



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

P.R.

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) *M/C*

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other _____

Rec'd by Portland
Liquor Licenses

FEB 01 2016

PD 100⁰⁰ - *AB*

Cash

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: *02/01/16*

90-day authority: Yes No

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

① ~~Leviticus Christian Cole~~ ③ *Copiae Provisions LLC*

② _____ ④ _____

2. Trade Name (dba): Copiae Provisions LLC

3. Business Location: 2905 NE Flanders St. Portland Multnomah OR 97232

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

4. Business Mailing Address: 2905 NE Flanders St. Portland OR 97232

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

5. Business Numbers: 503-703-8856

(phone) (fax)

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

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

8. Former Business Name: _____

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

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Multnomah Co. Portland Oregon USA

(name of city or county)

11. Contact person for this application: Leviticus C. Cole 503-703 8856

(name) (phone number(s))

2905 NE Flanders St. none leviticuscole@mac.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 12-14-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: S. FETTERHUFF

Date: 2-1-16

90-day authority: Yes No

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

① Mercado San Juan LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Mercado San Juan

3. Business Location: 1150 W Hartley Ave Ste A Hermiston, OR 97838
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 541-289-7155 541-289-7156
(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: Antonio Rauda
(manager must fill out an Individual History form)

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

11. Contact person for this application: Maria del Carmen Rauda 503-737-8207
(name) (phone number(s))
1991 NE Cornell Rd, Hillsboro, OR 503-924-4232
(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 Antonio Rauda Date 1-18-16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

APPLYING AS:
 Limited Partnership
 Corporation
 Limited Liability Company
 Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: S. FETTERHOFF

Date: 2-5-16

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① H & C RESTAURANT, INC. ③ _____
 ② _____ ④ _____
- Trade Name (dba): GOLDEN PALACE
- Business Location: 175 S. HWY 395 HERMISTON CLATSOP COUNTY OR 97838
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 175 S HWY 395 HERMISTON OR 97838
(PO box, number, street/rural route) (city) (state) (ZIP code)
- Business Numbers: (541) 567-5151
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: LONG RIVER PROPERTY LIMITED LIABILITY CO. Type of License: FULL ON-PREMISES
- Former Business Name: GOLDEN PALACE
- Will you have a manager? Yes No Name: CHARLIE WU
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? CITY OF HERMISTON
(name of city or county)
- Contact person for this application: JACK L LIU (503) 777-9027
(name) (phone number(s))
3202 SE 82ND AVE. STE. A (503) 777-3396 JP-ACCOUNTING@YAHOO.COM
(address) (fax number) (e-mail address)
PORTLAND, OR 97266

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 Haimu Date 12/2/15 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: S. FETTERHOFF

Date: 2-5-16

90-day authority: Yes No

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

① Legend Cider Company LLC ② Tyler Baumann
 ③ Andrew Peil ④ _____

2. Trade Name (dba): Legend Cider Company LLC

3. Business Location: 3600 Cratesway Building 4 The Dalles, Wasco, OR 97058
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3600 Cratesway Building 4 The Dalles OR 97058
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541.840.9624
(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: Tyler Baumann
(manager must fill out an individual History form)

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

11. Contact person for this application: Tyler Baumann 541.840.9624
(name) (phone number(s))
1676 New William Clark St. Bend OR 97703 Legend Cider Company @ 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 6/13/15 ② _____ Date _____
 ③ _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

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: JAN 28 2016

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

recommends that this license be:

Granted Denied

By: George Murdock / 1/29/16
(signature) (date)

Name: George Murdock

Title: Commissioner

OLCC USE ONLY

Application Rec'd by: S. FETTERHAF

Date: 1-28-16

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - DELBERT N. CHASTY ③
 - VIOLA M. CHRISTY ④
- Trade Name (dba): CHRISTY'S KORRAL TAVERN
- Business Location: 406 NE Hwy 11 Pendleton Umatilla OR 97801
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 541-215-3255
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Umatilla County
(name of city or county)
- Contact person for this application: VIOLA M. CHRISTY 541-215-3255
(name) (phone number(s))
60859 W BIRCH CREEK PILOT ROCK, OR
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Delbert N. Chasty Date 1-26-2016 ③ Date _____

② Viola M. Christy Date 1-26-2016 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: 2/18/11 [Signature]

Date: 2/18/11

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 THE SPACE CONCEPT CLUB, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): THE SPACE CONCEPT CLUB

3. Business Location: 445 HIGH STREET SE SALEM MARION OR 97302
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2175 RODGERS LN NW SALEM OR 97304
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 7150
(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 SALEM
(name of city or county)

11. Contact person for this application: DAVE HOFFMAN
(name) 503 999 6135
(phone number(s))
2175 RODGERS LN NW (address) _____ (fax number)
THESPACEISHERE@GMAIL.COM (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 2-5-2011 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

FEB 8 2011



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

E.H.

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: 2/8/2016

Date: MFOUB

90-day authority: Yes No

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

① ~~Yoon Jung Lee Richards~~ ③ _____

② Mamanim LLC ④ _____

2. Trade Name (dba): Hapa Grill

3. Business Location: 14625 SW Teal Blvd. Beaverton, Washington County, OR 97007
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-590-7800
(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: Hapa Grill

9. Will you have a manager? Yes No Name: Yoon Jung Lee Richards
(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: Yoon Jung Lee Richards 503-590-7800
(name) (phone number(s))
14625 SW Teal Blvd. Beaverton, OR 97007 yoona@hapagrillbeaverton.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 01/06/2016 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
JAN 14 2016



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: CM

Date: 2/5/16

90-day authority: Yes No

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

- ① Levi Allen
- ② Wil Trevor Frazier
- ③ Herbert Hedges
- ④ Defeat River Brewery LLC

2. Trade Name (dba): Defeat River Brewery

3. Business Location: 405+473 Fir Ave Reedsport Douglas OR 97467
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 473 Fir Ave Reedsport OR 97467
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

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

8. Former Business Name: _____

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

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

11. Contact person for this application: Levi Allen 541-974-4966
(name) (phone number(s))
230 Ranch Rd Reedsport 97467 N/A levi@defeatriverbrewery.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 1/13/16
- ② [Signature] Date 1/13/16



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Master File

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JSmother

Date: 2/5/16

90-day authority: Yes No

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

① Market of Choice, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Venue 252

3. Business Location: 252 Lawrence St. Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2862 Willamette St., Ste B Eugene OR 97405
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 590 2672 _____
(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: Christine Vaughan Patrick Lowen
(manager must fill out an Individual History form)

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

11. Contact person for this application: Kate Workman, Accounting Manager 541-345-0566 x3123
(name) (phone number(s))
2862 Willamette St., Ste B, Eugene, OR 97405 541-345-0662 katew@marketofchoice.com
(address) (fax number) (e-mail address)

RECEIVED

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 12-28-15 ③ _____ Date JAN 29 2016

② _____ Date _____ ④ _____ Date _____

EUGENE REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

*Changing from exclusive to non-exclusive

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

#1210 Changing from exclusive to non-exclusive

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

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 Jack and Jill, LLC 2 Benjamin Woodward
3 Rachelle Woodward 4

2. Trade Name (dba): medford west main spirits (#1210)

3. Business Location: 2386 W. main St. A. medford Jackson OR 97501

4. Business Mailing Address: same as above

5. Business Numbers: 541 772 5611 547 776-9067

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: Nole Shepherd

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

11. Contact person for this application: Rachelle Woodward

2386 W main St. A, medford 97501 541 776-9067

RECEIVED

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

Applicant(s) Signature(s) and Date:

FEB 04 2016

1 Rachelle Woodward Date 1/19/16

2 Date

MEDFORD REGIONAL OFFICE
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 C/TN

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

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. Demandy

Date: 2-3-16

90-day authority: Yes No

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

① Kellie T Smith ③ _____

② Parkside Diner, LLC ④ _____

2. Trade Name (dba): Parkside Diner

3. Business Location: 231 Garibaldi Ave Garibaldi Tillamook, OR 97118
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 319 Garibaldi OR 97118
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 812-3263 503 322-0357
(phone) (fax)

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

7. If yes to whom: The Pancake House Inc. Kelley Cook Type of License: Full on P S

8. Former Business Name: Parkside Cafe Kelley's Place

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

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

11. Contact person for this application: Kellie Smith 503 812-3263
(name) (phone number(s))
P.O. Box 319 Garibaldi OR 97118 RECEIVED
(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 Kellie Smith Date 1-22-16 SALEM REGIONAL OF Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

Date: 1-29-16

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
Neskowin Enterprises LLC
- Trade Name (dba): Neskowin Trading Co. / BEACH CLUB BISTRO
- Business Location: 48880 Hwy 101 S Neskowin OR 97149
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: PO Box 357 Neskowin OR 97149
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-392-3035 (phone) 503-392-3148 (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: Neskowin Enterprises Type of License: LIMITED ON-PREMISE
LIMITED OFF-PREMISE
- Former Business Name: _____
- Will you have a manager? Yes No Name: Kimberley Herbel
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Tillamook
(name of city or county)
- Contact person for this application: Kimberley Herbel 503-580-0826 cell
(name) (phone number(s))
PO Box 358 Neskowin 97149 KSHERRIFY@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature: Kimberley Herbel Date: 1-26-2016
JMC 72 Date: 1/28/2016

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION
 Date: _____
JAN 29 2016 Date: _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

E.H.

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 CITN

L# 219319
P# 41211

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: 2/5/14

90-day authority: Yes No

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

① Mr Lindo Michoacan Mexican Foods LLC ③

② _____ ④ _____

2. Trade Name (dba): 140 SW Lindo Michoacan Mexican food

3. Business Location: 140 SW Oak St Hillboro Washington OR 97123
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 140 SW Oak St Hillboro OR 97123
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 336-07-41
(phone) (fax)

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

7. If yes to whom: Lindo michoacan Mexican grill Type of License: Full on - Premises Sales

8. Former Business Name: Lindo Michoacan Mexican grill

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 County
(name of city or county)

11. Contact person for this application: Hortencia Zepeda Campos
(name) (phone number(s))

47100 NW Sunset Hwy Banks OR 97106 Hortencia78@gmail.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 Hortencia Zepeda Campos Date 2-4-16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

D.M.

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: M. J. Oult

Date: 2/4/16

90-day authority: Yes No

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

① M.J. + ASSOC., INC. ③ _____

② _____ ④ _____

2. Trade Name (dba): SIMON'S OFFICE

3. Business Location: 8128 SE 13TH AVE PORTLAND/MULTNOMAH/OR/97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 820174 PORTLAND OREGON 97282
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: TBD CELL: 503-282-0176 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: _____
(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: STASIN WARRNER 503 282 0176
(name) (phone number(s))

Home: 800 SE TRADING, PORT/OR/97202 N/A WARRNERSANFAC@MULTNOMAH.COM
(address) (fax number) (e-mail address)

Biz: PO Box 820174, PORT/OR/97282 info@semlmpublichouse.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 1/22/16 ③ _____ Date _____

② Stasin Warner Date 1-23-16 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 _____

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: _____

Date: 1/28/16

90-day authority: Yes No

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

- ① DG Retail, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Dollar General Store #16352

3. Business Location: 22281 Hwy 62 Shady Cove Jackson OR 97539
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 615-855-4000 877-364-4130
(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: Kevin Wagner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty 503-517-8137
(name) (phone number(s))
621 SW Morrison Street, Suite 1300, Portland OR 503-273-9135 dt@wysekadish.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 1/8/16 ③ _____
- ② _____ Date _____ ④ _____

RECEIVED

JAN 28 2016

MEDFORD REGIONAL OFFICE
OREGON LIQUOR
CONTROL COMMISSION (Rev. 08/2011)



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

D.M.

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: *M. Fouts*

Date: *2/8/2016*

90-day authority: Yes No

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

- ① *Nicholas Hyde*
- ② *Brent Attey*
- ③ *Michael Chin*
- ④ *Poke Mon LLC*

2. Trade Name (dba): *Poke Mon LLC*

3. Business Location: *1485 SE Hawthorne* *Portland, Multnomah, OR* *97214*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *#33 1485 SE Hawthorne St* *Portland, OR* *97214*
(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: *Ian Cochran, Colin Yoshimoto*
(manager must fill out an Individual History form)

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

11. Contact person for this application: *Nicholas Hyde* *415-756-9352*
(name) (phone number(s))
4823 SE Sherma St, Portland, OR 97215 *poke.mon.tyrr@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 *6/29/15*
- ② *[Signature]* Date *10-29-15*
- ③ *Michael Chin* Date *10/29/15*
- ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

D.B.

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: M. Faut

Date: 2/8/16

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 Malinee Yotngao ③ _____
 ② _____ ④ _____

2. Trade Name (dba): Srisiamchai Thai Restaurant

3. Business Location: 229 N main Ave Gresham OR 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 229 N main Ave Gresham OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 492 5744
(phone) (fax)

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

7. If yes to whom: Malinee Yotngao Type of License: Limited On-Premises Sale

8. Former Business Name: M

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

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

11. Contact person for this application: Malinee Yotngao
(name)
1236 SE 17th Ave 503-997-3665
(address) (phone number(s))
amycoffee@gmail.com
(e-mail address)

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

Applicant(s) Signature(s) and Date:
 ① [Signature] Date 02/05/16 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

E.H.

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: KA

Date: 2/8/14

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Hop Cycle Brewing Company _____
 - _____
- Trade Name (dba): Hop Cycle Brewing Company
- Business Location: 13965 NW Main St. #200 & #300 Banks, Washington, OR 97106
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 14695 NW Satellite Dr. Banks, OR 97106
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Banks
(name of city or county)
- Contact person for this application: Thomas E. Walsh Home Phone: 503 324 4001, Cell 503 277 0997
(name) (phone number(s))
 14695 NW Satellite Dr. Banks, OR 97106 win7hslaw@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 Thomas E. Walsh Date Jan 29, 2014

② _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

(pending)

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L# 229736
P# 39047

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: KF

Date: 2/8/16

90-day authority: Yes No

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

① CHANG MOON ③ _____

② _____ ④ _____

2. Trade Name (dba): HELEN'S MARKET

3. Business Location: 2 NW BROADWAY PORTLAND OR 97209
(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) 241-7840
(phone) (fax)

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

7. If yes to whom: JAEHYUK YANG Type of License: OFF-PREMISS SALES

8. Former Business Name: HELEN'S MARKET

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

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

11. Contact person for this application: CHANG MOON (503) 218-5073
(name) (phone number(s))

540 NW Lost Springs Ter Portland OR 97229 Robust11@hotmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Chang Moon Date 2/8/16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

K.H.

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: Patty Rhodes

Date: 2-5-16

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. Mark S. Long
2. Linnea S. Watson

2. Trade Name (dba): Clackamas River Growlers

3. Business Location: 367 SE Main St., Estacada, Clackamas, OR 97023

4. Business Mailing Address: 28271 SE Paradise Rd, Eagle Creek, OR 97022

5. Business Numbers: 503-928-5649

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:

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

11. Contact person for this application: Mark Long 503 928 5649
28271 SE Paradise Rd, Eagle Creek, OR 97022
mark@clackamasrivergrowlers.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. Mark Long Date 02/04/16
2. Linnea Watson Date 2-4-16



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 _____ Division:

rec

(

By: _____

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

Assign to
Eddie 2/8

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

- ① DG Retail, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Dollar General Store #16558

3. Business Location: 1290 Redwood Ave Grants Pass Josephine OR 97527
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 615-855-4000 877-364-4130
(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: Kevin Wagner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty 503-517-8137
(name) (phone number(s))
621 SW Morrison Street, Suite 1300, Portland OR 503-273-9135 dt@wysekadish.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 1/4/16 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____

RECEIVED

Date
FEB 08 2016
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 _____

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: 2/9/16

90-day authority: Yes No

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

① DG Retail, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Dollar General Store #16451

3. Business Location: 1215 North 8th Street Lakeside Coos OR 97449
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 615-855-4000 877-364-4130
(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: Kevin Wagner
(manager must fill out an Individual History form)

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

11. Contact person for this application: Duke Tufty 503-517-8137
(name) (phone number(s))
621 SW Morrison Street, Suite 1300, Portland OR 503-273-9135 dt@wysekadish.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 2/14/15 ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date _____
FEB 08 2016
Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

D.T.

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 (\$250/yr)
Winery (\$250/yr)
Other: Transportation Warehouse

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

DIST

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by: KD

Date: 2/8/16

90-day authority: Yes No

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

1. Soniq Services, Inc.
2. Soniq Services Inc.

2. Trade Name (dba): Soniq Transportation and Warehouse

3. Business Location: 5417 NE 148TH AVE STE 201 PORTLAND OR 97230

4. Business Mailing Address: - Same -

5. Business Numbers: 503-445-0440 (phone) 503-445-0441 (fax)

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

7. If yes to whom: Type of License:

8. Former Business Name: N/A

9. Will you have a manager? Yes Name: Scott Wilson

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

11. Contact person for this application: Aaron P. Hamilton 206-730-8402

5417 NE 148TH AVE - STE 201 PORTLAND, OR 97230 AARON@SONIQSERVICES.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 1-25-16
2. Date



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

E.H.

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) *NC*

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: *M. Fouts*

Date: *2/9/2016*

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 - Spirits of Helvetia, LLC* ③ _____
 - _____ ④ _____
- Trade Name (dba): *(TBD)*
- Business Location: *22590 ^{NW}Badertscher Road* Hillsboro Washington OR 97124 +

(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: *22380 NW Meier Road* Hillsboro OR 97124

(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: *503-412-9712*

(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: *N/A* Type of License: *N/A*
- Former Business Name: *N/A*
- Will you have a manager? Yes No Name: *Steven C. Dixon*

(manager must fill out an Individual History form)
- What is the local governing body where your business is located? *Washington County*

(name of city or county)
- Contact person for this application: *Duke Tufty (No Solicitations Please)* 503-517-8137

(name) (phone number(s))

621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 *dt@wysekadish.com*

(address) (tax 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 *1-27-16* ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

(Pending)

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 CITN

L# 230857
PA# 50827

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: M. Fouts

Date: 2/9/2016

90-day authority: Yes No

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

① Pelican's Waiting Room LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Pelican's Waiting Room

3. Business Location: 2327 NW Kearney Street, Portland Multnomah OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7328 N. Central Street, Portland OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 858-344-7218 _____
(phone) (fax)

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

7. If yes to whom: Fauntleroy Libations LLC Type of License: F-COM

8. Former Business Name: The Peddler & Pen Tavern

9. Will you have a manager? Yes No Name: Thomas Dunklin
(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: Annie La Rue (503) 778-5360 No Solicitations
(name) (phone number(s))
1300 SW Fifth Avenue, Suite 2400, Portland, OR 97201 annielarue@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 2/18/16 ③ _____ Date _____

② [Signature] Date 2/10/16 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: 2/3/16

90-day authority: Yes No

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

① SIMANDHAR INC ③ _____

② _____ ④ _____

2. Trade Name (dba): FAST MART BANDON

3. Business Location: 980 OREGON AVE BANDON COOS OR 97411
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5476 MALLARD ST SE SALEM OR 97306
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 999-3966
(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: SANJAY CHHOTIYA
(manager must fill out an Individual History form)

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

11. Contact person for this application: MANOJ MUNGRA (503) 999-3966
(name) (phone number(s))
5476 MALLARD ST SE SALEM OR 97306 mmungra@gmail.com
(address) (fax number) (e-mail address)

RECEIVED (SR)

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 1-13-16 ③ _____ Date JAN 28 2016

② S.M.C Date 1/19/16 ④ _____

MEDFORD REGIONAL OFFICE
OREGON LIQUOR CONTROL COMMISSION
(rev. 08/2011)



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 08 2016

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: CE

Date: 2/8/16

90-day authority: Yes No

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

① ~~Carl Edward Tessen~~ TESSEN LLC ③

② ~~Sherrie Lee Tessen~~ ④

2. Trade Name (dba): Base Camp Grill

3. Business Location: 17355 Spring River Rd Sunriver Deschutes OR 97707
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 3524 Sunriver Oregon 97707
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-639-6930 (phone) (fax)

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

7. If yes to whom: Peter Knaupp Type of License: Full ON Premises

8. Former Business Name: Base Camp Grill

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? Deschutes
(name of city or county)

11. Contact person for this application: Carl Tessen 541-639-6930
(name) (phone number(s))
21178 Capella PL Bend OR CarlTessen@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 Carl Edward Tessen Date 2/5/16 ③ Date _____

② Sherrie Lee Tessen Date 2/5/16 ④ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

D.M.

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L# 221719
P# 21913

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: KD

Date: 2/9/16

90-day authority: Yes No

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

① Baby Doll Kitchen Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Bonfire Lounge

3. Business Location: 2821 SE Stark St Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2821 SE Stark St Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 232-3704 (phone) (fax)

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

7. If yes to whom: Matsmarts Inc Type of License: Full on premise

8. Former Business Name: Bonfire Lounge

9. Will you have a manager? Yes No Name: Joe Wayne Rodgers
(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: Travis Miranda 973-229-0769
(name) (phone number(s))

318 SE 282 AVE (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 T. Miranda Date 1/26/16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Pending

Application is being made for:
LICENSE TYPES
ACTIONS
90-DAY AUTHORITY
APPLYING AS:

CITY AND COUNTY USE ONLY
Date application received:
The City Council or County Commission:
recommends that this license be:
OLCC USE ONLY
Application Rec'd by:
Date:
90-day authority:

- 1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
2. Trade Name (dba): Un-Cruise Adventures
3. Business Location: Oregon waters - Willamette and Columbia Rivers
4. Business Mailing Address: 3826 18th Ave W, Seattle, WA 98119
5. Business Numbers: 206.838.9482
6. Is the business at this location currently licensed by OLCC?
7. If yes to whom:
8. Former Business Name: Innersea Discoveries
9. Will you have a manager?
10. What is the local governing body where your business is located?
11. Contact person for this application:

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: [Handwritten Signature] Date: 17 Dec '15
2. Signature: _____ Date: _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

D.T.

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 CITN

*L# 229335
P# 7391*

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: M. Fouts

Date: 2/10/2016

90-day authority: Yes No

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

① Pool IV TRS, LLC ② _____

③ _____ ④ _____

2. Trade Name (dba): Holiday Inn Portland - Airport

3. Business Location: 8439 NE Columbia ~~St~~ Portland Multnomah OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2398 E. Camelback Road, Suite 1000 Phoenix, Az 85016
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 480-393-7898 _____
(phone) (fax)

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

7. If yes to whom: I-205 CATERING INC Type of License: F-COM

8. Former Business Name: HOLIDAY INN LOUNGE

9. Will you have a manager? Yes No Name: Charles Holt
(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: Dan Kramer 415-795-2327
(name) (phone number(s))
633 Battery St., Suite 110, San Francisco, CA 94111 dan@djklawgroup.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 1/29/16 _____ Date _____

② _____ Date _____ ③ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

565968 211

D.B.

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

L# 219272
P# 24607

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: Feb. 1, 2016

The City Council or County Commission:

Clackamas County
(name of city or county)

recommends that this license be:

Granted Denied
By: Kanna D. Howe 2/8/16
(signature) (date)

Name: Kanna D. Howe

Title: Deputy Clerk

OLCC USE ONLY

Application Rec'd by: M. Fouts

Date: 2/10/2016

90-day authority: Yes No

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

① BEAVER GRADS, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): NUTS ON SPORTS PIZZA

3. Business Location: 31265 SE Hwy 210; BORING, CLACKAMAS, OR 97009
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 30116 SE CHASE RD; GRESHAM, OR 97080
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 663-0622
(phone) (fax)

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

7. If yes to whom: BEAVER GRADS, LLC Type of License: LIMITED ON-PREMISES

8. Former Business Name: NUTS ON SPORTS PIZZA

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? BORING, OR
(name of city or county)

11. Contact person for this application: ANDREW FRASHOUR (503) 348-8398
(name) (phone number(s))

30116 SE CHASE RD, GRESHAM, OR 97080 FRASHOUR@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 1-27-16 ③ [Signature] Date 1-27-16

② [Signature] Date 1-27-16 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: Brother

Date: 2/10/16

90-day authority: Yes No

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

① Shadowfoxdesign LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Shadowfox

3. Business Location: 76 W Broadway Eugene Lane OR 97401
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 76 W Broadway Eugene OR 97401
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-868-4252 541-953-9408
(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: James Pancoast
(manager must fill out an Individual History form)

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

11. Contact person for this application: James Pancoast
(name) (phone number(s))
76 W Broadway Eugene OR 97401 pancoast@shadowfoxdesign
(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 2/2/2016 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

