





RECEIVED

JUN 5 2012



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

MEDFORD REGIONAL OFFICE  
OREGON LIQUOR CONTROL COMMISSION

Application is being made for:

<p><b>LICENSE TYPES</b></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 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><b>ACTIONS</b></p> <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

<p><b>CITY AND COUNTY USE ONLY</b></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><b>OLCC USE ONLY</b></p> Application Rec'd by: <u>AM</u> Date: <u>6.8.12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Entity or individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Wal-Mart Stores, Inc.    ③ \_\_\_\_\_  
 ② \_\_\_\_\_    ④ \_\_\_\_\_
- Trade Name (dba): Walmart #2069
- Business Location: 1360 Center Drive    Medford    Jackson    OR    97504  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)
- Business Mailing Address: 702 SW 8th Street-Dept 8916    Bentonville    AR    72716-0500  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)
- Business Numbers: 541-535-9170    479-204-9864  
(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: Rachel Ciddio  
(manager must fill out an individual History form)
- What is the local governing body where your business is located? City of Medford  
(name of city or county)
- Contact person for this application: Jennifer Muro    479-277-2768  
(name)    (phone number(s))  
702 SW 8th Street- Bentonville, AR 72716-0500    479-204-9864    jdmuro@wal-mart.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 Andrea Lazenby    Date 5/29/12    ③ \_\_\_\_\_    Date \_\_\_\_\_  
 ② Andrea Lazenby    Date \_\_\_\_\_    ④ \_\_\_\_\_    Date \_\_\_\_\_

Assistant Secretary    500-452-OLCC (6522) • www.oregon.gov/olcc



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# 13168 L# 168816

<b>Section 1:</b> Complete This Section For All Requests	1. Licensee Name(s): <u>Cathy Le</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>7-Eleven Store #25516C</u> Type of License: <u>Off Premises</u> <small>(current business name) (O, L, F, etc.)</small>
	3. Business Address: <u>10069 SE Nimbus</u> <u>Beaverton</u> <u>97008</u> <small>(street) (city) (ZIP code)</small>
	4. Mailing Address: <u>7-Eleven Licensing PO Box 219088, Dallas, TX</u> <u>75221</u> <small>(street) (city) (ZIP code)</small>
	5. Telephone Number: <u>503-626-2591</u> <u>503-427-0148</u> <u>408-476-1630</u> <small>(business) (home)</small>
	6. Check here for a duplicate license certificate <input type="checkbox"/>

<b>Section 2:</b> Change of Trade Name	New Trade Name (dba): <u>7-Eleven Store #25516D</u>
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<b>Section 3:</b> Change of Legal Name	1. New Name: <u>N/A</u> 2. Date of Name Change: _____ 3. Attach a signed copy of legal document(s).
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<b>Section 4:</b> Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>H&amp;L Venture Inc.</u> 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
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<b>Section 5:</b> Deletion of Partner(s)	1. Name of Deleted Partner(s): <u>N/A</u> 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.
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: Cathy Le Title: President

Licensee Signature: Cathy Le Date: May 08<sup>th</sup>, 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 \_\_\_\_\_

P5270  
L196217

### 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: 6-8-12

90-day authority:  Yes  No

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

- ① ~~John Ricci~~      ③ Couple of Guys LLC
- ② ~~Eli Johnson~~      ④ \_\_\_\_\_

2. Trade Name (dba): Couple of Guys LLC Dots Cafe

3. Business Location: 2521 SE Clinton St. Portland Mult. Or 97202  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2715 SE 30th Portland Or 97202  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-453-7572  
(phone) (fax)

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

7. If yes to whom: JKM Inc Type of License: Full on Premise

8. Former Business Name: Dots Cafe

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

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

11. Contact person for this application: John J Ricci 503-453-7572 503-864-0607  
(name) (phone number(s))  
2715 SE 30th (address) (fax number) johnnyandeli@gmail.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 6.7.12 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② [Signature] Date 6.7.12 ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_ (name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 5/17/12

90-day authority:  Yes  No

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

① Caitie Lemoine, Kings Valley Store LLC

② \_\_\_\_\_ ① \_\_\_\_\_

2. Trade Name (dba): Kings Valley Store

3. Business Location: 3905 S Kings Valley Hwy, Manmouth, Benton, OR 97361  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 704 Philomath OR 97370  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-740-8027  
(phone) (fax)

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

7. If yes to whom: Norm Arnold Type of license: off - Premises Sales

8. Former Business Name: Kings Valley Store (DBA)

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? Manmouth, Benton Co.  
(name of city or county)

11. Contact person for this application: Caitie Lemoine 541-740-8027  
(name) (phone number(s))  
P.O. Box 704, Philomath 97370 Kingsvalleystore.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 Caitie Lemoine Date 5/17/12 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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### LICENSE TYPES

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

### ACTIONS

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

*P40098*  
*L163613*

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: AR

Date: 6-11-12

90-day authority:  Yes  No

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

① ~~Melissa A. Kakush~~      ③ Advanced Innovative Solutions LLC

② \_\_\_\_\_      ④ \_\_\_\_\_

2. Trade Name (dba): Melt Bistro & Bar

3. Business Location: 716 NW 21st Ave Portland OR 97209  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7100 NE 69th St Vancouver WA 98661  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 360 608 5763  
(phone) (fax)

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

7. If yes to whom: Medici INC Type of License: Full on premise

8. Former Business Name: Melt Bistro & Bar

9. Will you have a manager?  Yes  No Name: NA  
(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: Melissa A. Kakush 360 608 5763  
(name) (phone number(s))  
7100 NE 69th St Vancouver WA 98661 Melissa.k4@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 Melissa A. Kakush 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)
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- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

**ACTIONS**

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

**90-DAY AUTHORITY**

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**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: JB

Date: 6-11-12

90-day authority:  Yes  No

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

① The Babica Hen, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Babica Hen Cafe

3. Business Location: 15964 SW Boones Ferry Road Lake Oswego Clackamas OR 97035  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1461 Lake Oswego OR 97035  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: none at this time  
(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: Joseph M. Buck  
(manager must fill out an Individual History form)

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

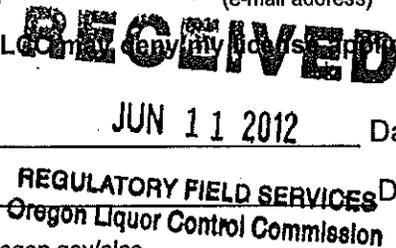
11. Contact person for this application: Joseph M. Buck 503-849-3572  
(name) (phone number(s))  
PO Box 1461, Lake Oswego, OR 97035 none joe@gubancspub.com  
(address) (fax number) (e-mail address)

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 JB, Member-Manager Date 5/31/12 ③ \_\_\_\_\_ Date JUN 11 2012

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_







# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

Umatilla County Commissioners  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: J. Marquardt

Date: June 12, 2012

90-day authority:  Yes  No

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

① GAROFALO FAMILY WINERY, LLC ③

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Garofalo Family Winery

3. Business Location: 50051 Stateline Road Milton Freewater Umatilla OR 97862  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 2014 Walla Walla WA 99362  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 509.301.3465 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: N/A

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

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

11. Contact person for this application: Vickie Stone, Winery Compliance Services 509.301.0946  
(name) (phone number(s))  
PO Box 3266 Walla Walla WA 99362 509.876. 2461 Vickie@wcsofww.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3-16-12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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### APPLYING AS:

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- 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: 6/12/12

90-day authority:  Yes  No

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

① ~~Mayla Phan~~ Simply ③ ~~Hele Hoang~~  
 ② ~~Phan Tran~~ VIETNAMESE LLC ④ ~~Phan Tran~~

2. Trade Name (dba): Simply Vietnamese

3. Business Location: 2216-2218 NE 82nd Ave Portland Mult OR 97220  
(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: \_\_\_\_\_  
(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: Seez Ninh

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: Mayla Pham 206-331-6260  
(name) (phone number(s))

10704 NE Prescott St. Phamkay02@yahoo.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Mayla Pham Date 6-7-12 ③ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ Date \_\_\_\_\_

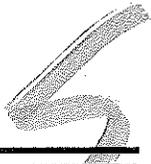








# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

<b>LICENSE TYPES</b> <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: _____	<b>ACTIONS</b> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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90-DAY AUTHORITY  
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

P431  
L163592

**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: 6-12-12

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① three lovely ladies LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Brass Rail Tavern

3. Business Location: 100 E West Columbia River Hwy ( Troutdale ) OR 97060  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 477 SW Cherry Park Rd #46 Troutdale, OR 97060  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 666 8756 (phone) (fax)

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

7. If yes to whom: MWB Winston Inc    MWB Winston Inc Type of License: Full on premise-commercial

8. Former Business Name: Brass Rail Tavern

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

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

11. Contact person for this application: Charles R Galvin 732 600-3069  
(name) (phone number(s))  
4219 Dannington Drive Parrish Florida 32219 chuck.galvine@driz.com  
(address) (fax number) (e-mail address)

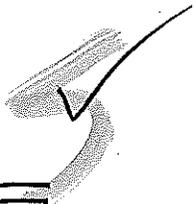
I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/10/12 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 4TN

P28912  
L163808

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: CP

Date: 6/12/12

90-day authority:  Yes  No

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

① YUNG CHENG, LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): YUNG CHENG CHINESE RESTAURANT

3. Business Location: 18449 E BURNSIDE ST. PORTLAND MULT. OR 97233  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18444 E BURNSIDE ST. PORTLAND OR 97233  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 674-2828  
(phone) (fax)

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

7. If yes to whom: SHANGHAI CHINESE RESTAURANT Type of License: LIMITED-ON-PREMISES

8. Former Business Name: SHANGHAI CHINESE RESTAURANT

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

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

11. Contact person for this application: JACK L LIU (503) 777-9027  
(name) (phone number(s))

5718 SE POWELL BLVD., (503) 777-3396 JP-ACCOUNTING@YAHOO.COM  
(address) (fax number) (e-mail address)  
PORTLAND, OR 97206

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 6/6/12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

5



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

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

<b>CITY AND COUNTY USE ONLY</b> 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: _____	<b>OLCC USE ONLY</b> Application Rec'd by: <u>Smother</u> Date: <u>6/11/12</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 Swisshome General Store, LLC
- Trade Name (dba): Swiss home General Store
- Business Location: 13298 Hwy 36 Swisshome Lane ORE 97480  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: PO Box 4 Swisshome ORE 97480  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (541)268-4815  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: Lara DePreux Jason Daniels type of License: OFF
- Former Business Name: Swisshome General Store
- 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? Swisshome, OR Lane Co.  
(name of city or county)
- Contact person for this application: Richard J. Wyman (541)268-4815  
(name) (phone number(s))  
PO Box 4, Swisshome OR, 97480 - theswiss1@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Rich Wyman Date 6-11-12 ① \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 6-11-12 ① \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

5

<p>Application is being made for:</p> <p><b>LICENSE TYPES</b></p> <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: _____		<p><b>ACTIONS</b></p> <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input checked="" type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: <u>5/21/12</u></p> <p>The City Council or County Commission:  <u>Cannon Beach</u>  <small>(name of city or county)</small></p> <p>recommends that this license be:  <input checked="" type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: <u>Richard Adams</u> <u>5/21/12</u>  <small>(signature) (date)</small></p> <p>Name: <u>Richard Adams</u>  Title: <u>City Mgr.</u></p>
<p><b>90-DAY AUTHORITY</b></p> <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 <p><b>APPLYING AS:</b></p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		<p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>LVA</u></p> <p>Date: <u>6/13/12</u></p> <p>90-day authority: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
  - ① CBHW LLC
  - ② \_\_\_\_\_
2. Trade Name (dba): Cannon Beach Hardware & Public House
3. Business Location: 1235 S. Hemlock St. Cannon Beach, Clatsop, OR 97110  
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: PO Box 877 Cannon Beach OR 97110  
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-436-4086 503-436-4096  
(phone) (fax)
6. Is the business at this location currently licensed by OLCC?  Yes     No
7. If yes to whom: CBHW LLC Type of License: Limited on premises
8. Former Business Name: N/A
9. Will you have a manager?  Yes     No Name: ~~Ryan Dewey~~  
(manager must fill out an Individual History form)
10. What is the local governing body where your business is located? Cannon Beach  
(name of city or county)
11. Contact person for this application: Ryan Dewey 503-436-4086  
(name) (phone number(s))  
1235 S. Hemlock St. Cannon Beach, OR 97110 503-436-4096  
(address) (fax number)

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

Applicant(s) Signature(s) and Date: Ryan Dewey Date 5/21/12 JUN 13 2012

① \_\_\_\_\_ Date \_\_\_\_\_ ② \_\_\_\_\_ Date \_\_\_\_\_

SALEM REGIONAL OFFICE





# 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:

City of Ontario

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: J. Marquardt

Date: Jun. 13, 2012

90-day authority:  Yes  No

Expires Sept. 16, 2012

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

① Little Palomino LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Spuds N Suds

3. Business Location: 227 So. Oregon Street Ontario Malheur OR 97914  
(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) 889-8528 (541) 881-0125  
(phone) (fax)

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

7. If yes to whom: Peggy J. Stout Type of License: Full-On Premise Sales, Commercial

8. Former Business Name: Spuds N Suds

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

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

11. Contact person for this application: R. Heather Holtry (360) 770-8962  
(name) (phone number(s))  
227 So. Oregon Street, Ontario, OR 97914 (541) 881-0125 hholtry@hotmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① R. Heather Holtry Date 2-21-12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <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: _____	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
---	--

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

**APPLYING AS:**  
 Limited Partnership  
 Corporation  
 Limited Liability Company  
 Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

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

recommends that this license be:  
 Granted     Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

---

**OLCC USE ONLY**

Application Rec'd by: OLCC (ed)

Date: 6/13/2012 pending

90-day authority:  Yes  No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① DONATELLOS PIZZA INC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): Donatellos Pizza
- Business Location: 3981 Commercial St SE Salem Marion Oregon 97302  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: \_\_\_\_\_  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 581-7777  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: MAVERICKS BAR & Grill
- 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: Rebecca Caldwell 503-425-4537 cell / 503-581-7777  
(name) (phone number(s))  
3981 Commercial St SE Salem OR 503 334-4064 DonatellosPizzaSalem@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 Rebecca Caldwell Date 5-20-12 ③ \_\_\_\_\_  
 OREGON LIQUOR CONTROL COMMISSION Date \_\_\_\_\_

② Mick Hill Date 6-5-12 ④ \_\_\_\_\_  
 JUN 12 2012 Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <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: _____	<b>ACTIONS</b> <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

<b>CITY AND COUNTY USE ONLY</b> 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: _____	<b>OLCC USE ONLY</b> Application Rec'd by: <u>LVB</u> Date: <u>6/12/12</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

1. Entity or individuals applying for the license: [See SECTION 1 of the Guide]  
 ① SUJAY KUMAR NAKKA Himani Indian Cuisine, LLC  
 ② \_\_\_\_\_ ③ \_\_\_\_\_

2. Trade Name (dba): HIMANI INDIAN CUISINE

3. Business Location: 1044 MARINE DRIVE, ASTORIA, CLATSOP, OREGON - 97103  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1044 MARINE DRIVE, ASTORIA, OREGON - 97103  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-325-8171  
(phone)

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: LORENDA MARIE NAKKA  
(manager must fill out an Individual History form)

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

11. Contact person for this application: SUJAY KUMAR NAKKA 503-325-8171  
(name) (phone number(s))  
1044 MARINE DRIVE, ASTORIA, OR-97103 SUJA.HIMANI.INDIANCUISINE@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 04/27/2012 Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ③ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
 OREGON LIQUOR CONTROL COMMISSION  
 JUN 13 2012  
 SALEM REGIONAL OFFICE



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: <u>pilot program</u>	<b>ACTIONS</b> <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 _____
--	--

*OLCC Pilot Program*

**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: \_\_\_\_\_

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**OLCC USE ONLY**

Application Rec'd by: [Signature]

Date: 06-13-12

90-day authority:  Yes  No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Debrah L Jenkins    Washington St Liquor / Deb's Mixers, LLC  
 ② \_\_\_\_\_    ④ \_\_\_\_\_
- Trade Name (dba): Washington Street Liquor / Deb's Mixers
- Business Location: 575 SW Washington Ave Cornwallis Benton OR 97333  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 575 SW Washington Ave Cornwallis OR 97333  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-753-7994    541-753-9004  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No OLCC Pilot Program
- 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? Cornwallis Benton  
(name of city or county)
- Contact person for this application: Debrah L Jenkins Call 541-990-1720 work 541-753-7994  
(name) (phone number(s))  
575 SW Washington Ave 541-753-9004 Pete and Debi D Comcast. Net  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Debrah L Jenkins    Date 6-12-12    ③ \_\_\_\_\_    Date \_\_\_\_\_

② \_\_\_\_\_    Date \_\_\_\_\_    ④ \_\_\_\_\_    Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted  Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: CP

Date: 6-13-12

90-day authority:  Yes  No

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

① Icon Cooperstown LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Lil' Cooperstown Bar & Grill

3. Business Location: 1831 SW River Dr. Portland Multnomah Or 97201  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1980 Willamette Falls Dr. Suite 200 West Linn OR 97068  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-645-1037 503-655-5991  
(phone) (fax)

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

7. If yes to whom: \_\_\_\_\_ Type of License: It was a full on premise 3 years ago

8. Former Business Name: Stanfords

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

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

11. Contact person for this application: Ken Arrigotti 971-645-1037  
(name) (phone number(s))  
1980 Willamette Falls Dr. Suite 200 West Linn 97068 503-655-5991 arrigotti@comcast.net  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date Jun 11, 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: 6-13-12

90-day authority:  Yes  No

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

- ① VOLLEBUCH LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): ZENBO

3. Business Location: 7909 SE 13<sup>TH</sup> PORTLAND, MULTNOMAH, OR 97202  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12672 VILLARD PL. OREGON CITY OR 97045  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (971) 227-7610 \_\_\_\_\_  
(phone) (fax)

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

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

8. Former Business Name: NA

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? \_\_\_\_\_  
(name of city or county)

11. Contact person for this application: BRIAN VOLLEGRAM \_\_\_\_\_  
(name) (phone number(s))  
55 NE HOLMAN PORTLAND OR 97211 \_\_\_\_\_  
(address) (fax number) (e-mail address) B.Vollegram@gmail.com

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 3-28-12 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② [Signature] Date 3-28-12 ④ \_\_\_\_\_ Date \_\_\_\_\_











# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Reset Form

Print Form

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: JP

Date: 6-13-12

90-day authority:  Yes  No

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

① C+S Foods LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Basabasa

3. Business Location: 2327 NE GLISAN PDY MULT OR 97230  
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6704 SE 20th PDY OR 97202  
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-313-6716  
 (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: Capital Pence / John Pence  
 (manager must fill out an Individual History form)

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

11. Contact person for this application: Capital Pence  
 (name) 503-313-6716  
 (phone number(s))  
6704 SE 20th Ave PDY OR 97202 (address) (fax number)  
capandjohn@gmail.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 4/14/2012 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② [Signature] Date 4/14/2012 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 322

Add Location

169880

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: OLCC

Date: 6/14/2012

90-day authority:  Yes  No

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

① Carlovanna Partners, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Mount Angel Cellars and Vineyards

3. Business Location: 215 N. Main Street Mt. Angel, Marion, OR 97367  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 866 Mt Angel OR 97362  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-779-7584 503-585-5204  
(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: "Blackberries"

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

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

11. Contact person for this application: Lisa Scrimenti 503-779-7584  
(name) (phone number(s))  
P.O. Box 866 Mt. Angel OR 97362 503-585-5204 lscrimenti@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:

JUN 14 2012

① [Signature] Date 5/10/12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ SALEM REGIONAL OFFICE Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other 2<sup>nd</sup> loc.

169890

### 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: 6/14/2012

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 Cartovanna Partners, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Cartovanna Vineyards / Mt. Angel Cellars + Vineyards

3. Business Location: 1350 Hines St. SE Salem Marion OR 97302  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 816 Mt. Angel OR 97362  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-779-7584  
(phone) (fax)

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

7. If yes to whom: Honeywood Winery Type of License: Winery

8. Former Business Name: same

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

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

11. Contact person for this application: Lisa Scrimenti 503-779-7584  
(name) (phone number(s))  
PO Box 816 Mt. Angel OR 97362 lscrimenti@gmail.com  
(address) (fax number) (email address)

RECEIVED

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 6/23/12 ③ JUN 14 2012 Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

**APPLYING AS:**  
 Limited Partnership  
 Corporation  
 Limited Liability Company  
 Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

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

recommends that this license be:  
 Granted     Denied

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

---

**OLCC USE ONLY**

Application Rec'd by: K. Sietker

Date: 6/14/12

90-day authority:  Yes     No

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

① GIORGIO ROCCASALVA ③ \_\_\_\_\_

② ROCCASALVA INC ④ \_\_\_\_\_

2. Trade Name (dba): GIORGIO'S WEST BEND LIQUOR STORE

3. Business Location: 155 SW CANTURY DR. BEND, OR 97008 STE 100 Deschutes  
(number, street, rural route) (city) (county) (state) (ZIP code) CO.

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

5. Business Numbers: 541-312-2229 541-678-5009  
(phone) (fax)

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

7. If yes to whom: GIORGIO ROCCASALVA Type of License: AGENT 242

8. Former Business Name: \_\_\_\_\_

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

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

11. Contact person for this application: GIORGIO 541-390-4324  
(name) (phone number(s))  
SAA SAA ITALPC@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 [Signature] Date 6-10-12 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_