



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form



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: 5-17

90-day authority: Yes No

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

① The Dugout Gourmet Deli & Beer Bar, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): The Dugout

3. Business Location: 871 NE 25th Ave, Suite 4A Hillsboro Washington OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3780 NE Jackson School Road Hillsboro OR 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-260-0334
(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: Kimberly A. Basney
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kimberly A. Basney 503-260-0334
(name) (phone number(s))
3780 NE Jackson School Rd, Hillsboro, OR 97124 basneyk@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 Kimberly A. Basney Date 5/16/2012 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 CLTN

P40850
L167807

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: 5-17-12

90-day authority: Yes No

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

- ① Jiansheng Wu ③ Cocktail Avenue, Clp
- ② Yulan Zheng ④ _____

2. Trade Name (dba): Cocktail Avenue and home kitchen

3. Business Location: 12800 SW Canyon Rd Beaverton Washington OR 97005
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 60 SE 57th Ave Portland OR 97215
(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: YKS LLC Type of License: Limited

8. Former Business Name: King's Restaurant

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

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

11. Contact person for this application: Jiansheng Wu 503-997-3734
(name) (phone number(s))
60 SE 57th Ave Portland OR 97215
(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 05/16/12 ③ _____ Date _____

② [Signature] Date 05/16/12 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 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 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

P39622
L162971

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: Patty Rhodes

Date: 5-18-12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Corporation ③ _____
 ② Jesusito Market Inc ④ _____
- Trade Name (dba): Jesusito Market
- Business Location: 7000 N. Interstate Ave Portland Mult Or 97212
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 7000 N. Interstate Ave Portland Or 97212
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (503) 978-8178 (503) 978-6778
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Jesus Ramirez Type of License: _____
- Former Business Name: Jesusito Market Inc
- 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? Portland Multnomah
(name of city or county)
- Contact person for this application: Pedro soto Murguia (503) 449-4845
(name) (phone number(s))
(503) 7705 SE Malden st (503) 978-6778 Murguiasoto0923@gmail.co
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
 ① [Signature] Date 5/18/12 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.80/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: ELS

Date: 5/17/12

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 Brothers Bar & Grill LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Brothers Bar & Grill

3. Business Location: 125 W. Central Ave. Sutherlin Douglas OR. 97479
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 2067 Sutherlin OR 97479
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-391-9968
(phone) (fax)

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

7. If yes to whom: Carol Vera Type of License: OLCC Full ON-Premises Commercial

8. Former Business Name: Veras

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

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

11. Contact person for this application: Stephen Brown 541-391-9968
(name) (phone number(s))

P.O. Box 2067 -N/A- Moosawhsya@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 Stephen Brown Date 3-20-12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input 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 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 checked="" 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: OL

Date: 05-21-12

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Del Rey Cafe & The Loft, LLC ③
 ② _____ ④ _____

2. Trade Name (dba): Del Rey Cafe & The Loft

3. Business Location: 5606 NE Stephen St Winchester Douglas OR 97495
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 654 Winchester OR 97495
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-672-1522 541-672-1522
(phone) (fax)

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

7. If yes to whom The Del Rey Cafe, LLC Type of License: Full On-Premises Sales

8. Former Business Name: The Del Rey Cafe

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

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

11. Contact person for this application: Robin Esperson 541-672-1522
(name) (phone number(s))
33 Pioneer Way (P.O. Box 654) 541-672-1522 delreycfe1@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 Robin ESPERSON Date 6-20-11 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 _____

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: 5-21-12

90-day authority: Yes No

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

- ① David E. Hall ^③
- ② Rose H. Hall ^④

2. Trade Name (dba): Homestead Cafe

3. Business Location: 331 Highway 31 Paisley Lake Oregon 97636
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 94 Paisley Oregon 97636
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 641-943-3187 (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? Paisley, Oregon 97636
(name of city or county)

11. Contact person for this application: Rose H. Hall 541-943-3187
(name) (phone number(s))

PO Box 94, 629 Mill Street, Paisley, OR 97636 (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 Rose H. Hall Date 3-13-12 ^③ Date _____

② David E. Hall Date 3-13-12 ^④ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

4

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 UTN

P39452
L156083

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: 5-21-12

90-day authority: Yes No

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

① Baby Doll Pizza inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Baby Doll Pizza

3. Business Location: 2835 SE Stark St Portland Multnomah OR 97214

(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: 503-459-4450

(phone) (fax)

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

7. If yes to whom: Stark Naked Pizza Inc Type of License: limited on premises sales

8. Former Business Name: Stark Naked Pizza

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: Travis Miranda 973-239-0769

(name) (phone number(s))

540 NE 44 AVE Apt 2

(address) Portland OR 97213 (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 5/19/12 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: K.O.

Date: 5-14-12

90-day authority: Yes No

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

① Pilot Travel Centers LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Pilot Travel Center #504

3. Business Location: 3817 N. Hwy. 97 Klamath Falls Klamath County OR 97601
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 10146; Attn: Tax Dept. Knoxville TN 37939
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: phone: (865) 588-7488 Fax: (865) 297-1203
(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: Mollie's Truck Stop

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

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

11. Contact person for this application: David Enkema (865) 588-7488
(name) (phone number(s))

5508 Lonas Rd., Knoxville, TN 37939 (865) 297-1203 david.enkema@pilottravelcenters.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: Mitchell Steenrod, Senior VP & CFO
* ① [Signature] Date 4-18-12 ② _____ Date _____

② _____ Date _____ ③ _____ 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: [Signature]
 Date: 5/22/12
 90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Gulda]
 ① BISTRO GROUP LTD ② _____
 ③ _____ ④ _____

2. Trade Name (dba) B Lucky Bistro

3. Business Location: 528 HARLOW Rd Springfield Lane OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1360 Mohawk Blvd Springfield OR 97477
(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: RICHARD HICKAM & JASON MARTONASO
(manager must fill out an individual History form)

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

11. Contact person for this application: RICHARD HICKAM
(name) 541-337-6061
(phone number(s))
1360 Mohawk Blvd Spfld OR 97477
(address) richickam@yatec.com
(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 5/16/12 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Set Form

Print Form



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

*P 22869
W144463*

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: *5-21-12*

90-day authority: Yes No

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

① ~~Ke Xu~~ _____ ③ _____
② *Fire Dragon Inc* _____ ④ _____

2. Trade Name (dba): *Rodders Geub's Pub*

3. Business Location: *19195 S Molalla Ave Oc Or 97045*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *19195 S. Molalla Ave Oc. Or 97045*
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *503 650-2363*
(phone) (fax)

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

7. If yes to whom: ~~Stella~~ *Dragon Billiard Room Inc* Type of License: *Full on premise*

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? *Oregon city*
(name of city or county)

11. Contact person for this application: *Ke Xu* *503 998 0628*
(name) (phone number(s))
14245 SW Teal Blvd 82F Beaverton Or 97008
(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 *5/15/12* 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 _____

P36237
L162817

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: 5-22-12

90-day authority: Yes No

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

① ALBERT J. MAURO ③ _____
② _____ ④ _____

2. Trade Name (dba): CULLY MINI MART

3. Business Location: 4318 NE CULLY BLVD, PORTLAND, OR 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8715 NE 112TH AVE, VANCOUVER, WA 98662
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-893-0565
(phone) (fax)

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

7. If yes to whom: MARPREET MINHAS Type of License: off Premis Sales

8. Former Business Name: CULLY MINI MART

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: ALBERT J. MAURO 503-893-0565
(name) (phone number(s))
8715 NE 112TH AVE, WASH, 98662 ALMAU@CCI.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 5-18-12 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: OLCC

Date: 5/23/2012 CU

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 IPACS CELLARS LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): IPACS CELLARS

3. Business Location: 5770 Macleay RD SE Salem Marion OR 97317
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5770 Macleay RD SE Salem OR 97317
(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? Marion county
(name of city or county)

11. Contact person for this application: Ferenc Ipacs Szabo 503-999-2228
(name) (phone number(s))
5770 Macleay RD SE Salem, OR 97317 ipacs_szabo@hotmail.com
(address) (fax number) (email 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 Diana Ipacs Szabo Date 5/16/2012 ③ _____

② _____ Date _____ ④ SALEM REGIONAL OFFICE Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

Hillsboro
(name of city or county)

recommends that this license be:

Granted Denied
By: Amber Amie 5/15/12
(signature) (date)

Name: Amber Amie

Title: City Recorder

OLCC USE ONLY

Application Rec'd by: P

Date: 5/22

90-day authority: Yes No

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

- ① K & C Dream, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): OBRIEN'S PUB & BRICK LOUNGE

3. Business Location: 2020 NE Cornell RD suite F Hillsboro Washington OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2020 NE Cornell RD suite F Hillsboro OR 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-840-1086 503-345-9612
(phone) (fax)

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

7. If yes to whom: _____ Type of License: lic exp 3/31/12

8. Former Business Name: OBRIEN'S PUB

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

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

11. Contact person for this application: Sang Yoon Kim 541-840-1086
(name) (phone number(s))
604 Benjamin way, Phoenix, OR 503-345-9612 sa5105@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 04.23.12 ③ _____

② _____ Date _____ ④ _____

RECEIVED

MAY 22 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 OTW

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

P17694
L169356

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

Granted Denied

By: _____

(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____ P

Date: 5/12

90-day authority: Yes No

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

① Alvarez LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Izzy's Restaurant

3. Business Location: 1071 SE Tuatatin Valley Hwy Hillsboro Washington OR 97123

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

4. Business Mailing Address: _____

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

5. Business Numbers: 503 640 4081 503 681 9102

(phone) (fax)

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

7. If yes to whom: Arcam LLC Type of License: Limited On Premise Sales

8. Former Business Name: Izzy's Restaurant

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

(manager must fill out an individual History form)

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

(name of city or county)

11. Contact person for this application: Delfiro Alvarez 1-971-237-0609

(name) (phone number(s))

965 Ash St, McManisville 503 681 9102 chimino511@yahoo.com

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

97128

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 Delfiro Alvarez Date 5/17/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR 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 _____

P14645
L169272
163795

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: D

Date: 5/22

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 ~~Thomas Estes~~ ③ TR2000 LLC
- ② ~~Robert Dietrich~~ ④ _____

2. Trade Name (dba): Deli Barn

3. Business Location: 2410 SE 182nd Portland Multnomah OR 97233
(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: 503-665-2071
(phone) (fax)

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

7. If yes to whom: Robert Dietrich Type of License: Full on premises/limited off pr.

8. Former Business Name: Deli Barn

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? Gresham
(name of city or county)

11. Contact person for this application: Jenny Alexander 503-502-4018
(name) (phone number(s))
17708 SE clay Port. OR 97233 Alexj@kayes1@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 Thomas Estes Date 5-21-12 ③ Date 5
- ② Robert J Dietrich Date 5-20-12 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: QR

Date: 5-23-12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Sue. C. Ban ③ _____
 ② _____ ④ _____
- Trade Name (dba): Cigarette Plus
- Business Location: 2224 N. Lombard St. Portland, Multnomah, OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 2224 N. Lombard St. Portland, OR 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-286-6094
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: lic exp 12/31/11
- Former Business Name: _____
- Will you have a manager? Yes No Name: Sue. C. Ban
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Portland
(name of city or county)
- Contact person for this application: Sue. C. Ban 503-926-1228
(name) (phone number(s))
2224 N. Lombard St. Portland, OR 97217 unjour33@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date May 22, 2012 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 type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" 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: [Signature]

Date: 5-24-12

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Woodville Video Inc. ③ _____
 ④ _____ ④ _____
2. Trade Name (dba): Woodville Video
3. Business Location: 218 E Main Rogue River Jackson OR 97537
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO 366 Rogue River OR 97537
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 541 582 2150 _____
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Woodville Video Inc Type of License: off premises
8. Former Business Name: Woodville Video
9. Will you have a manager? Yes No Name: Robert L Bridge
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Rogue River Jackson
(name of city or county)
11. Contact person for this application: Robert L Bridge 541 582-2150 or 541 787-0652
(name) (phone number(s))
P.O. Box 366 Rogue River OR LBridge3@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 Robert L Bridge Date 5/24/12 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

LICENSE TYPES

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: 5-23-12

90-day authority: Yes No

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

① James Wanxing Wu ③ Wu's Brother Inc

② Wan Meng Wu ④ _____

2. Trade Name (dba): WU'S Brother INC

3. Business Location: 12429 NE Glisan Portland OR 97220

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

4. Business Mailing Address: 2923 SE 112th AVE Portland, OR 97266

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

5. Business Numbers: 503-251-2737

(phone) (fax)

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

7. If yes to whom: Seng / Cleary's Type of License: Full - ON

8. Former Business Name: Cleary's

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

(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: James Wanxing Wu 503-841-3308

(name) (phone number(s))

2923 SE 112th AVE Portland OR 97266 James Wu 1328@gmail.com

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

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/25/12 ③ _____ Date _____

② Wan Meng Wu Date 4/25/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

<p><u>Application is being made for:</u></p> <p>LICENSE TYPES</p> <p><input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Commercial Establishment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Caterer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Passenger Carrier</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other Public Location</p> <p style="margin-left: 20px;"><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="margin-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p>90-DAY AUTHORITY</p> <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> <p>APPLYING AS:</p> <p><input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals</p>	<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p style="text-align: center;">(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ (signature) _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Application Rec'd by: <u>[Signature]</u></p> <p>Date: <u>5-23-12</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① R M Gunderson Inc ③ _____
 ② _____ ④ _____
2. Trade Name (dba): Happy Baskets
3. Business Location: 15254 SE La Marquita Wy Milwaukie Clack OR 9726
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 15254 SE La Marquita Wy Milw OR 97267
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-653-6120 503 659 1114
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: _____ Type of License: _____
8. Former Business Name: _____
9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Clackamas
(name of city or county)
11. Contact person for this application: A Robin Gunderson 5036536120
(name) (phone number(s))
15254 SE La Marquita Wy 5036591114 robin@happybaskets.com
(address) (city) (state) (ZIP code) (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 5/23/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: OP

Date: 5-24-12

90-day authority: Yes No

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

① Oregon Restaurant Concepts Inc. ③ _____
② _____ ④ _____

2. Trade Name (dba): Front Row Bar & Grill

3. Business Location: 22277 NW Imbrie Drive Hillsboro Washington OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 231015 Tigard OR 97281
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-430-8342 Location 503-816-5450
(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: Matt Gary
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kevin Dinsdale 503-544-4195
(name) (phone number(s))
PO Box 231015 Tigard, OR 97281 kevin.orc@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 K. Dinsdale Date 4/18/2012 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
Liquor License Application
 John A. Kitzhaber, MD, Governor

Liquor Control Commission
 9079 SE McLoughlin Blvd
 Portland, OR 97222-7355

(503) 872-5000

(800) 452-6522

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: JA

Date: 5-24-12

90-day authority: Yes No

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

- ① LUCKY 39 ③ _____
- ② Xuan Dang ④ _____

2. Trade Name (dba): LUCKY 39

3. Business Location: 8136 SE FOSTER RD, STE 140 PORTLAND MULTNOMAH OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8136 SE FOSTER RD, STE 140 PORTLAND OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-764-5371 _____
(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: MAI VI TUONG
(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: XUAN DANG 503-764-5371
(name) (phone number(s))
2155 NE 95TH PL, 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 Xuan Dang Date 5/21/12 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 _____

P 351668
L163945

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: *5/24/12*

90-day authority: Yes No

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

① HABESHA ETHIOPIAN RESTAURANT & BAR LLC

② _____ ④ _____

2. Trade Name (dba): HABESHA ETHIOPIAN RESTAURANT AND BAR

3. Business Location: 501 NE BROADWAY ST PORTLAND MULTNOMAH OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 420 4720 NE 48th PL PORTLAND OR 97218
(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: MUDAI ETHIOPIAN RESTAURANT INC. Type of License: F-COM

8. Former Business Name: MUDAI ETHIOPIAN RESTAURANT & LOUNGE

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: ENEYSH KEBEDE 503-914-9994
(name) (phone number(s))

4720 NE 48th PL PORTLAND OR 97218 Wubeshet4720@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 ENEYSH KEBEDE Date 05/24/12 ② _____ Date _____

② _____ Date _____ ④ _____ Date _____