



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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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: C. Wamandy

Date: 9-10-15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① KRAMER BEANS LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Frank-N-Steens Pub
- Business Location: 185 E. Charles St. Mt. Angel Marion OR 97362
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 16480 S. Bradley Rd. Oregon City, OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-845-2633
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: E.E.T. LLC Type of License: FOP
- Former Business Name: same
- Will you have a manager? Yes No Name: Noah Kramer
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Mt. Angel / Marion
(name of city or county)
- Contact person for this application: Noah Kramer 707-601-1783
(name) (phone number(s))
16480 S. Bradley Rd Oregon City, OR 97045
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9.10.15 ③ _____
OREGON LIQUOR CONTROL COMMISSION

② _____ Date _____ ④ _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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LICENSE TYPES

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 - Commercial Establishment
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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 _____

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: _____

90-day authority: Yes No

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

① Deborah K. Lounsbury ③ _____

② Fredrik J. Lounsbury ④ _____

2. Trade Name (dba): Daisy May's Sandwich Shop

3. Business Location: 1111 N Roosevelt Suit 200 Seaside Clatsop OR 97138
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1111 N Roosevelt Suit 200 Seaside OR 97138
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 739-7099
(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? Clatsop, Seaside
(name of city or county)

11. Contact person for this application: Deborah K Lounsbury 503 739 7099
(name) (phone number(s))
81485 matson Rd 503-440-1481 lounsbucysfarm@yahoo.com
(address) (cell 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 Deborah K Lounsbury Date _____ ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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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 Change in Location. *Custom Crush location.*

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: *9-9-15*

90-day authority: Yes No

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

① Ebony Wines LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Ebony Wines

3. Business Location: 19550 SW Circle Rd. Washington County Tualatin OR 97062
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4120 Southshore Blvd. Lake Oswego OR 97035
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 939-4155
(phone) (fax)

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

7. If yes to whom: Union Wine Company Type of License: Winery

8. Former Business Name: Union Wine Company

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

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

11. Contact person for this application: Chris Mazepink 503 939-4155
(name) (phone number(s))
4120 Southshore Blvd. Lake Oswego, 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 *[Signature]* Date 9/3/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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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- 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: 9-9-15

90-day authority: Yes No

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

① Christina Luu ③ _____

② _____ ④ _____

2. Trade Name (dba): Rose VL Deli

3. Business Location: 6424 SE Powell Blvd Portland Multnomah OR 97206
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 90193 Portland OR 97290
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 206-4344
(phone) (fax)

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

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

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: William Vuong
(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: Jessica Silverman (714) 743-3417
(name) (phone number(s))
2000 SE 10th Ave, Portland OR 97215 (503) 241-5419 jessica@chefstablegroup.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 Christina Luu Date 9/7/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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- 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:

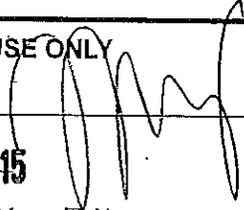
- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: 

Date: **SEP 09 2015**

90-day authority: Yes No

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

① Prasad East LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Prasad East

3. Business Location: 21 NE 12th Avenue Portland Multnomah Oregon 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 925 NW Davis Portland Oregon 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-888-2398
(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: _____

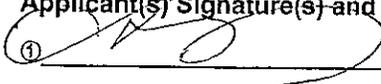
9. Will you have a manager? Yes No Name: Michael Holland
(manager must fill out an Individual History form)

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: Christian Canady 503-724-3808
(name) (phone number(s))
925 NW Davis Ave Portland, OR 97209 prasadeastproject@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 9/8/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

✓ X

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

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: Sam Prindall

Date: 9/9/15

90-day authority: Yes No

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

- ① ~~KARYN WISNIEWSKI LLC~~ ③
- ② HINDSIGHT ~~LLC~~ LLC ④

2. Trade Name (dba): HINDSIGHT, ~~LLC~~

3. Business Location: 4255 SE BELMONT ST, PORTLAND, MULTNOMAH, OR 97215
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4222 SE HOLGATE BLVD, PORTLAND, MULTNOMAH, OR 97206
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 267-474-2022
(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: KARYN WISNIEWSKI
(manager must fill out an Individual History form)

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

11. Contact person for this application: KARYN WISNIEWSKI 267-474-2022
(name) (phone number(s))
4222 SE HOLGATE BLVD, PORTLAND, OR 97206 JUSTNOTKARYN@GMAIL.COM
(address) (fax number) (e-mail address) COM

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

Applicant(s) Signature(s) and Date:

- ① Karyn Wisniewski Date 8/4/15 ③ Date _____
- ② _____ Date _____ ④ Date _____



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LICENSE TYPES

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

ACTIONS

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

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: 9/9

90-day authority: Yes No

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

① Out of this World, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Out of this World Pizza

3. Business Location: 6255 NW Century Blvd Hillsboro, OR, Washington 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3040 NE 4th Ave, Hillsboro, OR 97124
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-629-8700
(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: Donald C Milford
(manager must fill out an Individual History form)

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

11. Contact person for this application: Donald C Milford 503-459-1200
(name) (phone number(s))
3040 NE 4th Ave donm@outofthisworld.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 8-22-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
SEP 09 2015



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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- 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: pk motherer

Date: 9/9/15

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 E MART LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): PL International Market

3. Business Location: 1333 W 7th Ave. Eugene OR 97402
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1333 W 7th Ave. Eugene OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 344-6101 (541) 344-6228
(phone) (fax)

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

7. If yes to whom: SER, Inc. type of License: 0

8. Former Business Name: Plaza Latina Supermarket

9. Will you have a manager? Yes No Name: BC Lee
(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: BC Lee (541) 337-4515
(name) (phone number(s))
1333 W 7th Ave. Eug. OR 97402
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/4/15 ③ _____ 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 _____

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: 9/9/2015

90-day authority: Yes No

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

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

① Four The Love of Wine LLC _____

② _____

2. Trade Name (dba): Script Cellars

3. Business Location: 21080 N. Hwy 99W, Dundee, Yamhill **SALM REGIONAL OFFICE**
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 10756, Portland, OR 97292
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) - 860 - 3408 _____
(phone) (fax)

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

7. If yes to whom: Day Crush LLC (SBA) Day Wines Type of License: Banded 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? Dundee, OR, Yamhill County
(name of city or county)

11. Contact person for this application: Frederick Armstrong (503) - 860 - 3408
(name) (phone number(s))
14895 SW Carlsbad Dr, Beaverton, OR, 97007 jayvino007@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: _____ Date 8/10/15 _____ Date _____

① Cheri Naylor/Hick Date 8/13/15 _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



<p>Application is being made for:</p> <p>LICENSE TYPES</p> <p><input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Commercial Establishment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Caterer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Passenger Carrier</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other Public Location</p> <p style="margin-left: 20px;"><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="margin-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p>90-DAY AUTHORITY</p> <p><input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority</p> <p>APPLYING AS:</p> <p><input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals</p>	<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____</p> <p style="text-align: center;">(name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ (signature) _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Application Rec'd by: <u>AUG 26 2015</u> </p> <p>Date: _____</p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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L 213340
P 48474

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

① Carolynn J Crawford ③ _____

② Walter Crawford ④ _____

2. Trade Name (dba): 5C Quick Mart

3. Business Location: 11905 NE Halsey St. Portland Multnomah Oregon 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1421 SW 57th Ave. Portland Oregon 97221
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 477-8266, 503-358-9584
(phone) (fax)

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

7. If yes to whom: Son & Choi Corporation Type of License: Off-Premises Sales

8. Former Business Name: New Day Market

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

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

11. Contact person for this application: Carolynn Crawford or Walter Crawford 503-449-2891, 503-358-9584
(name) (phone number(s))
1421 SW 57th Ave Portland Or. 97221 Carolynn.Crawford@yahoo.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 Date 08/24/2015 ③ _____ Date _____

② Date 08/24/2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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: 9/4/15

90-day authority: Yes No

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

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

1 RANDALL FAMILY ENTERPRISES, INC

2 _____ 4 _____

2. Trade Name (dba): UPTOWN LIQUOR

3. Business Location: 1 NW 23rd PL PORTLAND, MULT, OR 97210

4. Business Mailing Address: 1 NW 23rd PL PORTLAND, OR 97210

5. Business Numbers: 503-227-0333 503-227-0065

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: BLUE RANDALL

10. What is the local governing body where your business is located? CITY OF PORTLAND

11. Contact person for this application: BLUE RANDALL 503-227-0333

1272 ROCKINGHORSE LN LAKE OSWEGO, OR btrandall@comcast.net

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

Applicant(s) Signature(s) and Date:

1 [Signature] Date 9/4/15 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: 9/4/15

90-day authority: Yes No

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

① Rachadumnem LLC ③ _____

② RACHADUMNEM, LLC ④ _____

2. Trade Name (dba): HANTHORNE STREET CAFE

3. Business Location: 3354 SE HANTHORNE ST. PORTLAND, OR. 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7227 N PHILADELPHIA ST. ROOM 411 PORTLAND
(PO box, number, street, rural route) (city) (state) (ZIP code) OR. 97203

5. Business Numbers: 503-702-4046
(phone) (fax)

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

7. If yes to whom: Mermaid Inc. Type of License: LIMITED ON PREMISE SALE exp 6-30-15

8. Former Business Name: Hawthorne Street Cafe

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 COUNTY
(name of city or county)

11. Contact person for this application: NATTANOP NINSON 503-702-4046
(name) (phone number(s))
7227 N PHILADELPHIA ROOM 411 PORTLAND OR. 97203
(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 NATTANOP NINSON Date 06/24/15 Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

AUG 06 2015



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 _____

P26397
L217259

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: KOJ

Date: 8/17/15

90-day authority: Yes No

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

① YOON, CONNIE ③ _____

② _____ ④ _____

2. Trade Name (dba): HILLSBORO MINI MART

3. Business Location: 517 S 1ST AVE HILLSBORO WASHINGTON OR 97123
(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: 503-619-0222
(phone) (fax)

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

7. If yes to whom: Donald Hyung CRANE Type of License: OFF-PREMISES

8. Former Business Name: SAME

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? CITY OF HILLSBORO
(name of city or county)

11. Contact person for this application: YOON, CONNIE 503-936-0155
(name) (phone number(s))

4127 SW 14th Dr. Gresham, OR 97080 Connie.yoon1161@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: [Signature] Date 8/17/15 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 _____

L 218597
P 40053

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: **AUG 27 2015**

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 RSW Oil, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): 7U Food MART of Canby

3. Business Location: 453 SE 1st Ave. Canby, OR 97013
(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. 266. 4731 / 503. 263. 6876
(phone) (fax)

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

7. If yes to whom: Vinc Petroleum West Linn LLC Type of License: off-premises / c-store

8. Former Business Name: 7U Food MART of CANBY

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? Canby
(name of city or county)

11. Contact person for this application: Charat Singh (name) (707) 208-1072 (phone number(s))
453 SE 1st Ave, Canby, OR 97013 (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 Charat Singh Date 8-27-15 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: Brewery License

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: KD

Date: 8/3/15

90-day authority: Yes No

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

① Brewery 26, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Brewery 26

3. Business Location: 8705 NE Halsey St Portland Multnomah OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 823 NW Mignonette Ave Gresham OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-645-9295 503-754-2250
(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, OR, Multnomah County
(name of city or county)

11. Contact person for this application: Scott Bean 971-645-9295
(name) (phone number(s))
823 NW Mignonette Ave Gresham, OR, 97030 brewery26pdx@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/29/15 ③ _____ Date _____

② [Signature] Date 3/29/15 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

P52582
L217217

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: **SEP. 02 2015**

90-day authority: Yes No

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

① King City Civic Association ③ _____

② _____ ④ _____

2. Trade Name (dba): King City Golf Course

3. Business Location: 15355 SW ROYALTY PKWY KING CITY, OR 97224

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

4. Business Mailing Address: 15245 SW 116TH AVE KING CITY, OR 97224

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

5. Business Numbers: 503-639-6565 phone 503-639-8815 (fax)

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

7. If yes to whom: King City Golf Course Association Type of License: Limit On-premises Sales

8. Former Business Name: King City Golf Course

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

(manager must fill out an Individual History form)

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

(name of city or county)

11. Contact person for this application: Harold Washman 503-639-7986

(name) (phone number(s))

15245 SW 116th Ave. King City, Or. 97224 503-639-8815 proshop.KCCA@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) Signatures(s) and Date:

① [Signature] Date 8-12-2015 ③ _____ Date _____

② [Signature] Date 8-19-2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES	ACTIONS
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership
<input checked="" 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 <u>CITA</u>
<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: _____	

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

L# 22 1028
P# 48251

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: KJ

Date: 9/8/15

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① BARBARAY SCORP. ③ _____
 ② _____ ④ _____
- Trade Name (dba): MEZZA LEBANESE CUISINE
- Business Location: 5520 SE WOODSTOCK BLVD PORTLAND Multnomah OR 9706
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-777-6399 - _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Mezza Middle Eastern Cuisine Corporation Type of License: Full on premise license
- Former Business Name: MEZZA Middle Eastern Cuisine
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? PORTLAND
(name of city or county)
- Contact person for this application: GISELL BARBARAY 503-789-0230
(name) (phone number(s))
4546 SE PENNYWOOD DR 97222 Milwaukie GisellaBarbaray@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 09-05-15 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 _____

*L# 212567
P# 698*

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: **SEP 08 2015**

90-day authority: Yes No

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

① ~~Patrick Lanagan~~ ③ _____

② Rhino Restaurants LLC ④ _____

2. Trade Name (dba): JOG'S

3. Business Location: 2572 NE Broadway, Portland, Multnomah, OR 97212
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 17669, Portland OR 97217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-287-4210 503-289-0160
(phone) (fax)

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

7. If yes to whom: Jerry Quaring Type of License: Full On-Premise

8. Former Business Name: JOG'S 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? Portland
(name of city or county)

11. Contact person for this application: Patrick Lanagan 503-804-0065
(name) (phone number(s))

PO Box 17669, Portland, OR 97217 503-289-0160 Lanagan@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 9/4/15 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: 9/8

90-day authority: Yes No

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

① JJs Pub Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): JJs Pub

3. Business Location: 1399 McVey Ave Lake Oswego Clackamas OR 97034
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 632 West Linn OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-734-8935 503-657-3033
(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: Joe Craig
(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: Joe Craig 503-734-8935
(name) (phone number(s))
19546 Kapteyns St West Linn, OR 97068 503-657-3033 jjspub@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 Sep 8, 2015 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

ORIGINAL

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: 9/2/2015

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 JEREMY TODD EMMONS ③ _____
- ② _____ ④ _____

2. Trade Name (dba): The Paradoxx Bistro & Market

3. Business Location: 1820 SE Front St. Astoria, Clatsop, OR 97103
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1820 SE Front St. Astoria Oregon 97103
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 741-3131
(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: JEREMY TODD EMMONS
(manager must fill out an Individual History form)

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

11. Contact person for this application: JEREMY EMMONS 503-468-9742
(name) (phone number(s))
1820 SE Front St. Astoria OR 97103
(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 6/30/15 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 9/1/2015 CU

90-day authority: Yes No

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

① Frontier Cider Company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 1859 Cider Company,

3. Business Location: 249 Liberty Street NE, Sulte 140 Salem Marion OR 97301
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 40687 Fox Valley Rd. Lyons OR 97358
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 545-7387 and (503) 930-6358
(phone)

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OREGON LIQUOR CONTROL COMMISSION
(fax)

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

SEP 04 2015

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

SALEM REGIONAL OFFICE

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Daniel Robert Fox and Patricia Ann Fox
(manager must fill out an Individual History form)

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

11. Contact person for this application: Patricia Ann Fox (503) 545-7387
(name) (phone number(s))
40687 Fox Valley Rd. Lyons, OR 97358 frontiercider@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 Daniel R. Fox Date 09/01/2015 ③ _____ Date _____

② _____ Date _____ 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 checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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RECEIVED
SEP 01 2015

Oregon Liquor Control Commission
Salem, Oregon

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: L. Brown

Date: 9/4/2015

90-day authority: Yes No

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

Jesse Mark Sweetman Redmond Craft Brewing Supply LLC
 Adam Hurry _____

2. Trade Name (dba): Redmond Craft Brewing Supply

3. Business Location: 223 SW 6th St Redmond Washington Oregon 97756
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 223 SW 6th St Redmond OR 97756
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-390-7686 541-504-4229
(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: Jesse Sweetman
(manager must fill out an Individual History form)

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

11. Contact person for this application: Jesse Sweetman 541-390-7686
(name) (phone number(s))
223 SW 6th St 541-504-4229 Jesse@RedmondCraftBrewing.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:

[Signature] Date 8/14/15 _____ Date _____

[Signature] Date 8-15-15 _____ 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/LCC

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: 8/21/15

The City Council or County Commission:

McMinnville
(name of city or county)

recommends that this license be:

Granted Denied

By: [Signature] 8/21/15
(signature) (date)

Name: Marche Muel

Title: City Manager

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 8-21-15 (Date)

90-day authority: Yes No

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

① The Radiant Sparkling Wine company, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Radiant Sparkling Wine Company

3. Business Location: 1206 NE 11th Way McMinnville Yamhill OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 541 N 4th St Carlton OR 97111
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-476-4553 _____
(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: Andrew Davis
(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: Andrew Davis 503-476-4553
(name) (phone number(s))
541 N 4th St, Carlton, OR 97111 radiantsparklingwine@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 8/21/15 ③ _____

② [Signature] Date 8/21/15 ④ _____

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OREGON LIQUOR CONTROL COMMISSION
Date: 8/21/15



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - YARINAL 'LANE' ATTBASH
 - YARINAL A JALPISMERKS-JILC

2. Trade Name (dba): ROSE VALLEY MARKET

3. Business Location: 33144 E COLUMBIA AVE SCAPPOOSE COLUMBIA OR 97056
(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) 573-3443
(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: ROSE VALLEY MARKET

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? SCAPPOOSE
(name of city or county)

11. Contact person for this application: YARINAL 'LANE' ATTBASH (503) 807-4878
(name) (phone number(s))
373 S. Columbia Ave Hwy St. Helens, OR 97051 SKINYS@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: _____ Date _____
 _____ Date _____
 _____ Date _____