

5



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: 4-30-12

90-day authority: Yes No

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

- ① THAVIN SALIPHAN ③ _____
- ② SALIPHAN LLC ④ _____

2. Trade Name (dba): SALIPHAN LLC Siam Thai Cuisine

3. Business Location: 1777 WASHBURN WAY KLAMATH FALLS KLAMATH OR, 97603
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1777 WASHBURN WAY KLAMATH FALLS OR 97603
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 850-5912 (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: Siam Thai Cuisine

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 FALLS KLAMATH
(name of city or county)

11. Contact person for this application: THAVIN SALIPHAN (541) 891-6084
(name) (phone number(s))

4409 FRIEDA AVE. K. FALLS OR 97603
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① [Signature] Date 12/12/11 Date _____ [*]



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

_____ (name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 5/17/12

90-day authority: Yes No

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

① Esther W Williams ③ _____

② _____ ④ _____

2. Trade Name (dba): Brewed Awakenings Coffee House

3. Business Location: 490 Hwy 101 Bandon Coos OR 97411
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 490 Hwy 101 Bandon OR 97411
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-347-1970 none
(phone) (fax)

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

7. If yes to whom: Brewed Awakenings Coffee House LLC Type of License: Limited on-premises sales

8. Former Business Name: Brewed Awakenings Coffee House LLC

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 Bandon (name of city or county)

11. Contact person for this application: Esther Williams 541-347-1970
(name) (phone number(s))
490 Hwy 101 Bandon OR 97411 541-347-2939 brewed101@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 May 7, 2012 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

S

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 (SP)

Date: 5/4/2012 pending

90-day authority: Yes No

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

① Emberson Creek Company ③ _____

② _____ ④ _____

2. Trade Name (dba): The Village Pizza Restaurant

3. Business Location: 210 E Charles St Mount Angel OR 97362

(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: 503-875-2200

(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? Mount Angel

(name of city or county)

11. Contact person for this application: Diane Sparks 503-875-2200

(name) (phone number(s))

210 E Charles St Mount Angel, OR 97362 jarzenbous@yachoo.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 _____

OLCC APPLIED
OREGON LIQUOR CONTROL COMMISSION
MAY 01 2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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 OTN

P49055
L162296

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: R

Date: 5-4

90-day authority: Yes No

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

- ① Rahman Corporation ③ _____
- ② _____ ④ _____

2. Trade Name (dba): 7-Eleven #35266A

3. Business Location: 6144 SE Foster Road Portland Multnomah OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 219088-Licensing Dallas TX 75221
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 788-6467 (phone) _____ (fax)

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

7. If yes to whom: 7-Eleven, Inc. Type of License: Off Premises Sales

8. Former Business Name: 7-Eleven #35266H 2763

9. Will you have a manager? Yes No Name: Atiq Rahman
(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: Alyssa Brooks (850) 577-9090
(name) (phone number(s))

PO Box 11189, Tallahassee, FL 32302 (850) 577-3311 alyssa.brooks@gray-robinson.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 04-24-12 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED
APR 10 2012

BY Board of Commissioners

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
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- 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:

Klamath
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: Cheryl Hukill 4-11-12
(signature) (date)

Name: Cheryl Hukill

Title: Commissioner

OLCC USE ONLY

Application Rec'd by: K.O.

Date: 4-10-12

90-day authority: Yes No

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

① Micheal Lee Tomsik ③ _____

② AnnMargaret (Annie) Tomsik ④ _____

2. Trade Name (dba): Outlaw Sports Bar and Grill

3. Business Location: 2660 Altamont Drive Klamath Falls, Klamath Oregon 97603
(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) 950-0600
(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: N/A
(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: Micheal or Annie Tomsik (541) 850-0600
(name) (phone number(s))
3333 Boardman Ave. Klamath Falls, Oregon 97603 annietomsik@live.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 03/07/2012 ③ _____ Date _____

② Annie Tomsik Date 03/07/2012 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 _____

P51
L155506

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: GR

Date: 5-7-12

90-day authority: Yes No

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

- ① RM Acapulco LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Acapulco Mexican Restaurant/Cantina

3. Business Location: 10566 SE Washington Portland Multnomah OR 97216
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5660 Katella Avenue, Suite 100, Cypress, California 90630
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-257-0567
(phone) (fax)

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

7. If yes to whom: Acapulco Restaurants, LLC Type of License: Full On-Premises

8. Former Business Name: Acapulco Mexican/Restaurant/Cantina

9. Will you have a manager? Yes No Name: Darby Schroeder
(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: Xio Gonzalez 850-577-9090
(name) (phone number(s))
301 S. Bronough Street, Suite 600, Tallahassee, FL 32301 xio.gonzalez@gray-robinson.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 3/16/12 ② _____ 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 _____

*P18801
L167285*

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: *JR*

Date: *5-7-12*

90-day authority: Yes No

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

① RM Chevys LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Chevys Fresh Mex #2062

3. Business Location: 12520 Se 93rd Ave. Clackamas Clackamas OR 97015
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5660 Katella Avenue, Suite 100, Cypress, California 90630
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-654-1333
(phone) (fax)

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

7. If yes to whom: Chevy's Restaurants, LLC Type of License: Full On-Premises

8. Former Business Name: Chevys Fresh Mex #2062

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

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

11. Contact person for this application: Xio Gonzalez 850-577-9090
(name) (phone number(s))

301 S. Bronough Street, Suite 600, Tallahassee, FL 32301 xio.gonzalez@gray-robinson.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 3/14/12 Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>C/TN</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: P.M. [Signature]

Date: 5-7-12

90-day authority: Yes No

- Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① _____ ③ CLOVERLAWN MARKET LLC
 ② _____ ④ _____
- Trade Name (dba): CLOVERLAWN MARKET
- Business Location: 2600 CLOVERLAWN DRIVE GRANTS PASS OREGON 97527
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1615 ALEXANDER LN GRANTS PASS OREGON 97527
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-227-4656
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: CLIFFORD JENKINS Type of License: OFF-PREMISES SALES
- Former Business Name: CJ'S MARKET
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? GRANTS PASS JOSEPHINE
(name of city or county)
- Contact person for this application: MARK HILL 541-227-4656
(name) (phone number(s))
1615 ALEXANDER LN GRANTS PASS OR 97527
(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 4-27-12 ③ _____ Date _____
 ② _____ Date 4-27-12 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: OLCC

Date: 5/8/2012 CD

90-day authority: Yes No

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

① Interrobang, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Interrobang

3. Business Location: ~~15921 SW 2nd St~~ 1242 SE Maple St, Dundee, Yamhill, OR 97115

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

4. Business Mailing Address: 15921 SW 2nd St Sherwood OR 97140

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

5. Business Numbers: 503-899-8814 _____

(phone) (fax)

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

7. If yes to whom: Cocus Estates & Vineyard Type of License: WY

8. Former Business Name: 12th & Maple Wine Co

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

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Dundee

(name of city or county)

11. Contact person for this application: Karl Weichold 503-899-8814

(name) (phone number(s))

15921 SW 2nd St Sherwood, OR 97140 kweichold@gmail.com

(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date: _____

① _____ Date 4/23/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
MAY 04 2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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 type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input checked="" type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other <u>2nd loc.</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: OLCC

Date: 5/8/2012 (Pen)

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① MOORE FAMILY ENTERPRISES LLC
 ② _____ ④ _____

2. Trade Name (dba): OMERO CELLARS

3. Business Location: 116 W. MAIN ST CARLTON YAMHILL OR 97111
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19480 NE RIBBON RIDGE RD NEWBERG OR 97132
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 537-2138 (503) 217-1165
(phone) (fax)

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

7. If yes to whom: ALEXANA WINERY Type of License: TASTING ROOM

8. Former Business Name: _____

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

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

11. Contact person for this application: DAVID MOORE (971) 832-0003 (503) 537-2638
(name) (phone number(s))
19480 NE RIBBON RIDGE RD (503) 217-1165 david@omerozellars.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 _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 MAY 03 2012



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: UM

Date: 5/10/12

90-day authority: Yes No

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

① Banjit Sohi ② _____

② Hardeep Sohi ④ _____

2. Trade Name (dba): River Forks Market

3. Business Location: 4342 Garden Valley rd Roseburg Douglas OR 97471
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4342 Garden Valley rd Roseburg OR 97471
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 1-541-673-3320 N/A
(phone) (fax)

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

7. If yes to whom: Hardeep Sohi Type of License: Off-Premises Sales

8. Former Business Name: River Forks Market (will stay the same)

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

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

11. Contact person for this application: Banjit Sohi 541-733-8412 / 541-673-4979
(name) (phone number(s))

2744 Danysha Dr _____
(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 Banjit S. Sohi Date 5/7/12 ④ _____ Date _____

② Hardeep K. Sohi Date 5/7/12 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 _____

*P47719
L162787*

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: *5-10-12*

90-day authority: Yes No

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

① Huia Na ③ _____

② _____ ④ _____

2. Trade Name (dba): MoMoYama

3. Business Location: 4310 SE Woodstock Blvd. Portland Multnomah Oregon 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4310 SE Woodstock Blvd. Portland Oregon 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-808-9099 N/A
(phone) (fax)

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

7. If yes to whom: Huia Na Type of License: Full-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? Portland
(name of city or county)

11. Contact person for this application: Jasper Wong 503-432-5432
(name) (phone number(s))
12394 SW Center. #170 Beaverton, OR 97005 N/A jwongtoo@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 5/8/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

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 checked="" 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 type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
---	--

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Luk

Date: 5/16/12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① MONTRI WICHAPORN ③ _____
 ② _____ ④ _____
- Trade Name (dba): THAI BAY
- Business Location: 250 HIGHWAY 101 DEPOE BAY LINCOLN COUNTY OR 97341
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: SAME ABOVE
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (541) 765-2497
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: PREECHA DAMRONKTHUM Type of License: LIMITED ON - PREMISE SALE
- Former Business Name: THAI BAY
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? DEPOE BAY CITY
(name of city or county)
- Contact person for this application: MONTRI WICHAPORN (503) 810-6829
(name) (phone number(s))
250 HWY 101 DEPOE BAY OR 97341 M.WICHAPORN@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 Montri Wichaporn Date 05-08-12 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: [Signature]

Date: 5-10-12

90-day authority: Yes No

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

① Overlook Partners LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Luncheon Eatery & Bar Pub @ The Yard

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

4. Business Mailing Address: 2700 NE 82nd Port Ore Ore 97220
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-252-2453 503 946-8767
(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: Will Heiberg
(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: Bill Hayden 503-349-7151
(name) (phone number(s))

PO Box 743 Sherwood Ore 97140 Bill.Hayden@Live
(address) (fax number) (e-mail address) com

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/8/2012 _____ Date _____

② [Signature] Date 5/8/12 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: CP

Date: 5-10-12

90-day authority: Yes No

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

- ① Bobbi Madley ③ RT's Place LLC
- ② Tim Anderson ④ _____

2. Trade Name (dba): RT's Place

3. Business Location: 400 E. 2nd Street The Dalles, Wasco, OR 97058
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 400 E. 2nd Street The Dalles, OR 97058
(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? The Dalles, Wasco
(name of city or county)

11. Contact person for this application: Bobbi Madley (971) 340-3240
(name) (phone number(s))
400 E. 2nd St (address) N/A (attachment) (fax number) E. sexie @ 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 Bobbi Madley Date 3/10/12 ② _____ Date _____
③ Tim Anderson Date 3-10-12 May 10 2012 Date _____

RECEIVED



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: *AW*

Date: 5-11-12

90-day authority: Yes No

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

① ~~BRIAN WHITE~~ ③ Native Tap House LLC

② ANTHONY STASSI ④ _____

2. Trade Name (dba): NATIVE TAP HOUSE

3. Business Location: 1533 NW 24th PORTLAND, MULTNOMAH, OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5012 NE CLEVELAND, APT 1 PORTLAND OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (509) 954-2136
(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: BRIAN WHITE
(manager must fill out an Individual History form)

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

11. Contact person for this application: BRIAN WHITE (509) 954-2136
(name) (phone number(s))
5012 NE CLEVELAND AVE, APT #1 brianstuartwhite@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 *Brian G. White* Date 5/10/12 ③ _____ Date _____
② *AS* Date 5/10/12 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: GR

Date: 5-10-12

90-day authority: Yes No

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

① 24th & Meatballs, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 24th and Meatballs

3. Business Location: 2341 NE Galisan Portland Multnomah, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2132 NE Alberta Portland, OR 97211
(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? Portland, Multnomah County
(name of city or county)

11. Contact person for this application: Holly Johnson 503-806-7577
(name) (phone number(s))

2132 NE Alberta PO Box 97211 503-546-3015
(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 5-9-12 ③ _____ Date _____

② _____ Date 5-9-12 ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



PLEASE PRINT OR TYPE

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: K Siefkus

Date: 5/14/12

90-day authority: Yes No

Applying as:

- Individuals
- Limited Partnership
- Corporation
- Limited Liability Company

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

- ① BARRID, LLC
- ② _____
- ③ _____
- ④ _____

2. Trade Name (dba): Barrio

3. Business Location: 1163 NW Minnesota Ave Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1163 NW Minnesota Ave Bend OR 97701
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-312-2245
(phone) (fax)

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

7. If yes to whom: MARZ INVESTMENT GROUP, LLC Type of License: F-COM

8. Former Business Name: GATSBY'S BRASSERIE BAR

9. Will you have a manager? Yes No Name: Joel R Cordes
(manager must fill out an individual history form)

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

11. Contact person for this application: Joel R Cordes 541)264-0397
(name) (phone number(s))
55 NW Cascade Pl. Bend, OR 97701 barriobend@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 3/12/2012 ② _____ Date _____
- ③ Joel R Cordes Date 3/12/2012 ④ [Signature] Date 3/12/2012

1-800-452-OLCC (6522)



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 _____

L 163531
P 475

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: CP

Date: 5-14-12

90-day authority: Yes No

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

- ① Two Way Street LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): The Corner Spot Tavern

3. Business Location: 6008 N. Greeley Ave Portland OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3008 SW Sunset Blvd Portland OR 97239
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-970-9527
(phone) (fax)

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

7. If yes to whom: Corner Spot Tavern, Inc. Type of License: Full on Premise
Donna E. Hobson

8. Former Business Name: The Corner Spot Tavern

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

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

11. Contact person for this application: Shaun D Semsch 503-970-9527
(name) (phone number(s))

3008 SW Sunset Blvd Portland OR 97239 Supershaun.D@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 [Signature] Date 5/9/12 ③ _____ Date _____
- ② [Signature] Date 5/9/12 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 _____

*PH 69161
L164575*

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: *5-14-12*

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 THE CRUISE IN DINER, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): THE CRUISE IN DINER

3. Business Location: 7131 NE 33RD DRIVE SUITE A PORTLAND MULTNOMAH OREGON 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7131 NE 33RD DRIVE SUITE A PORTLAND OR 97211
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-325-1616 (phone) 503-240-35140 (fax)

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

7. If yes to whom: The Cruise in Diner LLC Type of License: OFF PREMISES AND LIMITED ON PREMISES

8. Former Business Name: The Cruise in Diner

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: JAIME GRANT (name) 503-679-9233 (phone number(s))

9000 SE VRADENBURG RD HAPPY VALLEY OR 97006 (address) grantz5@msn.com (e-mail address)

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

Applicant(s) Signature(s) and Date: _____

① *[Signature]* Date 5/14/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

JUNE 1st PHONE

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: [Signature]

Date: 5-15-12

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 BETHEL, CORP _____
② _____

2. Trade Name (dba): Angel Thai Two

3. Business Location: 1444 NW College Way #1 Bend, OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

7. If yes to whom: KUISHINBO type of License: Full-On-Premises

8. Former Business Name: Sumi's Japanese Restaurant

9. Will you have a manager? Yes No Name: Napanan Srijungernont
(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: Napanan 541-390-4019
(name) (phone number(s))

(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 _____ 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: JP

Date: 5-9-12

90-day authority: Yes No

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

① EDGE COFFEE LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): EDGE COFFEE

3. Business Location: 14647 SW MILLIKAN WAY BEAVERTON WASHINGTON COUNTY OR 97006
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 6072 BEAVERTON OR 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.747.6021
(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: BEN JONES
(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: SCOTT ELLIOTT 503.504.2223
(name) (phone number(s))
PO BOX 6072 BEAVERTON OR 97007 503.292.7766 SCOTT@EDGEDEVELOP.C
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date May 8, 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 OTR

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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: 5-9-12

90-day authority: Yes No

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

- ① Michael Cooper
- ② Patsy Cooper
- ③ The Not So Boring Bar & Grill LLC
- ④ _____

2. Trade Name (dba): The not so Boring Bar and Grill

3. Business Location: 28014 SE Wally Boring clackamas county OR 97009
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 26875 SE Bridgewater Ln. Boring OR 97009
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-318-8262 503-558-8981
(phone) (fax)

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

7. If yes to whom: Jeff Full moon Bar & Grill Type of License: Full on

8. Former Business Name: Full moon Bar & Grill

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? Boring - clackamas county
(name of city or county)

11. Contact person for this application: Mike Cooper 503-318-8262
(name) (phone number(s))
26875 SE Bridgewater Ln. Boring OR 97009 / 503-558-8981 /
(address) (fax number) (e-mail address)
kroshcoop@gmail.com

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

Applicant(s) Signature(s) and Date:

- ① Michael Cooper Date 5-9-12
- ② _____ Date _____
- ③ _____ 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: JP

Date: 5-9-12

90-day authority: Yes No

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

- ① ~~Steffen Lunding~~ ③ The Gallery at 301 LLC
- ② ~~Claudia Joy Lane~~ ④ _____

2. Trade Name (dba): The Gallery at 301, LLC

3. Business Location: 301 Oak Street, Hood River, OR 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 792 Hood River, OR 97031
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-399-4880/541-399-4881
(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: Steffen Lunding & Claudia Joy Lane
(manager must fill out an Individual History form)

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

11. Contact person for this application: Claudia Joy Lane 541-399-4881
(name) (phone number(s))
PO Box 792 Hood River, OR 97031 claudsteff@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① Steffen Lunding Date 5-8-12 ③ _____ Date _____
- ② Claudia Joy Lane Date 5-8-12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

<p><u>Application is being made for:</u></p> <p>LICENSE TYPES</p> <input checked="" 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 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: _____		<p>ACTIONS</p> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____ (name of city or county)</p> <p>recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ (signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p>
<p>90-DAY AUTHORITY</p> <input checked="" type="checkbox"/> 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		<p>OLCC USE ONLY</p> <p>Application Rec'd by: <u>J. Mothers</u></p> <p>Date: <u>5/11/12</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals			

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Future Hope, LLC ② _____ ③ _____
 ④ _____ ⑤ _____
- Trade Name (dba): Cottage House Restaurant & Lounge
- Business Location: 1815 Mohawk Blvd Springfield Lane OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Cottage House, LLC Type of License: Full on-Premises Sales
- Former Business Name: Cottage House Restaurant
- Will you have a manager? Yes No Name: Helew Kim
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Springfield
(name of city or county)
- Contact person for this application: Helew Kim
1815 Mohawk Blvd Springfield OR (541) 747-4452 glawhelewa@yahoo.com
(address) (name) (phone number(s)) (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 5/10/2012 ② _____ Date _____
 ③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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 checked="" 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 _____
---	--

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: LVH

Date: 5/17/12

90-day authority: Yes No

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① Brofferio LLC
 ② _____

2. Trade Name (dba): The Drunken Cook, LLC

3. Business Location: 1555 12th St. S.E. Salem Marion OR 97314
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1555 12th St. S.E. #140 Salem OR 97314
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (510) 853-2235
(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: Alberto Brofferio
(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: Alberto Brofferio (510) 853-2235
20690 Hwy 22 Sheridan OR 97378 massimob@massimob.com
(name) (phone number(s)) (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 May 2/2012
 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 _____

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: 5-15-12

90-day authority: Yes No

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

① YNO, LLC ③ _____

② ~~Miana Hayden~~ ④ _____

2. Trade Name (dba): Shonna's

3. Business Location: 1823 A SE Qualatin Valley Hwy Hillsboro Wash. Oregon 97123
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6216 SW Vanwood Terrace Beaverton OR 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-716-8888
(phone) (fax)

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

7. If yes to whom: ~~Shonna's~~ Alpha B LLC Type of License: Full on-Premises Sales

8. Former Business Name: Shonna's

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: Miana Hayden 503-318-1730(C) 503-438-7821(H)
(name) (phone number(s))
6216 SW Vanwood Terrace Beaverton, OR 97007 - dmb8le@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 [Signature] Date 4/26/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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 _____

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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: 5-15-12

90-day authority: Yes No

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

- ① CMBP LLC. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Cedar Mill Grill

3. Business Location: 575 NW Saltzman Rd. Portland, Washington, OR 97229
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3166 NW 128th Portland, OR 97229
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (206) 849-4630 (503) 531-9747
(phone) (fax)

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

7. If yes to whom: B.U.F.F. and Company, Inc. Type of License: Full On-Premises Sales

8. Former Business Name: Bleachers Bar and Grill

9. Will you have a manager? Yes No Name: Owner Managed
(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: Jeffrey Galligan (206) 849-4630
(name) (phone number(s))
3166 NW 128th, Portland, OR 97229 (503) 531-9747 Jeffgalligan@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 [Signature] Date 5/8/12 ② [Signature] Date 5.8.12
③ [Signature] Date 5/8/12 ④ [Signature] Date 5.8.12



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: JP

Date: 5-15-12

90-day authority: Yes No

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

- ① Seven Corners Bar & Grill, LLC
- ② _____ ④ _____

2. Trade Name (dba): Seven Corners Bar & Grill

3. Business Location: 2002 SE Division St Portland, Mult, Or 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 10755 NW Jericho Ct Portland Or 97229
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-234-1420
(phone) (fax)

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

7. If yes to whom: Dea Wynne Corp Type of License: Full on-premise sales

8. Former Business Name: Dilly's Bar & Grill

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: Patti Lassell 503-223-7963
(name) (phone number(s))
2460A NW 24th Ave, Portland, Or 97210
(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 Patricia Lassell Date 5-11-12 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, Date, 90-day authority.

1. Entity or Individuals applying for the license: Cafe C'est La Vie, LLC
2. Trade Name (dba): Cafe C'est La Vie
3. Business Location: 8 Bella Beach Dr, Depoe Bay, Or 97341
4. Business Mailing Address: 6412 sw Harbor Ave, Lincoln City, Or 97367
5. Business Numbers: 619-674-8816
6. Is the business at this location currently licensed by OLCC? No
7. If yes to whom: Type of License:
8. Former Business Name: Cafe Bella Mar
9. Will you have a manager? No Name: Penelope Cole
10. What is the local governing body where your business is located? Lincoln County
11. Contact person for this application: Penelope Cole, 619-674-8816, colep@pdx.edu

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 Apr 29, 2012
2. [Signature] Date Apr 29, 2012

RECEIVED



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 5/16/12

90-day authority: Yes No

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

- ① PACIFIC REEF CONDOMINIUMS, LLC
- ② _____
- ③ _____
- ④ _____

2. Trade Name (dba): PACIFIC REEF RESORT

3. Business Location: 29362 EUENSBURG HWY 101, GOLD BEACH, OREGON 97444
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9950 SOUTH 300 WEST, SANDY, UTAH 84070
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (801) 417-9000 - COMPANY (phone) (800) 808-7263 - RESORT (fax) (801) 619-5219 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: DEBRA WAY
(manager must fill out an Individual History form)

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

11. Contact person for this application: DON GUBLER (name) (801) 417-9000 EXT 237 (phone number(s))
9950 SOUTH 300 WEST (address) (801) 619-5219 (fax number) dgubler@ugenius.com (e-mail address)
SANDY, UTAH 84070

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 7/28/11 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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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: *5-16-12*

90-day authority: Yes No

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

- ① JINGCO INC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): MAI WAH RESTAURANT

3. Business Location: 18088 SE McLoughlin Blvd, Milwaukie, Clackamas, OR 97267.
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8305 NE Multnomah St, Portland OR 97220
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 659-0323. (phone) (fax)

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

7. If yes to whom: KARHING INC Type of License: Full On-Premises Sales.

8. Former Business Name: MAI WAH RESTAURANT.

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

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

11. Contact person for this application: DONG S. JING (name) (503) 750-6959. (phone number(s))

8305 NE Multnomah St, Portland OR 97220 (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 Dongsheng Jing Date 5-5-12 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: CP

Date: 5-16-12

90-day authority: Yes No

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

① Waffle Window LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Waffle Window

3. Business Location: 2624 NE Alberta Portland Multnomah OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3610 SE Hawthorne Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-239-4756 _____
(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: Kush Cafe

9. Will you have a manager? Yes No Name: Maxwell Fishback
(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: Brendan Fishback 503-347-6778
(name) (phone number(s))
3085 SW 123rd Beaverton OR 97005 brendan.fishback@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 5/9/12 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 _____

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: 5-16-12

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 DeWalt Productions Inc. _____ ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Fontaine Bleu

3. Business Location: 237 NE Broadway St., Suite 300, Portland, Multnomah County, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9203 SW 75th Ave., Portland, OR 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 245-5687
(phone) (fax)

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

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

8. Former Business Name: None

9. Will you have a manager? Yes No Name: Rodney DeWalt
(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: Rodney DeWalt
(name)
9203 SW 75th Ave., Portland, OR 97223 (503) 245-5687 dewaltentertainment@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 by Rodney DeWalt Pres. Date 04/27/2012 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES	ACTIONS
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership
<input type="checkbox"/> Commercial Establishment	<input checked="" type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____
<input type="checkbox"/> Private Club	
<input checked="" 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: _____	

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: Katie Siefkes

Date: 5/17/12

90-day authority: Yes No

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

① Fivefine Spa & Retreat LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Shibu Spa

3. Business Location: 120 Buckaroo Trail Sisters Deschutes OR 97759
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541 549-6664 541 549-6701
(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: William (Greg) Willits
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jennifer Dorn 541 549 5400 x 100
(name) (phone number(s))
1021 Desperado Trail Sisters, OR 97759 541 549 5200 idorn@fivefine.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 9-7-11 ② _____ Date _____

③ [Signature] Date 2/9/12 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 OTN

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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: JR

Date: 5-17-12

90-day authority: Yes No

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

① SELF MADE ENTERPRISES INC ③ _____

② _____ ④ _____

2. Trade Name (dba): Glimmers

3. Business Location: 3532 SE Powell Portland Mult OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8515 NE Webster Portland OR 97220
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 234-6033 _____
(phone) (fax)

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

7. If yes to whom: Tommy's Glimmer's Gentlemen Club Inc Type of License: FOP

8. Former Business Name: Tommy's Glimmer's Gentlemen Club

9. Will you have a manager? Yes No Name: N/A
(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: Dustin Berkholtz (503) 784-2193
(name) (phone number(s))
8515 NE Webster DBerkholtz80@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 Dustin Berkholtz Date 5/5/12 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: Katie Seales

Date: 5/17/12

90-day authority: Yes No

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

- ① ~~Clearwater Studios, Inc~~ ③
- ② Clearwater Studios, Inc ④

2. Trade Name (dba): The Open Door at Clearwater Gallery

3. Business Location: 303 W. Hood Sisters Des OR 97759
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1991 Sisters OR 97759
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-549-4994
(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: Julia Rukards
(manager must fill out an Individual History form)

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

11. Contact person for this application: Dan or Julia Rukards 541-549-4994
(name) (phone number(s))
PO Box 1991 Sisters, OR 97759 Jarickards@gmail.com
(address) (fax number) (e-mail address)
Jena R cell 541.550.0110

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 4/16/12 ③ _____ Date _____

② _____ Date 4/16/12 ④ _____ Date _____