Portland OR 97243 cody@purplehandswine.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 Cody T. Wrigley Date 5/1/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

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 CITN

P25027
L143124

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: 5-2-12

90-day authority: Yes No

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

- ① Jim Ehlers ③ _____
- ② Rosalie Ehlers ④ _____

2. Trade Name (dba): LIGAYA MARKETS

3. Business Location: 18145 S.E. DIVISION, PORTLAND OREGON, MULTNOMAH COUNTY
(number, street, rural route) (city) (county) (state) (ZIP code) 97223

4. Business Mailing Address: 10105 N.E. 55 AVE, VANCOUVER, WA 98686
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Jim 611-360-513-9793 / Rose 611-360-513-9781
(phone) (fax)

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

7. If yes to whom: ISLAND People INC, Type of License: OFF-PREMISES SALES

8. Former Business Name: Juwels Shell

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, PORTLAND
(name of city or county)

11. Contact person for this application: JIM EHLERS - 360-513-9793
(name) (phone number(s))

10105 N.E. 55 AVE, VAN, WA, 98686 - ehlersjim@yahoo.com
(address) (fax number) (e-mail address)

~~Cloud Printer~~ = ehlersjim@hpeprint.com // FAX = 360-574-4828

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 04/30/12 ③ _____ Date _____
- ② [Signature] Date 04/30/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Resale Form

Printed By

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: CNG

Date: 5-2-12

90-day authority: Yes No

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

① Brad Barcher ③ _____

② _____ ④ _____

2. Trade Name (dba): Sauce

3. Business Location: 1640 Ashland St Jackson OR 97520

(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: 541-488-5863

(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: Tam Thomas

(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 Barcher 541-488-5030

(name) (phone number(s))

1640 Ashland St BRADBARCHER@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 5-1-12 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 _____

*PH 2045
L155137*

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: *OR*

Date: *5-2-12*

90-day authority: Yes No

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

- ① Christian Ettinger ③ _____
- ② Brandie Ettinger ④ _____

2. Trade Name (dba): Hopworks Urban Brewery

3. Business Location: 2944 SE Powell Blvd Portland Mult. OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-232-4677 503-232-4676
(phone) (fax)

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

7. If yes to whom: Christian Ettinger Type of License: Brewery - Public House

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Bill Dickmsen
(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: Christian Ettinger 503-232-4677
(name) (phone number(s))
2944 SE Powell Blvd Portland, OR 97202 503-232-4676 christian@hopworksbeer.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 5/2/12 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <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 type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CFN</u>
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JD

Date: 5-2-12

90-day authority: Yes No

P45722
L141762

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① CBARDPDX, LLC ③ _____
 ② _____ ④ _____

2. Trade Name (dba): The Tabor

3. Business Location: 4811 SE Hawthorne Blvd Portland Multnomah OR 97215
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 333 NW 4th Ave #1517 Portland OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (509) 578-0070 N/A
(phone) (fax)

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

7. If yes to whom: Fritz Feiffer, Inc Type of License: Full On-Premise Commercial

8. Former Business Name: The Tabor Hawthorne

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: Charles Varga (509) 572-0070
(name) (phone number(s))
333 NW 4th Ave Portland OR 97209 N/A cvargacbard@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 4.20.12 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:
LICENSE TYPES: Full On-Premises Sales, 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.
CITY AND COUNTY USE ONLY: Date application received, The City Council or County Commission recommends that this license be: Granted/Denied.
OLCC USE ONLY: Application Rec'd by: K. Siefkas, Date: 5/3/12, 90-day authority: Yes/No.
90-DAY AUTHORITY: Check here if you are applying for a change of ownership...
APPLYING AS: Limited Partnership, Corporation, Limited Liability Company, Individuals

- 1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
1. Bend Visitor and Convention Bureau, Inc.
2. Trade Name (dba): Visit Bend
3. Business Location: 750 NW Lava Road, Suite 160, Bend, Deschutes, OR 97701
4. Business Mailing Address: 750 NW Lava Road, Suite 160, Bend, OR 97701
5. Business Numbers: 541-382-8048, 541-382-8568
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: Doug La Placa
10. What is the local governing body where your business is located? City of Bend
11. Contact person for this application: Valerie Warren, 541-382-8048

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: [Signature] Date: 4/9/12
2. Signature: Date:



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:
LICENSE TYPES
ACTIONS
CITY AND COUNTY USE ONLY
90-DAY AUTHORITY
APPLYING AS:
OLCC USE ONLY

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
2. Trade Name (dba): One Stop Mart #9
3. Business Location: 1050 HWY 395 Hermiston Umatilla OR 97838
4. Business Mailing Address: 1903 Jadwin Ave Richland WA 99354
5. Business Numbers: 509-460-7050 509-946-1372
6. Is the business at this location currently licensed by OLCC? 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 Name: Baljit Singh
10. What is the local governing body where your business is located? CITY of HERMISTON
11. Contact person for this application: Kamaljit Singh 609-460-7050
1903 Jadwin Ave Richland, WA. 99354 509-946-1372 onestop509@yahoo.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. Kamaljit Singh Date Apr 4, 2012
2. Date



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:
LICENSE TYPES
ACTIONS
CITY AND COUNTY USE ONLY
OLCC USE ONLY

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
2. Trade Name (dba): One Stop Mart # 18
3. Business Location: 1295 NW 11th St. Hermiston Umatilla OR 97838
4. Business Mailing Address: 1903 Jadwin Ave Richland WA 99354
5. Business Numbers: 509-460-7050 509-946-1372
6. Is the business at this location currently licensed by OLCC? 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 Name: Baljit Singh
10. What is the local governing body where your business is located? CITY OF HERMISTON
11. Contact person for this application: Kamaljit Singh 509-460-7050
1903 Jadwin Ave Richland, WA, 99354 509-946-1372 onestop509@yahoo.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. Kamaljit Singh Date Apr 4, 2012
2. 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: af

Date: 5-31-12

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 Vernonia Golf LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Vernonia Golf Club

3. Business Location: 15961 Timber Road E, Vernonia, Columbia, OR 97064
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-426-6811
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? yes No expired 10-17-2011 (terminated) inactivated

7. If yes to whom: Wayne Fulmer Type of License: expired 10-17-2011 (terminated) inactivated

8. Former Business Name: Seaside Golf

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

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

11. Contact person for this application: Janean Zavales 503-807-4371
(name) (phone number(s))

15961 Timber Road E, Vernonia, OR 97064 503-429-1020 JA-Shaw@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 Paul A. Zales Date 4.18.2012 ③ hlg Date 5/03/12
② Wayne Fulmer Date 5.03.12 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: K Sietkes

Date: 5/3/12

90-day authority: Yes No

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

① Aviano RDM, LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Dancing River Cafe', Dancing River Marketplace

3. Business Location: 2522 SE Jesse Butler Circle #16 Redmond Deschutes OR 97756
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 28801 Douglas Drive #12 Eugene Oregon 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.990.8365 541.928.6394
(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: Daniel Brawn
(manager must fill out an Individual History form)

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

11. Contact person for this application: Daniel K. Brawn 541.990.8365
(name) (phone number(s))
932 Kouns Drive NW Albany, OR 97321 541.928.6394 danielbrawn@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 4-18-12 ② _____ Date _____

③ _____ Date _____ ④ _____ Date _____