



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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P47719
L162787

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: 5-31-12

90-day authority: Yes No

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① PITAN Ponglakhan ③ _____
 ② _____ ④ _____
2. Trade Name (dba): NUDI
3. Business Location: 4310 SE. Woodstock Blvd., Multnomah OR. 97206
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 4310 SE. Woodstock Blvd., Portland OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503.808.9099 -
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Huiae Na Type of License: Full on-Premises Sales
8. Former Business Name: Momoyama 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? Portland Multnomah
(name of city or county)
11. Contact person for this application: Pitan Ponglakhan 626.224.7910
(name) (phone number(s))
2717 SE 70th Ave. Portland OR 97206 - Heartandbrain@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 May 26 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: P

Date: 5/29

90-day authority: Yes No

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

① lyf gldersleeve ③ _____

② _____ ④ _____

2. Trade Name (dba): Flying Fish Company

3. Business Location: 2310 SE Hawthorne Blvd 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: 503-260-6552
 (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
 (name of city or county)

11. Contact person for this application: Lyf Gldersleeve 503-260-6552
 (name) (phone number(s))
1224 NE 71st Ave Portland OR 97213 oregonfreshfish@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 5-15-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

MAY 29 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: _____ *P*

Date: *5/29*

90-day authority: Yes No

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

① KRIS SMALE ③ _____

② _____ ④ _____

2. Trade Name (dba): Red Square Cafe

3. Business Location: 4505 SE Belmont Ave Portland OR 97216

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

4. Business Mailing Address: 1310 SE 50th Portland OR 97215

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

5. Business Numbers: 503 517 5700

(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

(name of city or county)

11. Contact person for this application: Kris Smale 503 317 5926

(name) (phone number(s))

3201 SE 116th Portland OR 97216 KRISMALE@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 4-9-12 ③ MAY 29 2012 Date _____

② _____ Date _____ ④ REGULATORY FIELD SERVICES Date _____

RECEIVED



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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 - Caterer
 - Passenger Carrier
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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 CTN

P37949
L1165961

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: 5-31-12

90-day authority: Yes No

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

① Andre Grandi, Inc. ③ _____

② ~~Andre M. Jehan~~ ④ _____

2. Trade Name (dba): Pizza Schmirza

3. Business Location: 8695 SW Jack Burns Blvd #J Wilsonville OR 97070
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 958 Hillsboro OR 97123
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 582-8210 (phone) (503) 582-8245 (fax)

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

7. If yes to whom: Frant Ltd, LLC Type of License: Limited-Off Sale

8. Former Business Name: ~~Frant Ltd, LLC~~ dba Pizza Schmirza Wilsonville

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

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

11. Contact person for this application: Andre Jehan (name) (503) 320-8899 (phone number(s))

4155 NW 192nd Ave (address) Portland, OR 97229 (address) (971) 327-2710 (phone number) Schmirzagod@aol.com (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5-31-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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 - Commercial Establishment
 - Caterer
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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 _____

P5314
L1977121

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*

Date: 5/28

90-day authority: Yes No

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

- ① WEBB CO LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): SHIMMER

3. Business Location: 8000 SE Foster Port Mult OR 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8000 SE Foster Port OR 97204
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971 230 0047
(phone) (fax)

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

7. If yes to whom: Tom Webb Val's Fine Foods Inc Type of License: Full on

8. Former Business Name: SHIMMER

9. Will you have a manager? Yes No Name: Virginia Grizzle - currently the manager
(manager must fill out an Individual History form)

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

11. Contact person for this application: Houston Webb 971-678-6106
(name) (phone number(s))
25049 SE Williams Rd ESTANORA OR 97023
(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 23 12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other Yin LE

P36705
Ulead

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: D

Date: 9/29

90-day authority: Yes No

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

① PASTINI NW, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): PASTINI PASTARIA RESTAURANT

3. Business Location: 1506 NW 23RD AVE, PORTLAND, MULTNOMAH, OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9700 SW CAPITOL HWY, SUITE 250, PORTLAND, OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 595-1361 (503) 595-1365
(phone) (fax)

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

7. If yes to whom: PASTINI NW, LLC Type of License: FULL ON PREMISE SALES

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: CRAIG M. BASHEL
(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: CRAIG M. BASHEL 503-595-1361 or 503-312-2477
(name) (phone number(s))
9700 SW CAPITOL HWY, #250, PORTLAND, OR 503-595-1365 CRAIG@PASTINI.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 Craig M. Bashel Date 9-29-12 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 GINLE

P36508
L154874

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 5/29

90-day authority: Yes No

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

① PASTINI CITY CENTER, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): PASTINI PASTARIA RESTAURANT

3. Business Location: 911 SW TAYLOR, PORTLAND, MULTNOMAH, OR 97205
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9700 SW CAPITOL HWY, SUITE 250, PORTLAND, OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 595-1361 (503) 595-1365
(phone) (fax)

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

7. If yes to whom: PASTINI CITY CENTER, LLC Type of License: FULL ON PREMISE SALES

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: CRAIG M. BASHEL
(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: CRAIG M. BASHEL 503-595-1361 or 503-312-2417
(name) (phone number(s))
9700 SW CAPITOL HWY, #250, PORTLAND, OR 503-595-1365 CRAIG@PASTINI.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 Craig M. Bashel Date 5/29/08 _____ 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 WINE

P39149
L146737

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 9/29

90-day authority: Yes No

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

① PASTINI BRIDGEPORT, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): PASTINI PASTARIA RESTAURANT

3. Business Location: 7307 SW BRIDGEPORT RD, TIGARD, WASHINGTON, OR 97224
(number, street, rural route) # 8105 (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9700 SW CAPITOL HWY, SUITE 250, PORTLAND, OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 595-1361 (503) 595-1365
(phone) (fax)

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

7. If yes to whom: PASTINI BRIDGEPORT, LLC Type of License: FULL ON PREMISE SALES

8. Former Business Name: N/A

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

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

11. Contact person for this application: CRAIG M. BASHEL 503-595-1361 or 503-312-2417
(name) (phone number(s))
9700 SW CAPITOL HWY, #250, PORTLAND, OR 503-595-1365 CRAIG@PASTINI.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 Craig M. Bashel Date 5/23/08 Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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 - Passenger Carrier
 - Other Public Location
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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 YMLE

P38052
L154873

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 9/29

90-day authority: Yes No

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

- ① PASTINI SE, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): PASTINI PASTARIA RESTAURANT

3. Business Location: 2027 SE DIVISION, PORTLAND, MULTNOMAH, OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 9700 SW CAPITOL HWY, SUITE 250, PORTLAND, OR 97219
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 595-1361 (phone) (503) 595-1365 (fax)

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

7. If yes to whom: PASTINI SE, LLC Type of License: FULL ON PREMISE SALES

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: CRAIG M. BASHEL
(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: CRAIG M. BASHEL 503-595-1361 or 503-312-2477
(name) (phone number(s))
9700 SW CAPITOL HWY, #250, PORTLAND, OR 503-595-1365 CRAIG@PASTINI.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 Craig M. Bashel Date 9/23/20 Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



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

ACTIONS

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

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: 5/31

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 Buffy Braun LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Shawburgers

3. Business Location: 2325 NE GLISAN SE PDX MULT OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2325 NE GLISAN PDX OR 97232
(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: Rob Hemmerling
(manager must fill out an Individual History form)

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

11. Contact person for this application: Rob Hemmerling 303.708.7333
(name) (phone number(s))

1915 NE Couch St PDX OR 97232 hoffmancountryclub@juno.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 4/16/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 5/21

90-day authority: Yes No

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

- ① F and H Food Services LLC, ③ _____
 ② _____ ④ _____

2. Trade Name (dba): SHUT UP and EAT

3. Business Location: 3848 SE Gladstone St. Portland Multnomah OR.
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4130 SE 67th ave Portland OR 97206
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 568 2666
 (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: John Fimmano
 (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: John Fimmano 503 568 2666
 (name) (phone number(s))
4130 SE 67th ave Portland OR 97206 John.Fimmano@gmail.com
 (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
 ① _____ Date 5/29/12 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED MAY 29 2012

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 6/4/12

90-day authority: Yes No

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

① BROOKSIDE INN INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): BROOKSIDE INN & SUITES HOTEL

3. Business Location: 2020 LEIGHWAY WHITECITY JACKSON OR 97503
(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) 826-0800 (541) 826-0585
(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: NORA DEGROOT-SMITH
(manager must fill out an Individual History form)

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

11. Contact person for this application: TIMOTHY E. BAKER (541) 840-4098
(name) (phone number(s))

2328 PARKHILL PL. MEDFORD, OR 97504 (541) 826-0585 NONE
(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 Timothy E Baker Date 5-1-12 ③ _____ Date _____

② _____ 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: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>OLCC (ED)</u> Date: <u>6/4/2012</u> <u>pending</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

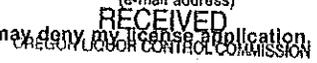
- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Latte Play, LLC ② _____
 ③ _____ ④ _____
- Trade Name (dba): Latte Play
- Business Location: 4572 Commercial St SE Salem OR 97302
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: SAME
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 385 1011
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- 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? Salem/Marion
(name of city or county)
- Contact person for this application: Julie Jensen 503 991 3360
(name) (phone number(s))
4572 Commercial St SE Salem, OR 97302 julie@latteplay.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 JUN 01 2012 Date _____

② [Signature] Date 5/23/12 Date _____



SALEM REGIONAL OFFICE

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PAGE 01/01



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: David Haase

Date: 6/4/12

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 Fredrick "David" Haase & Linda Reed Haase ③ N/A

② N/A ④ N/A

2. Trade Name (dba): Wine by David

3. Business Location: 89258 Green Hill Road Eugene Lane Oregon 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541 520-3904 541 688-1934
(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: David Y. Smith
(manager must fill out an Individual History form)

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

11. Contact person for this application: David Haase 541 520-3904
(name) (phone number(s))
89258 Green Hill Rd 541 688-1934 fdavidstar@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 Fredrick D Haase Date 4-30-12

② [Signature] Date 5-24-12

RECEIVED

MAY 07 2012 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: 5-22-12

The City Council or County Commission:

Halfway OR
(name of city or county)

recommends that this license be:

Granted Denied

By: Sheila Farwell 5-22-12
(signature) (date)

Name: Sheila Farwell

Title: Mayor

OLCC USE ONLY

Application Rec'd by: J. Marquardt

Date: 05.24.12

90-day authority: Yes No
Expires Aug. 26, 2012

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

① SOUTHOWN BAR & GRILL, LLC

② _____ ④ _____

2. Trade Name (dba): Wild Bill's

3. Business Location: 105 main St. Halfway Baker OR 97834
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 447 Halfway OR 97834
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-742-5833 N/A
(phone) (fax)

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

7. If yes to whom: Meriann Digges Type of License: Full On-Premises

8. Former Business Name: Wild Bill and Company

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? Halfway
(name of city or county)

11. Contact person for this application: Brenda Grams 541-540-2823
(name) (phone number(s))
PO BOX 255 RICHLAND OR 97870 shorthorn@eagletelephone.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 [Signature] Date 5-8-12 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 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 checked="" type="checkbox"/> Other <u>lesser</u> <u>privilege</u>
---	---

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: AK Smother
 Date: 6/1/12
 90-day authority: Yes No

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

2. Trade Name (dba): Pho The Good Times Asian Bistro

3. Business Location: 2729 Shadow View Dr. Eugene, Lane, OR 97408
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2729 Shadow View Dr. Eugene OR 97408
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541) 357-4971 541) 357-4629
(phone) (fax)

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

7. If yes to whom: Ratatouille, LLC Type of License: F-COM # 0

8. Former Business Name: Ratatouille

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? Eugene
(name of city or county)

11. Contact person for this application: Sang Cho Han 541) 760-8205
(name) (phone number(s))
4351 NW Boxwood Dr Corvallis OR 97330 541) 757-0273 alexhan108@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 5-30-12 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: [Signature]

Date: 6-4-12

90-day authority: Yes No

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

① Jarawan Thongkam ③ _____

② Sunisa Thai LLC ④ _____ 97213

2. Trade Name (dba): Sunisa Thai ↑

3. Business Location: 6852 NE Sandy Blvd Portland Multnomah County, OR
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17851 SW Kinnaman Rd #316 Beaverton, OR 97005
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: QUEN HUE

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: Jarawan Thongkam (503) 544-8275
(name) (phone number(s))
17851 SW Kinnaman Rd. #316 Beaverton, OR 97007
(address) (fax number) (e-mail address)

Sunisa Thai @ Ymail.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 Jarawan Thongkam Date: 06/04/2012 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

From: MAIL & MORE

541 504 2112

06 / 2012 16:32

#591 P.001/002



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

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 Individual

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____	OLCC USE ONLY. Application Rec'd by: <u>Katie Siefkes</u> Date: <u>6/5/12</u> 90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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

① Torsey Boys Pizzeria, LLC ② _____

2. Trade Name (dba): Torsey Boys Pizzeria

3. Business Location: 527 NW Elm Ave Ste 1 Rainier, OR 97756
(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: 541-548-5232
(phone) (fax)

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

7. If yes to whom: Torsey Boys Pizzeria LLC Type of License: Limited On-Premises Sales
160277

8. Former Business Name: _____

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

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

11. Contact person for this application: Terry J. Vibbert 541-548-5232
(name) (phone number(s))
527 NW Elm Ave Ste 1 Rainier, OR
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:
① Terry J. Vibbert Date 6/4/12 ② _____ Date _____
③ _____ Date _____ ④ _____ Date _____



Dip. 97N

P 6412

OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

P #39309 L#152069

Section 1: Complete This Section For All Requests

1. Licensee Name(s): The Workshop LLC
(as currently licensed)

2. Trade Name (dba): The Workshop Pub Type of License: F COM
(current business name) (O, L, F, etc.)

3. Business Address: 2524 SE Clinton St Portland, OR 97202
(street) (city) (ZIP code)

4. Mailing Address: SAME
(street) (city) (ZIP code)

5. Telephone Number: 503-954-1606 503-928-1251
(business) (home)

6. Check here for a duplicate license certificate

Section 2: Change of Trade Name

New Trade Name (dba): The Workshop Pub

Section 3: Change of Legal Name

1. New Name: _____

2. Date of Name Change: _____

3. Attach a signed copy of legal document(s).

Section 4: Change to Legal Entity (Corp. or LLC)

1. Entity Name: _____

2. Complete and attach LLC or Corporation Questionnaire.

3. Attach a signed copy of modified lease agreement if applicable.

Section 5: Deletion of Partner(s)

1. Name of Deleted Partner(s): Clinton St. Brewing LLC

2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: The Workshop LLC Title: Member Owner

Licensee Signature: [Signature] Date: 6/4/12

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



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 ETN

P34657
L159919
158483

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: 6-5-12

90-day authority: Yes No

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

- ① Shindiggs Event Catering Company, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Boda's Kitchen

3. Business Location: 404 Oak Street Hood River, Hood River County, Oregon, 97031
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 404 Oak Street Hood River, Hood River County, Oregon, 97031
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-351-8980
(phone) (fax)

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

7. If yes to whom: Delish Foods, Inc., Douglas Adams Type of License: Limited On Premise + Off-premises

8. Former Business Name: South Bank Kitchen

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 Hood River
(name of city or county)

11. Contact person for this application: Sirota Johnston 503-351-8980
(name) (phone number(s))
2923 Sherman Ave Hood River, OR 97031
(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:

[Signature] Date 6/18/12 ③ Date _____
[Signature] Date 5-15-12 ④ Date June 5, 2012

RECEIVED

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

Limited On-Premises Sales (\$202.60/yr)

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

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: JK

Date: 6-5-12

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
- ① Idlewild Market, LLC ③ _____
- ② _____ ④ _____
- Trade Name (dba): Idlewild Market
- Business Location: 101 4th St. Hood River, OR 97031
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: P.O. Box 1022 Hood River, OR 97031
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (503) 701-8959
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: NINA Buckley
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Hood River County
(name of city or county)
- Contact person for this application: NINA Buckley (503) 701-8959
(name) (phone number(s))
714 Cascade Ave #19, Hood River, OR 97031 nimbuckley@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 [Signature] Date 06-03-12 ③ _____ Date _____

② [Signature] Date 6-3-12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

USE TYPES

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: S. Morgan

Date: 6/4/12

90-day authority: Yes No

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

① Lani Jo Leif ③ _____

② Clinton Street Theater LLC ④ _____

2. Trade Name (dba): Clinton Street Theater

3. Business Location: 2522 SE Clinton Street Portland Mult. OR 97202

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

4. Business Mailing Address: Same as above

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

5. Business Numbers: 503-897-0744 none

(phone) (fax)

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

7. If yes to whom: The Oregon Liquor Control Commission Type of License: Commercial

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Lani Jo Leif

(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: Lani Jo Leif 503-897-0744

(name) (phone number(s))

804 SE 58th Ave PDX 97215 none lanijo@clintnsttheater.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 Lani Jo Leif Date 6/1/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: 6/5/12

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 Nicole L Mayer ② _____

③ _____ ④ _____

2. Trade Name (dba): Bon Appetit Bistros & Catering

3. Business Location: 263 N Broadway Cross Bay OR 97142
(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: 541-808-0121
(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? Cross County
(name of city or county)

11. Contact person for this application: Nicole L Mayer 541-484-8587 541-266-6328
(name) (phone number(s)) (fax number)
6328 Everest Rd Cross Bay OR 97142 Nicolmayer@crossbay.net
(address) (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 Nicole L Mayer Date 4/14/12 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: RB

Date: 6-6-12

90-day authority: Yes No

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

- ① ~~Roberta McKinney~~ ③ Retro Rhythm Inc
- ② ~~J. Lynn McKinney~~ ④ _____

2. Trade Name (dba): Retro Rhythm

3. Business Location: 10144 S.W. Parkway Blvd. Wash, Co, OR 97225
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 5907 Aloha OR 97007
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Roberta McKinney 503-312-8503
(name) (phone number(s))
19995 SW Jays St, Aloha, OR 97006 503-649-5780 mckpi@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 Roberta McKinney Date 6-5-12 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES	OPTIONS
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership
<input type="checkbox"/> Commercial Establishment	<input 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 checked="" type="checkbox"/> Other
<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:	

2nd location

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: *6/6/12*
 90-day authority: Yes No

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

① Forbidden Fruit Ciderhouse, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 2 Towns Ciderhouse

3. Business Location: 32920 SE Eastgate Circle Corvallis Linn OR 97333
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 33030 SE Eastgate Circle Corvallis OR 97333
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-357-8301 _____
(phone) (fax)

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

7. If yes to whom: Forbidden Fruit Ciderhouse, LLC Type of License: Winery

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? Linn County
(name of city or county)

11. Contact person for this application: Aaron Sarnoff-Wood 541-357-8301
(name) (phone number(s))
2761 NW Daylily Ave, Corvallis, OR 97330 aaron@2townsciderhouse.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 Aaron Sarnoff-Wood Date 6/6/12 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 _____

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L153426

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: AP

Date: 6/6/12

90-day authority: Yes No

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

- ① KEVIN B. HILL ③ _____
- ② Yamhill Pub LLC ④ _____

2. Trade Name (dba): YAMHILL PUB LLC

3. Business Location: 223 SW YAMHILL ST PORTLAND MULT. OR 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 223 SW YAMHILL ST PORTLAND OR 97204
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 295 6613
(phone) (fax)

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

7. If yes to whom: KEVIN B. HILL Yamhill Pub LLC Type of License: FULL ON-PREMISES

8. Former Business Name: YAMHILL PUB

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: KEVIN B. HILL 503 295-6613
(name) (phone number(s))
223 SW YAMHILL ST PORTLAND OR 97204 YAMHILL PUB@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: Kevin Hill Date 5-23-12 10-3-10 ③ JUN 06 2012 Date _____

② _____ Date _____ **REGULATORY FIELD SERVICES** Date _____
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	The City Council or County Commission:	
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet	_____	
<input type="checkbox"/> Caterer	<input checked="" type="checkbox"/> Greater Privilege	(name of city or county)	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	recommends that this license be:	
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Private Club		By: _____	
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		(signature) (date)	
<input type="checkbox"/> Off-Premises Sales (\$100/yr)		Name: _____	
<input type="checkbox"/> with Fuel Pumps		Title: _____	
<input checked="" type="checkbox"/> Brewery Public House (\$252.60)			
<input type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
90-DAY AUTHORITY		OLCC USE ONLY	
<input 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		Application Rec'd by: <u>cm</u>	
APPLYING AS:		Date: <u>5/29/12</u>	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Individuals		

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

① SAM CSINGER ③ _____

② _____ ④ _____

2. Trade Name (dba): DRAPER Brewing

3. Business Location: 7752 Hwy 42 TENMILE DOUGLAS OR 97481
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11 11
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-580-5585 _____
(phone) (fax)

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

7. If yes to whom: DRAPER Brewing SAM CSINGER of License: BREWERY

8. Former Business Name: DRAPER Brewing

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? DOUGLAS COUNTY
(name of city or county)

11. Contact person for this application: SAM CSINGER 541-580-5585
(name) (phone number(s))
7752 Hwy 42 Singer 95641@ya.hoo
(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 SAM CSINGER Date 5-25-12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input 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

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: 5/31/12
 90-day authority: Yes No

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

2. Trade Name (dba): Homestead Tavern

3. Business Location: 51450 Hwy 97 LaPine Deschutes OR. 97739
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 1967 LaPine OR. 97739
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-536-8448 541-536-1070
(phone) (fax)

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

7. If yes to whom: Carola Inc. Type of License: Full On-Premises Sales
Off-Premises Sales

8. Former Business Name: Homestead Tavern

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? LaPine
(name of city or county)

11. Contact person for this application: Ditino M. Martin 541-480-0618
(name) (phone number(s))
15971 Falcon Lane 541-536-1070 martdeem17@aol.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 Ditino M. Martin Date 04-18-2012 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 6-6-12

90-day authority: Yes No

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

① Eloise Augustyn The Bathing LLC
② _____ ④ _____

2. Trade Name (dba): Sweeedee

3. Business Location: 5202 N Albina Ave. Portland OR 97217
(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 8393228
(phone) (fax)

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Eloise Augustyn 503 8393228
(name) (phone number(s))
1908 N Killingsworth Street #2 Portland Oregon 97217
(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 Eloise Augustyn Date June 3, 2012 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 _____

C/TN

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: 6/6/12

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 Frederick Lowell Kremers ② _____

③ _____ ④ _____

2. Trade Name (dba): Sin Sity

3. Business Location: 645 Virginia Ave. North Bend Coos Oregon 97459
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

7. If yes to whom: Sean Sullivan Type of License: Full On-Premises Sales

8. Former Business Name: Sin Sity

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

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

11. Contact person for this application: Jericho Clack
(name) 541-404-4878 (phone number(s))
937 Michigan Ave Coos Bay, OR 97420 541-572-5198 (address) (fax number) jericho.clack@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 J Fred F. Krumm Date 6-6-12 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 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 checked="" type="checkbox"/> Other add location <p style="text-align: center;"><i>3rd LOC</i></p>
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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: 6/6/2012 RAW

90-day authority: Yes No

- Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 1. Barbara Thomas Wines LLC
- Trade Name (dba): Barbara Thomas Wines
- Business Location: 407 West Main, Cottage #3, Carlton, Oregon 97111
(number street rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 8653 NE Blackburn Road, Yamhill, Oregon 97148
(PO box number street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503.662.4585
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom n/a Type of License n/a
- Former Business Name: n/a
- Will you have a manager? Yes No Name n/a
(manager must fill out an individual history form.)
- What is the local governing body where your business is located? City of Carlton
(name of city or county)
- Contact person for this application: Jacki Bessler 503 789 4721
(name) (phone number(s))
8653 NE Blackburn Road, Yamhill, Oregon 97148 n/a
(address) (fax number) (e-mail address)
jacki@barberathomeswines.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 5/29/12
 2. _____ Date _____

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 OREGON LIQUOR CONTROL COMMISSION
 JUN 1 2012

SALEM REGIONAL OFFICE



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 checked="" type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>4TN</u>	CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____
90-DAY AUTHORITY <input 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	PY5925 L156860	OLCC USE ONLY Application Rec'd by: <u>[Signature]</u> Date: <u>6/6/12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - ~~Bradley S. Zusman~~ ~~Christina H. Zusman~~
 - ~~For Mr. Carter~~ Silver Baron Corp
- Trade Name (dba): ~~Catering by Kurt Inc~~ Rivers Edge Catering
- Business Location: 709 SW 15th Ave Portland OR 97205
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: P.O. Box 92132 PDX OR 97292
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-761-0314 - 503-810-2745 (503) 760-752
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Catering by Kurt Inc Type of License: FEET
- Former Business Name: Catering by Kurt
- Will you have a manager? Yes No Name: Bradley Zusman
(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: Bradley Zusman - 503-810-2745
(name) (phone number(s))
200 SW Market St 503-760-7521 Brude@RiversEdgeCatering.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 5/22/12 [Signature] Date 5/22/12
 ② [Signature] Date 5/22/12



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>Jah</u> Date: <u>6-7-12</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

- Entity or individuals applying for the license: [See SECTION 1 of the Guide]
 ① Stone Crest Cellars Bed & Breakfast, LLC
 ② _____ ④ _____
- Trade Name (dba): Stone Crest Cellars Catering
- Business Location: 715 SW Hubert St #4 Newport Lincoln Co. OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97365
- Business Mailing Address: 9556 S. Coast Hwy South Beach OR 97366
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541 867-6621 541-867-6622
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: Judy Joubert - Craig Joubert
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Lincoln
(name of city or county)
- Contact person for this application: Judy Joubert 541-867-6621
(name) (phone number(s))
9556 S. Coast Hwy South Beach OR 97366 business-10@
(address) (fax number) (e-mail address) Stonecrestbb.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 5/22/12 ③ _____ Date _____

② [Signature] Date 5/22/12 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

<p>LICENSE TYPES</p> <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 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: _____	<p>ACTIONS</p> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other Moving <u>CLCC</u> <u>169022</u> <u>169011</u>	<p>CITY AND COUNTY USE ONLY</p> Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____
<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> Application Rec'd by: <u>LW</u> Date: <u>6/5/12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals		

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Jeffrey Kilday ①
 - Karma Herd ②
- Trade Name (dba): Wine and Beer Haus
- Business Location: 1111 N. Roosevelt Drive Suite 350 Seaside/Clatsop/OR/97138
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-738-0201 503-717-1609
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- 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? Seaside
(name of city or county)
- Contact person for this application: Jeff Kilday 503-738-3018
(name) (phone number(s))
P.O. Box 1031 Seaside OR 97138 503-717-1609 winchhaus@usa.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 Jeffrey Kilday Date 5/31/12 ③ _____ Date _____
 ② Karma Herd Date 6/1/12 ④ _____ Date JUN 05 2012

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 OREGON LIQUOR CONTROL COMMISSION
 JUN 05 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 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 _____
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90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) (date) Name: _____ Title: _____	OLCC USE ONLY Application Rec'd by: <u>WJS</u> Date: <u>6/12/12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Garibaldi Maritime Museum, Inc.
 ② _____
 ③ _____
 ④ _____
- Trade Name (dba): Garibaldi Maritime Museum
- Business Location: 112 Highway 101 Garibaldi Tillamook OR 97118
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: Box 5 Garibaldi OR 97118-0005
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503.322.8411
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: N/A Type of License: _____
- Former Business Name: N/A
- Will you have a manager? Yes No Name: Marcus Hinz
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? City of Garibaldi
(name of city or county)
- Contact person for this application: Marcus Hinz 503.322.8411
(name) (phone number(s))
Box 5 Garibaldi OR 97118-0005 - info@garibaldimuseum.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 5-24-12
 ② _____ Date _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 JUN 4 4 2012



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:		CITY AND COUNTY USE ONLY	
LICENSE TYPES	ACTIONS	Date application received: _____	The City Council or County Commission:
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input type="checkbox"/> Change Ownership	_____	_____
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet	(name of city or county)	_____
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	recommends that this license be:	_____
<input type="checkbox"/> Passenger Carrier	<input checked="" type="checkbox"/> Additional Privilege	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	_____
<input type="checkbox"/> Other Public Location	<input type="checkbox"/> Other _____	By: _____	_____
<input type="checkbox"/> Private Club		(signature) (date)	_____
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		Name: _____	_____
<input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)		Title: _____	_____
<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		OLCC USE ONLY	
<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		Application Rec'd by: <u>LVC</u>	
APPLYING AS:		Date: <u>6/11/12</u>	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals		

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

① Oddfellows LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): The Old Oak

3. Business Location: 320 NE Davis St. McMinnville Yamhill OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 1111 McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971 241 2548
(phone) (fax)

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

7. If yes to whom: Oddfellows LLC Type of License: Full on Premises

8. Former Business Name: _____

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

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

11. Contact person for this application: John Myers 971 241 2548
(name) (phone number(s))
PO BOX 1111 McMinnville, OR 97128
(address) (number) (state) (ZIP code)

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 6/11/2012

② _____ Date _____

RECEIVED SALEM REGIONAL OFFICE
MAY 18 2012
OREGON LIQUOR CONTROL COMMISSION



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

P336514
L162931

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: AP

Date: 6/1/12

90-day authority: Yes No

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

① VIZQ LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): MARISCOS EL MALECON

3. Business Location: 5800 NE PORTLAND Hwy Portland Mult. OR 97218
(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) 493-0075 N/A
(phone) (fax)

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

7. If yes to whom: FANDANGO REST and CANTINA LLC Type of License: F-COM

8. Former Business Name: TAQUERIA DELICIAS MEXICANAS

9. Will you have a manager? Yes No Name: SONIA HERNANDEZ RODRIGUEZ
(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: Julio C. Valera 503-830-2977
(name) (phone number(s))
1574 Coburg Rd. #866, Eugene OR 97401 503-922-0815 julioknows@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 Blanca E Vizcarra Armenta Date 6/1/12 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____