



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: 5-25-12

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 David w. Ball ③ _____

② _____ ④ _____

2. Trade Name (dba): Wy'east Cafe & Bakery

3. Business Location: 65000 E Hwy 26 Unit 2A Welches, OR 97067
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 65000 E Hwy 26 Unit 2A Welches, OR 97067
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-564-9145
(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 County
(name of city or county)

11. Contact person for this application: David W. Ball 503-564-9145 503-830-5642
(name) (phone number(s))
65000 E Hwy 26 Unit 2A Welches, OR 97067
(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 David Ball Date 5-8-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

MAY 25 2012

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form



Application is being made for:

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

90-DAY AUTHORITY

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

APPLYING AS:

Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

Granted Denied

By: _____

(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OR

Date: 5-25-12

90-day authority: Yes No

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

① CHINNAM SRIMANTH ③ TRIKONA FOODS INC

② _____ ④ _____

2. Trade Name (dba): India Imports

3. Business Location: 2079 NW ALOCLEK DR, #1005 - HILLSBORO, OR, 97124

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

4. Business Mailing Address: 4325, SW 109th Ave, Beaverton, OR, 97005

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

5. Business Numbers: 503-617-9477 / 503-671-9507

(phone) (fax)

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

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

8. Former Business Name: N/A

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

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: CHINNAM SRIMANTH 503-703-8819

(name) (phone number(s))

3024, NW Chapin Dr, Portland, OR 97229, SRIMANTH@AOL.COM

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

RECEIVED

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 4/15/12 **MAY 25 2012** Date _____

② _____ Date _____

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P44926
L164851

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: *5/25/12*

90-day authority: Yes No

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

- ① Silver Fox LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Li's Rounders

3. Business Location: 1155 NE DIVISION Gresham OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6524 SE 42nd AVE PORTLAND OR 97206
(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: Rounders LLC Type of License: Limited on Premise

8. Former Business Name: Rounders

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 OR
(name of city or county)

11. Contact person for this application: Zhi Yuan Li (Andy) 503-740-2684
(name) (phone number(s))
6524 SE 42nd Ave Portland OR 97206 9 ANDYLI@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 5/23/12 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:
LICENSE TYPES: Full On-Premises Sales, Commercial Establishment, Caterer, Passenger Carrier, Other Public Location, Private Club, Limited On-Premises Sales, Off-Premises Sales, Brewery Public House, Winery, Other: DISTILLERY
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:
By: (signature) (date)
Name:
Title:
OLCC USE ONLY: Application Rec'd by: [Signature]
Date: 5/25/12
90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
1 Albany Steamworks LLC
2 Trade Name (dba): Deluxe Brewing Company / Smister Distilling Company
3. Business Location: 635 NE Water Ave., Suite B Albany Linn OR 97321
4. Business Mailing Address: 2687 NW Quince St. Albany OR 97321
5. Business Numbers:
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: NA
9. Will you have a manager? Yes No Name: NA
10. What is the local governing body where your business is located? Albany
11. Contact person for this application: Jamie Howard 541-905-7756
2687 NW Quince St., Albany, OR 97321 jamiehoward25@msn.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 Jamie Howard Date 5-23-12
2 [Signature] Date 5-23-12



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P45743
L157141

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: 5-24-12

90-day authority: Yes No

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

- ① Elaine Tanzer
- ② Jacob Tanzer
- ③ Scott Weaver
- ④ Anne Weaver

Rhine & Tanzer Inc dba
Elephants
Delicatessen

2. Trade Name (dba): Elephants in the Park

3. Business Location: 877 S.W. Taylor at Director Park Portland, OR 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1611 SE 7th Portland, OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-224-3955 224-4097
(phone) (fax)

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

7. If yes to whom: Viotta / Distant Sun Restaurants Inc Type of License: FCOM

8. Former Business Name: Viotta Viola at Director Park

9. Will you have a manager? Yes No Name: Anne Weaver
(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: Anne Weaver 503-937-1003
(name) (phone number(s))
1611 S.E. 7th Avenue (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 5/22/12 ② [Signature] Date 5/24/2012

③ [Signature] Date 5/22/12 ④ Anne Weaver Date 5/22/2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

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

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: 5/29/12

90-day authority: Yes No

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

① Schjall Enterprises, Inc ② _____ ③ _____

2. Trade Name (dba): Rialta Tavern

3. Business Location: 25 S.W. 'D' St. Madras, Jefferson OR 97741
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 107 NE 9th St. Madras OR 97741
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-475-6341
(phone) (fax)

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

7. If yes to whom: Schjall Enterprises Inc Type of License: Limited On-Premises

8. Former Business Name: N/A

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

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

11. Contact person for this application: Jan Six 541-480-2738
(name) (phone number(s))
107 NE 9th St. Madras, OR 97741
(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 [Signature] Date 5/9/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other ~~add other~~

Rec'd by Portland
Liquor Licenses

MAY 23 2012

PD 75⁰⁰ JW
003

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: S Morgan

Date: 5/22/12

90-day authority: Yes No

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

- ① Fujiyama Sushi Bar & Grill LLC
- ② _____
- ④ _____

2. Trade Name (dba): Fujiyama Sushi Bar & Grill LLC

3. Business Location: 4124 SE 82nd Ave Suite 550 Portland, OR 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4124 SE 82nd Ave. Suite 550 Portland, OR 97266
(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: N/A

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

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

11. Contact person for this application: TIMMY THANH Q. NGUYEN (503) 799-2948 cell
(name) (phone number(s))
6735 SE 82nd Ave. Portland, OR 97266
(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 5/22/12 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)
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- Winery (\$250/yr)
- Other: _____

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

CITY OF ROSEBURG
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: Sheila R. Cox 5/14/12
(signature) (date)

Name: SHEILA R. COX

Title: CITY RECORDER

OLCC USE ONLY

Application Rec'd by: CM

Date: 4-24-12

90-day authority: Yes No

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

① ~~Rock N Wings LLC~~

② Rock N Wings, LLC ④

2. Trade Name (dba): Rock N Wings

3. Business Location: 1350 27th NE Stephens Roseburg Douglas OR 97470
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 312 East St Sutherlin OR 97479
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 672-5124
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Allison Lian 541 315-2412
(name) (phone number(s))
312 East St Sutherlin OR 97479
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① Allison Lian Date 4/14/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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- Winery (\$250/yr)
- Other: _____

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

CITY OF ROSEBURG

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: Sheila R. Cox 5/14/12
(signature) (date)

Name: SHEILA R. COX

Title: CITY RECORDER

OLCC USE ONLY

Application Rec'd by: CM

Date: 4-24-12

90-day authority: Yes No

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

① ~~Rock N Winez LLC~~

② Rock N Winez, LLC ④ _____

2. Trade Name (dba): Rock N Winez

3. Business Location: 1350 27th NE Stephens Roseburg Douglas OR 97470
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 312 Easy St Sutherlin OR 97479
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 672-5124 _____
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Allison Lian 541 315-2412
(name) (phone number(s))
312 Easy St Sutherlin OR 97479
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Allison Lian Date 4-19-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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- Off-Premises Sales (\$100/yr)
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- Winery (\$250/yr)
- Other: _____

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: 4/09/12

The City Council or County Commission:

City of Riddle
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: Kathleen M. Wilson 4/09/12
(signature) (date)

Name: Kathleen M. Wilson

Title: City Recorder

OLCC USE ONLY

Application Rec'd by: cm

Date: 3/29/12

90-day authority: Yes No

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

① THE PETERMAN CORP. ③ _____

② _____ ④ _____

2. Trade Name (dba): THE OLD SPORTSMAN

3. Business Location: 222-224 N. MAIN ST, Riddle, Douglas, OR 97469
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 651, Riddle OR 97469
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-874-3100 541-874-3102 NA
(phone) (fax)

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

7. If yes to whom: PETERMAN CORP Type of License: Full on-Premises Sales

8. Former Business Name: The Still

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

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

11. Contact person for this application: Cheri Peterman 541-874-3100
(name) (phone number(s))
775 Ash Creek Rd, Riddle NA TheOldSportsman.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: 3.15.12 ② _____

② _____ Date _____ ④ _____

APR 24 2012

RECEIVED
EUGENE REGIONAL OFFICE
Oregon Liquor Control Commission



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 _____
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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: LA
 Date: 5/30/12
 90-day authority: Yes No

- Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① SUNRISE MARKET 101 LLC ③
 ② _____ ④
 - Trade Name (dba): SUNRISE MARKET
 - Business Location: 3505 LANCASTER RD NE SALEM MARION OR 97305
(number, street, rural route) (city) (county) (state) (ZIP code)
 - Business Mailing Address: 3505 LANCASTER DR NE SALEM OR 97305
(PO box, number, street, rural route) (city) (state) (ZIP code)
 - Business Numbers: 541-602-5112
(phone) (fax)
 - Is the business at this location currently licensed by OLCC? Yes No
 - If yes to whom: PARVEEN SIDHU Type of License: OFF PREMISES SALES
 - Former Business Name: U.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? MARION COUNTY
(name of city or county)
 - Contact person for this application: HARLAL GAHLLA 541-602-5112
(name) (phone number(s))
5015 BARNES CT SE SALEM OR 97306 parveensidhu11@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 Harlal Gahlla Date 5/14/12 ③ _____ Date _____
 ② Parveen Sidhu Date 5/14/12 ④ _____ SALEM REGIONAL OFFICE Date _____

