





# 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: \_\_\_\_\_  
**NOV 20 2015**

Date: \_\_\_\_\_

90-day authority:  Yes  No

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

① Beer Store Milwaukie LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Beer Store Milwaukie

3. Business Location: 10610 SE Main St. Milwaukie, Clackamas, OR, 97222  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 10610 SE Main St. Milwaukie OR 97222  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 417 425 0058  
(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: Cameron Peterson  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Cameron Peterson 417 425 0058  
17312 SE Oatfield rd. (name) (phone number(s))  
Milwaukie, OR 97267 Cameron.carter.peterson@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 Cameron Peterson Date 11-20-15 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 \_\_\_\_\_

### 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: RDJ

Date: 11/18/15

90-day authority:  Yes  No

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

① Mita Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Khao San Bethany Suite 3-12

3. Business Location: 15325 NW Central Drive, Portland, Washington, Oregon  
(number, street, rural route) (city) (county) (state) (ZIP code) 97229

4. Business Mailing Address: \_\_\_\_\_  
(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: Curry Leaf

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

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

11. Contact person for this application: Sumitar Saysouriyosack - 503-929-8814  
(name) (phone number(s))

16151 N.W. Ramona Drive, Beaverton Oregon 97006  
(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 Nov 12/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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





OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

<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>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>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 _____	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission: _____          (name of city or county)</p> <p>recommends that this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied <p>By: _____          (signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p>
		<p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>KD</u></p> <p>Date: <u>11/20/15</u></p> <p>90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Meju Restaurant LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): Meju Restaurant
- Business Location: 511 NE 24th Ave Portland Multnomah OR 97232  
 (number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 511 NE 24th Ave Portland OR 97232  
 (PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 971-255-0032  
 (phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes  No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: \_\_\_\_\_
- Will you have a manager?  Yes  No Name: Peter Cho  
 (manager must fill out an Individual History form)
- What is the local governing body where your business is located? Portland, Multnomah County  
 (name of city or county)
- Contact person for this application: Peter Cho 917-690-1700  
 (name) (phone number(s))  
511 NE 24th Ave, Portland OR 97232 N/A chopeter@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 11/20/15 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: Wholesale Malt Bvg / Wine

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

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**OLCC USE ONLY**

Application Rec'd by: \_\_\_\_\_

Date: 11/23

90-day authority:  Yes  No

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

① Fosco, Inc. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Fosco, Inc

3. Business Location: 4409 SE 24th Ave Portland, Multnomah, OR 97202

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

4. Business Mailing Address: 8601 SE 78th St. Mercer Island, WA 98040

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

5. Business Numbers: 206-664-1469 206-230-6973

(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: Patrick Yoon

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Multnomah County (Portland, OR)

(name of city or county)

11. Contact person for this application: Patrick Yoon 206-664-1469

(name) (phone number(s))

8601 SE 78th St. Mercer Island, WA 98040 206-230-6973 patrick@foscoinc.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 Date 11/19/15 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 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 checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>47N</u>
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P 360  
L 222918

**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 Alizah Sikandar Inc.      ③ \_\_\_\_\_

② \_\_\_\_\_      ④ \_\_\_\_\_

2. Trade Name (dba): 7-Eleven #18410C

3. Business Location: 7501 SE 82nd Avenue      Portland      Multnomah      OR      97266  
(number, street, rural route)      (city)      (county)      (state)      (ZIP code)

4. Business Mailing Address: Attn: Licensing, P.O. Box 219088, Dallas, TX 75521  
(PO box, number, street, rural route)      (city)      (state)      (ZIP code)

5. Business Numbers: 503-775-9811  
(phone)      (fax)

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

7. If yes to whom: Umer Farooq      Type of License: Beer/Wine Off Premises

8. Former Business Name: 7-Eleven #18410C

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: Alyssa Brooks      850-577-9090  
(name)      (phone number(s))  
301 S. Bronough Street, Suite 600, Tallahassee, FL 32301      alyssa.brooks@gray-robinson.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 09/18/15    ③ \_\_\_\_\_      Date \_\_\_\_\_

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



# 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.

#217452 P116998

<b>Section 1:</b> Complete This Section For All Requests	1. Licensee Name(s): <u>Jay Karvandi</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>7-Eleven #27453B 2302-27453 B</u> Type of License: <u>Off Premises</u> <small>(current business name)</small> <span style="float: right;"><small>(O, L, F, etc.)</small></span>
	3. Business Address: <u>29955<sup>1/2</sup> SW Boones Ferry Road</u> <u>Wilsonville</u> <u>97070</u> <small>(street)</small> <span style="margin-left: 100px;"><small>(city)</small></span> <span style="float: right;"><small>(ZIP code)</small></span>
	4. Mailing Address: <u>Attn: Licensing Dept., P.O. Box 219088, Dallas, TX 75221</u> <small>(street)</small> <span style="margin-left: 100px;"><small>(city)</small></span> <span style="float: right;"><small>(ZIP code)</small></span>
	5. Telephone Number: <u>503-682-4448 (503) 682-1481</u> <small>(business)</small> <span style="margin-left: 100px;"><small>(home)</small></span>
	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 #27453C</u>
---	---

<b>Section 3:</b> Change of Legal Name	1. New Name: _____ 2. Date of Name Change: _____ 3. Attach a signed copy of legal document(s).
---	--

<b>Section 4:</b> Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>Jay Karvandi 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): _____ _____ 2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.
---	---

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

Licensee Name: Jay Karvandi Title: President

Licensee Signature:  Date: 11-5-15









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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 3<sup>rd</sup> Loc

### 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: OLCC

Date: 11/02/2015

90-day authority:  Yes  No

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

① FOX FARM VINEYARD, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): FOX FARM VINEYARDS

3. Business Location: 575 HWY 99W DUNDEE YAMHILL OR 97115  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 575 HWY 99W DUNDEE OR 97115  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-538-8466  
(phone)

**RECEIVED**  
OREGON LIQUOR CONTROL COMMISSION

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

7. If yes to whom: \_\_\_\_\_ Type of License: NOV 10 2015

8. Former Business Name: SALEM REGIONAL OFFICE

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

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

11. Contact person for this application: DAVID B. FISH 602-481-9463  
(name) (phone number(s))

10425 NE FOX FARM RD, DUNDEE, OR DAVID@FOXFARMVINEYARDS.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 David B Fish Date 11-8-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

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

90-DAY AUTHORITY  
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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: 11-23  
 90-day authority:  Yes  No

P53787  
L214429

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

① Purringtons Cat Lounge Inc ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Purringtons Cat Lounge

3. Business Location: 3529 NE 31st Ave Portland Multnomah OR 97212  
 (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: 503 334 3570  
 (phone) (fax)

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

7. If yes to whom: Purringtons Cat Lounge Inc. Type of License: Limited On-Premises Sales

8. Former Business Name: Purringtons Cat Lounge

9. Will you have a manager?  Yes  No Name: Kristen Castillo  
 (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: Kristen Castillo 503 334 3570  
3529 NE MLK Portland OR 97212 info@purringtonscatlounge.co  
 (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:  
 ① [Signature] Date 11/10/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

Initials: \_\_\_\_\_  
 Oregon Liquor Control Commission

RECEIVED  
NOV 23 2015



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**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: 11/24/15

90-day authority:  Yes  No

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

① GILLVILLE, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): ROGUE VALLEY BREWING SUPPLY / BOTTLE SHOP

3. Business Location: 123 SE K ST. GRANTS PASS JOSEPHINE OR 97526  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: (503) 250-2321  
(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: TOM GILLES  
(manager must fill out an Individual History form)

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

11. Contact person for this application: TOM GILLES (503) 250-2321  
(name) (phone number(s))  
636 FLAMING RD GRANTS PASS OR 97526 N/A RVBREWING@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 11-3-15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 11-3-15 ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

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 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: _____	<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 _____
---	--

**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: J. K. Smother

Date: 11/24/15

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① ~~Derek Briggs~~ Nails Uncorked, LLC ③ \_\_\_\_\_  
 ② ~~Xuyen Nguyen~~ \_\_\_\_\_ ④ \_\_\_\_\_
- Trade Name (dba): Nails Uncorked, LLC
- Business Location: 3000 Gateway #204, Springfield OR, 97477  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 1572 Thornberry St, Eugene OR 97401  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-914-5105  
(phone) (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: \_\_\_\_\_
- Will you have a manager?  Yes     No    Name: Derek Briggs  
(manager must fill out an individual History form)
- What is the local governing body where your business is located? Lane County, City of Springfield  
(name of city or county)
- Contact person for this application: Derek Briggs  
(name)  
1572 Thornberry St, Eugene OR 97401 (address)    (phone number(s)) derekbriggs@yahoo.com (e-mail 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:

① Derek Briggs Date 11/23/15 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: OLCC

Date: 11/25/2015 OLCC

90-day authority:  Yes  No

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

NOV 25 2015

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

① BAILEY Estate Vineyards LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): BAILEY Estate Vineyards

3. Business Location: Oregon Wine Services  
2303 NE Orchard Ave M. Minwille Marion OR 97128  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16740 SW Pinot Place Hillsboro OR 97123  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-628-2091 503-628-2091  
(phone) (fax)

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

7. If yes to whom: ORE. WINE SERVICES Type of License: WAREHOUSE

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

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

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

11. Contact person for this application: Stephen M. Bailey 503-628-2091  
(name) (phone number(s))

16740 SW Pinot Place Hillsboro, OR 97123 503-628-2091 charley@baileyvine.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Stephen M. Bailey Date 11/22/2015 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 \_\_\_\_\_

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

NOV 06 2015

SALEM REGIONAL OFFICE

### 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: 11/5/2015

90-day authority:  Yes  No

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

① Santiam Brewing Company LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Santiam Brewing

3. Business Location: 2544 19th St SE Salem OR 97302  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

7. If yes to whom: Santiam Brewing Company LLC Type of License: Brewery Public House

8. Former Business Name: N/A

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

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

11. Contact person for this application: Brian N Kelly President 503 507 5379  
(name) (phone number(s))  
2544 19th St SE Salem Or 97302 brian@santiambrewing.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] - President Date 11-5-2015 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: Wholesale Malt Beverage & Wine 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: OLCC

Date: 11/25/2015 *(Signature)*

90-day authority:  Yes  No

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

NOV 25 2015

SALEM REGIONAL OFFICE

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

① Belgian Underground Brewing LLC ③

② \_\_\_\_\_ ④

2. Trade Name (dba): Belgian Underground Brewing

3. Business Location: 990 N. 1st St. Silverton Marion OR 97381  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 315 W. Center St. Silverton OR 97381  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.779.7523  
(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? City of Silverton  
(name of city or county)

11. Contact person for this application: Sheldon Leslie 503.779.7523  
(name) (phone number(s))  
315 W. Center St, Silverton, OR 97381 sheldon.leslie@gmail.com  
(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 Sheldon Leslie Date 8/11/15 ② \_\_\_\_\_ Date \_\_\_\_\_  
③ Dale Coleman Date 11-9-15 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 CITY

### 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: \_\_\_\_\_

### 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

### OLCC USE ONLY

Application Rec'd by: C. Burman

Date: 11-24-15

90-day authority:  Yes     No

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

① SVS South Salem Shell Inc.

② \_\_\_\_\_

2. Trade Name (dba): SVS South Salem Shell Inc.

3. Business Location: 2955 Commercial St. SE Marion, Salem, OR  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2220 Mission St. SE Salem, OR 97302  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-371-0778  
(phone) (fax)

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

7. If yes to whom: Jchal Inc. Type of License: OPS w/ fuel pumps

8. Former Business Name: South Salem Food Gas

9. Will you have a manager?  Yes     No Name: JIM DeVille James Curzon  
(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: Sanjay Prasad 503-431-6227  
(name) (phone number(s))

Sanjay Prasad 24 @ yahoo.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11/24/15

② \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
OREGON LIQUOR CONTROL COMMISSION

NOV 24 2015 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 \_\_\_\_\_

## RECEIVED

NOV 18 2015

Oregon Liquor Control Commission  
Send, 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: SC

Date: 11/18/15

90-day authority:  Yes  No

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

① Immersion Brewing, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Immersion Brewing

3. Business Location: 550 SW Industrial Way Ste 185 Bend Deschutes OR 97702  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2329 NW Lolo Dr. Bend OR 97702 97703  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 415-623-0466  
(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: Sean Lampe  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sean Lampe 415-623-0466  
(name) (phone number(s))  
2329 NW Lolo (address) (fax number) sean@immersionbrewing.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 Sean Lampe Date 11/13/15 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: \_\_\_\_\_

90-day authority:  Yes  No

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

① ~~Michael Antonopoulos~~ ③ \_\_\_\_\_

② Agape's Affections, LLC ④ \_\_\_\_\_

2. Trade Name (dba): TonTon's Artisan Affections

3. Business Location: 109 Talent Ave. Talent, OR 97540  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 574 Talent, OR 97540  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.708.3069  
(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 Antonopoulos  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Michael Antonopoulos 541.708.3069  
(name) (phone number(s))  
932 Tolman Creek Rd. Ashland, OR 97520 artisanaffections@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 10.12.15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION

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 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><b>ACTIONS</b></p> <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

*PA 8605  
L217223  
L218433*

<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: _____</p> <p>The City Council or County Commission:          _____          (name of city or county)</p> <p>recommends that this license be:  <input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____ (signature)    _____ (date)</p> <p>Name: _____</p> <p>Title: _____</p>	<p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <i>[Signature]</i></p> <p>Date: <i>11-23-15</i></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 Solana Beverage Concessions LLC    ③ \_\_\_\_\_

② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): Hilton Garden Inn Lake Oswego

3. Business Location: 14850 Kruse Oaks Blvd.    Lake Oswego    Clackamas    OR    97035  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)

4. Business Mailing Address: 1211 Puerta Del Sol, Suite 170    San Clemente    CA    92673  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)

5. Business Numbers:    503-684-8900    503-639-3359  
(phone)    (fax)

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

7. If yes to whom: Interstate-Rim Management Company    Type of License: Off Premise Sales; Limited On-Premise

8. Former Business Name: Hilton Garden Inn Lake Oswego

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

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

11. Contact person for this application: Alyssa McTimpney    603-778-5469 (no solicitation)  
(name)    (phone number(s))  
1300 SW Fifth Ave, Ste 2400, Portland, OR 97201    alyssamctimpney@dwt.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 11/18/2015    ③ \_\_\_\_\_    Date 11/18/15

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

RECEIVED  
Nov 30 2015

LICENSE SERVICES



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 \_\_\_\_\_

*Q# 45862  
L# 212320*

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: *11/23/15*

90-day authority:  Yes  No

*90 Day Temporary*

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 JANTZ LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Bistro 23

3. Business Location: 5530 NE 122nd Ave Ste. C Portland Multnomah OR 97230  
(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: 503-262-5200  
(phone) (fax)

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

7. If yes to whom: J2GAL LLC Type of License: Full On-Premises

8. Former Business Name: ~~J2GAL LLC~~ (dba) Bistro 23

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: Jaime Martinez 503-781-9471  
(name) (phone number(s))  
704 NE 75th Ave Portland, OR 97213 jaime@bistro23.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 11-11-15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② RECEIVED Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

NOV 30 2015





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). L# 227481
- Remember to attach all requested documents.

**Section 1:**  
Complete This Section For All Requests

1. Licensee Name(s): Chompers and Growlers INC  
(as currently licensed)

2. Trade Name (dba): Chompers & Growlers Type of License: Limited  
(current business name) (O, L, F, etc.)

3. Business Address: 901 N. Anchor Way Portland OR 97217  
(street) (city) (ZIP code)

4. Mailing Address: 373 1st St Ste 100 Los Altos CA 94022  
(street) (city) (ZIP code)

5. Telephone Number: 503-285-8889 360-909-0597  
(business) (home)

6. Check here for a duplicate license certificate

P# 54809  
L# 227481

**Section 2:**  
Change of Trade Name

New Trade Name (dba): \_\_\_\_\_

**Section 3:**  
Change of Legal Name

1. New Name: CGCC, Inc

2. Date of Name Change: NOVEMBER 10, 2015

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

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

1. Entity Name: CGCC Inc.

2. Complete and attach LLC or Corporation Questionnaire.

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

**Section 5:**  
Deletion of Partner(s)

1. Name of Deleted Partner(s): \_\_\_\_\_

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

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

Licensee Name: MICHAEL W. N. CHIU Title: President

Licensee Signature: [Signature] Date: NOVEMBER 10, 2015

LICENSE SERVICES



# 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 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 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

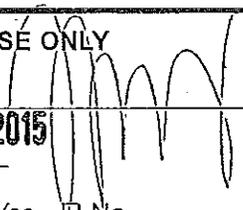
By: \_\_\_\_\_ (signature)    \_\_\_\_\_ (date)

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

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

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**OLCC USE ONLY**

Application Rec'd by:   
**NOV 30 2015**

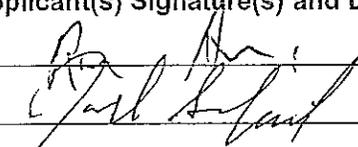
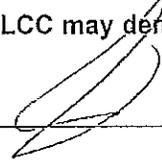
Date: \_\_\_\_\_

90-day authority:  Yes     No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① John Gorham Pollo Brava Rose Avnt  
 ② Josif Seinfeld ④
- Trade Name (dba): Pollo Brava
- Business Location: 1120 SW ALDER ST PORTLAND MULT OR 97205  
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 120 NE RUSSELL ST PORTLAND OR 97212  
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503 281 4464 (phone)    503 281 4700 (fax)
- Is the business at this location currently licensed by OLCC?  Yes     No
- If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_
- Former Business Name: \_\_\_\_\_
- Will you have a manager?  Yes     No    Name: RENÉE GORHAM  
(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: RENÉE GORHAM 503 281 4464  
(name) (phone number(s))  
120 NE RUSSELL ST 503 281 4700 reneeg@pollobrava.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 11/4/15 ③  Date 11/24/15

②  Date 11/24/15 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 \_\_\_\_\_

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: 11-25

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 Tres Mentas LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Chesa

3. Business Location: 2218 NE Broadway St. Portland Multnomah OR 97232  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2218 NE Broadway St. Portland OR 97232  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 894 8904  
(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: Skyline Burger

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

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

11. Contact person for this application: Emily Metivier 503 894 8904 8452644306  
(name) (phone number(s))  
1818 NW 23rd Place Portland 97210 emily@ataulorptx.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 10/20/2015 ③

② [Signature] Date 10/20/2015 ④

RECEIVED Date 11/20/2015

NOV 25 2015 Date \_\_\_\_\_

Initials: [Initials]  
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION  
LIQUOR LICENSE APPLICATION



Application is being made for:

**LICENSE TYPES**

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

**ACTIONS**

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

**90-DAY AUTHORITY**

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

**APPLYING AS:**

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

**CITY AND COUNTY USE ONLY**

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

**OLCC USE ONLY**

Application Rec'd by: \_\_\_\_\_ *P*

Date: 11-25

90-day authority:  Yes  No

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

① Walgreen Co. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Walgreens #16259

3. Business Location: 17979 NE GLISAN ST, GRESHAM, OR 97230  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. BOX 901 DEERFIELD IL 60015  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Pending (Corporate: 847-527-2334) Pending (Corporate: 847-368-6686)  
(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: Amylynn Burris  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Sushma Vadgama 847-527-2334  
(name) (phone number(s))  
Walgreen Co., P.O. BOX 901, #MS3353, Deerfield, IL 60015 sushma.vadgama@walgreens.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 *Amelia Legutki* Date 11/13/15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
Amelia Legutki (Asst. Secretary)

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

Date: 11-25

90-day authority:  Yes     No

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

① Daljit Singh ③ \_\_\_\_\_

② D.S. Canby LLC ④ \_\_\_\_\_

2. Trade Name (dba): Canby food market

3. Business Location: 293 SW 45<sup>th</sup> Canby OR 97013  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

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

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

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

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

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

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

11. Contact person for this application: Daljit Singh 971-273-3635  
(name) (phone number(s))  
daljitbrar1965@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 Daljit Singh Date 11-20-15 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: 11-24

90-day authority:  Yes  No

P 3223  
L 214250

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

① Burchett Family Restaurant, Inc.

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Hide-A-Way Bar & Grille Beaverton

3. Business Location: 18385 SW Tualatin Valley Hwy Washington, OR 97006  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Po Box 784 Forest Grove OR 97116  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-649-7697  
(phone) (fax)

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

7. If yes to whom: R. Boyle Investments, LLC Type of License: FOP

8. Former Business Name: Hide A Bar & Grille

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

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

11. Contact person for this application: Tracy Burchett (503) 544-4109  
(name) (phone number(s))  
1411 Snapdragon Ln Forest Grove OR 97116  
(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 11/18/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 11/18/15 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

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: OK

Date: 11-25-15

90-day authority:  Yes  No

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

① Cellar Cat and Company LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Cellar Cat

3. Business Location: 211 1st Ave W, Suite 102 Albany Linn OR 97321  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 519 Albany OR 97321  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-704-0304 (707-494-8021-cell)  
(phone) (fax)

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

7. If yes to whom: Cellar Cat & Company LLC Type of License: Full-on-premise (F-Corn)

8. Former Business Name: Cellar Cat

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

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

11. Contact person for this application: Holly Evans White 707-494-8021  
(name) (phone number(s))  
1088 Tyson Pl. SW Albany OR 97321 hevanswhite@gmail  
(address) (fax number) (e-mail address) hevanswhite@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 Holly Evans White Date 11-6-2015 ③ Gy Bunt Date 11-6-15  
② James L Evans White Date 11/6/2015 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 *add*

*Partner*  
L# 212975  
P# 95466

**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: *12/2/15*

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 Mi Keum Park ③ \_\_\_\_\_
- ② Philip Park ④ \_\_\_\_\_

2. Trade Name (dba): Yong's Market 97211

3. Business Location: 2626 NE Dekum St. Portland OR 97229  
(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: 503-282-9832  
(phone) (fax)

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

7. If yes to whom: Mi Keum Park Type of License: OFF PREMISES

8. Former Business Name: Same

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: Sunha Kang 503-705-0500  
(name) (phone number(s))  
14067 Goodall Rd. Lake Oswego, OR 97034 Sunhakang@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 Mi Keum Park Date 11/30/15 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② Philip Park Date 11/30/15 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

NOT RECEIVED

DECEMBER 2015

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 type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
---	--

MASTER FILE

**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: 12/2/15

90-day authority:  Yes     No

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

① WinCo Foods, LLC    ③ \_\_\_\_\_

② \_\_\_\_\_    ④ \_\_\_\_\_

2. Trade Name (dba): WinCo Foods

3. Business Location: 231 NE Terry Lane    Grants Pass    Josephine    OR    97526  
(number, street, rural route)    (city)    (county)    (state)    (ZIP code)

4. Business Mailing Address: PO Box 5756    Boise    ID    83705  
(PO box, number, street, rural route)    (city)    (state)    (ZIP code)

5. Business Numbers: Pending    Pending  
(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: \_\_\_\_\_

8. Former Business Name: N/A

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

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

11. Contact person for this application: Gina Crowley    208-377-0110  
(name)    (phone number(s))

PO Box 5756, Boise ID 83705    208-672-2346    gina.crowley@wincofoods.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 Steven L. Goldland    Date 12/2/15    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 \_\_\_\_\_

**RECEIVED**

FEB 02 2015

Oregon Liquor Control Commission  
Bend, 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: Terry Nutton

Date: 12/2/15

90-day authority:  Yes  No

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

① Looking Glass Imports, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Looking Glass Imports & Cafe

3. Business Location: 150 NE Bend River Mall Drive #260, Bend, OR 97703  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 150 NE Bend River Mall Drive #260, Bend, OR 97703  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-225-5775 541-225-5775 (same as phone)  
(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: Ranchero Mexican Grill & Cantina

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

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

11. Contact person for this application: Kelly Johnson 801-200-1060  
(name) (phone number(s))  
1900 NE 3rd St. #106-171, Bend, OR 97701 541-225-5775 kelly@lg-ic.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] MEMBER Date: 2 Dec 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

### ACTIONS

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

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

RECEIVED

Oregon Liquor Control Commission  
Send 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: Laura S.

Date: 12/2/15

90-day authority:  Yes  No  
(For Off-Premises)

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

① PATRICK F. MACCROWE ③

② RAGANELLI'S TAKE & BAKE PIZZA LLC ④

2. Trade Name (dba): RAGANELLI'S TAKE & BAKE PIZZA

3. Business Location: 561 NE Bellevue DR #107 BEND DESCHUTES OR 97701  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: POB 775 BEND OR 97709  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-647-2343 N/A  
(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: SELF MANAGED  
(manager must fill out an individual History form)

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

11. Contact person for this application: PATRICK F. MACCROWE 541-449-6324  
(name) (phone number(s))

POB 775 BEND OR 97709 N/A RAGANELLI'S @ BEND BROADBAND  
(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 [Signature] Date 11/19/15 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 W/ TASTING

RECEIVED

Oregon Liquor Control Commission  
Bend, Oregon

**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: Se. Laura

Date: 11/20/15

90-day authority:  Yes  No

Shepard

**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 PRINEVILLE LIQUOR & TOBACCO LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): PRINEVILLE LIQUOR & TOBACCO

3. Business Location: 1350 N.E. 3RD ST. PRINEVILLE CROOK OR 97754  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1350 N.E. 3RD ST. PRINEVILLE OR 97754  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-447-5844 541-447-4753  
(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: SHANE VONHURST  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? PRINEVILLE / CROOK ②  
(name of city or county)

11. Contact person for this application: ROBERT ALAN DICKEY 541-419-6687  
(name) (phone number(s))  
63462 VOST RD, BEND 541-447-4753 radbk1097@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 Member Date 10-26-2015 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 \_\_\_\_\_

RECEIVED

DEC 02 2015

Oregon Liquor Control Commission

**90-DAY AUTHORITY**

Bend, Oregon

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: Randy Hancock

Date: 12/2/15

90-day authority:  Yes  No

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

① DAVID MARCET CROWS FEET COMMONS, LLC <sup>②</sup> <sub>③</sub>

② \_\_\_\_\_ <sub>①</sub>

2. Trade Name (dba): Crows Feet Commons

3. Business Location: 875 NW Brooks St, Bend OR, Deschutes 97703  
(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: 541.728.0066  
(phone) (fax)

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

7. If yes to whom: DAVID MARCET CROWS FEET COMMONS, LLC Type of License: LIMITED OFF-ON PREMISE SALES  
<sub>② 1213 & OFF-PREMISES SALES</sub>

8. Former Business Name: N/A Crows Feet Commons

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

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

11. Contact person for this application: DAVID MARCET 530.859.1245  
(name) (phone number(s))  
1637 NW Fresno St, Bend OR 97701 dauid@crowsfetcommons.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 12/1/15 <sub>③</sub> Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ <sub>④</sub> 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

**RECEIVED**

DEC 02 2015

Oregon Liquor Control Commission  
Bend, 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: Randy

Date: 12/2/15

90-day authority:  Yes  No

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

① THE ALE APOTHECARY, LLC ② \_\_\_\_\_

③ \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): THE ALE APOTHECARY

3. Business Location: 30 SW CENTURY DRIVE, STE 100 BEND, DESCHUTES, OR 97702  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 61517 RIVER ROAD BEND OR 97703  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-408-1525  
(phone) (fax)

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

7. If yes to whom: THE ALE APOTHECARY, LLC Type of License: BREWERY PUBLIC HOUSE

8. Former Business Name: N/A

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

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

11. Contact person for this application: PAUL ARNEY 541-408-1525  
(name) (phone number(s))  
61517 RIVER ROAD BEND 97703 N/A pa1@thealeapothecary.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 12/2/15 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# 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.

# 212236

<b>Section 1:</b> Complete This Section For All Requests	1. Licensee Name(s): <u>MBH Lloyd Center LLC</u> (as currently licensed)
	2. Trade Name (dba): <u>Buffalo Wild Wings</u> Type of License: <u>F-COM</u> (current business name) (O, L, F, etc.)
	3. Business Address: <u>1200 NE Broadway</u> <u>Portland</u> <u>97232</u> (street) (city) (ZIP code)
	4. Mailing Address: <u>111 W 39th Street</u> <u>Vancouver</u> <u>98660</u> (street) (city) (ZIP code)
	5. Telephone Number: <u>503-432-8179</u> (business) (home)
	6. Check here for a duplicate license certificate <input type="checkbox"/>

<b>Section 2:</b> Change of Trade Name	New Trade Name (dba): _____
---	-----------------------------

<b>Section 3:</b> Change of Legal Name	1. New Name: _____
	2. Date of Name Change: _____
	3. Attach a signed copy of legal document(s).

<b>Section 4:</b> Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>Wingmen V, LLC</u>
	2. Complete and attach LLC or Corporation Questionnaire.
	3. Attach a signed copy of modified lease agreement if applicable.

<b>Section 5:</b> Deletion of Partner(s)	1. Name of Deleted Partner(s): _____
	2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Wray Hutchinson Title: Manager

Licensee Signature: [Signature] Date: 11/30/15





# 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.

# 216574

<b>Section 1:</b> Complete This Section For All Requests	1. Licensee Name(s): <u>MBH Tualatin LLC</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>Buffalo Wild Wings</u> Type of License: <u>F-COM</u> <small>(current business name) (O, L, F, etc.)</small>
	3. Business Address: <u>8505 SW Tualatin Sherwood Rd.</u> <u>Tualatin</u> <u>97062</u> <small>(street) (city) (ZIP code)</small>
	4. Mailing Address: <u>111 W 39th Street</u> <u>Vancouver</u> <u>98660</u> <small>(street) (city) (ZIP code)</small>
	5. Telephone Number: <u>503-486-5295</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): _____
---	-----------------------------

<b>Section 3:</b> Change of Legal Name	1. New Name: _____
	2. Date of Name Change: _____
	3. Attach a signed copy of legal document(s).

<b>Section 4:</b> Change to Legal Entity (Corp. or LLC)	1. Entity Name: <u>Wingmen V, LLC</u>
	2. Complete and attach LLC or Corporation Questionnaire.
	3. Attach a signed copy of modified lease agreement if applicable.

<b>Section 5:</b> Deletion of Partner(s)	1. Name of Deleted Partner(s): _____
	2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.

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

Licensee Name: Wray Hutchinson Title: Manager

Licensee Signature: [Signature] Date: 11/30/15



# 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.

# 218575

<b>Section 1:</b> Complete This Section For All Requests	<p>1. Licensee Name(s): <u>MBH Beaverton LLC</u> <small>(as currently licensed)</small></p> <p>2. Trade Name (dba): <u>Buffalo Wild Wings</u> Type of License: <u>F-COM</u> <small>(current business name) (O, L, F, etc.)</small></p> <p>3. Business Address: <u>11995 SW Beaverton-Hillasdale Hyw</u> <u>Beaverton</u> <u>97005</u> <small>(street) (city) (ZIP code)</small></p> <p>4. Mailing Address: <u>111 W 39th Street</u> <u>Vancouver</u> <u>98660</u> <small>(street) (city) (ZIP code)</small></p> <p>5. Telephone Number: <u>503-352-9503</u> <small>(business) (home)</small></p> <p>6. Check here for a duplicate license certificate <input type="checkbox"/></p>
---	--

<b>Section 2:</b> Change of Trade Name	New Trade Name (dba): _____
---	-----------------------------

<b>Section 3:</b> Change of Legal Name	<p>1. New Name: _____</p> <p>2. Date of Name Change: _____</p> <p>3. Attach a signed copy of legal document(s).</p>
---	---

<b>Section 4:</b> Change to Legal Entity (Corp. or LLC)	<p>1. Entity Name: <u>Wingmen V, LLC</u></p> <p>2. Complete and attach LLC or Corporation Questionnaire.</p> <p>3. Attach a signed copy of modified lease agreement if applicable.</p>
--	--

<b>Section 5:</b> Deletion of Partner(s)	<p>1. Name of Deleted Partner(s): _____</p> <p>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.</p>
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: Wray Hutchinson Title: Manager  
 Licensee Signature: [Signature] Date: 11/30/15



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.

# 218574

<b>Section 1:</b> Complete This Section For All Requests	1. Licensee Name(s): <u>MBH Enterprises LLC</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>Buffalo Wild Wings</u> Type of License: <u>F-COM</u> <small>(current business name) (O, L, F, etc.)</small>
	3. Business Address: <u>2219 NW Allie Avenue</u> <u>Hillsboro</u> <u>97124</u> <small>(street) (city) (ZIP code)</small>
	4. Mailing Address: <u>111 W 39th Street</u> <u>Vancouver</u> <u>98660</u> <small>(street) (city) (ZIP code)</small>
	5. Telephone Number: <u>503-645-9424</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): _____
---	-----------------------------

<b>Section 3:</b> Change of Legal Name	1. New Name: _____ 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>Wingmen V, LLC</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): _____ 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: Wray Hutchinson Title: Manager

Licensee Signature: [Signature] Date: 11/30/15





# 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, # 212234

<b>Section 1:</b> Complete This Section For All Requests	1. Licensee Name(s): <u>MBH Wood Village LLC</u> <small>(as currently licensed)</small>
	2. Trade Name (dba): <u>Buffalo Wild Wings</u> Type of License: <u>F-COM</u> <small>(current business name)</small> <small>(O, L, F, etc.)</small>
	3. Business Address: <u>22849 NE Glisan Street</u> <u>Wood Village</u> <u>97060</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	4. Mailing Address: <u>111 W 39th Street</u> <u>Vancouver</u> <u>98660</u> <small>(street)</small> <small>(city)</small> <small>(ZIP code)</small>
	5. Telephone Number: <u>503-328-9475</u> <small>(business)</small> <small>(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): _____
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<b>Section 3:</b> Change of Legal Name	1. New Name: _____ 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>Wingmen V, LLC</u> 2. Complete and attach LLC or Corporation Questionnaire. 3. Attach a signed copy of modified lease agreement if applicable.
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I understand that if my answers are not true and complete, the OLCC may deny my license application.

Licensee Name: Wray Hutchinson Title: HAVER

Licensee Signature: [Signature] Date: 11/30/15

