



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*DM*

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 Addition of Partner CO-Licensee

*2016/10/11 C T/n  
DH# 18328*

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission: \_\_\_\_\_

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-15-16

90-day authority:  Yes  No

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

- ① Hail Seitan, LLC ③ \_\_\_\_\_
- ② Crack of Dawn Inc ④ \_\_\_\_\_

2. Trade Name (dba): ~~Hail Seitan~~ Rose City Strip

3. Business Location: 3020 SE 35th Pl Portland MULT OR 97202  
(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: 503 239-1004  
(phone) (fax)

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

7. If yes to whom: Crack of Dawn Inc Type of License: F-com

8. Former Business Name: Rose City Strip

9. Will you have a manager?  Yes  No Name: Mason Daniel  
(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: Randon Dead  
(name) 503 989 4764  
(phone number(s))  
hail-seitan@hotmail.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 Rx Dead Date 2/8/2016 ③

② \_\_\_\_\_ Date 2/8/2016 ④

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MAY 31 2016  
Date \_\_\_\_\_  
Initials \_\_\_\_\_  
Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*Denying*  
*AK*

Application is being made for:

### LICENSE TYPES

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

*L 234387*  
*P 20088*

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: AK

Date: 6-15-16

90-day authority:  Yes  No

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

- ① Eller Industries, LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Mama's Treat Store

3. Business Location: 3141 SE Harrioss St Milwaukie OR Clackamas OR 97222  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 2931 Tualatin OR 97062  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-267-4664 cell1 503-816-5566 cell2  
(phone) (fax)

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

7. If yes to whom: Hui-Chun Shen Type of License: Off-site

8. Former Business Name: Kimmie'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? Milwaukie / Clackamas Co ✓  
(name of city or county)

11. Contact person for this application: Jennifer Eller 503-267-4664  
(name) (phone number(s))  
5421 SW Sequoia Dr Tualatin OR 97062 info@sumtotalpdx.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 Jennifer Eller Date 6/14/16 ③ \_\_\_\_\_ Date JUN 14 2016
- ② Jennifer Eller Date 6/14/16 ④ \_\_\_\_\_ Date TR

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OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

MO

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: 6-15-16

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. Norther Cycles LLC
2. Star Michael Bowman
3. Mark Simmons

2. Trade Name (dba): Norther Cycles LLC

3. Business Location: 801 North Killingsworth Unit 5515 Portland Multnomah OR 97217

4. Business Mailing Address: 5515 N Albina ave Portland OR 97217

5. Business Numbers: 971-303-2809 W/A

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

7. If yes to whom: W/A Type of License: W/A

8. Former Business Name: W/A

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

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

11. Contact person for this application: Star Michael Bowman 971-303-2809
8450 W Brandon Ave unit #227 Portland starmichael@northercycles.com
97217 (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. Star Michael Bowman Date 5-1-16
2. M Bowman Date 5-1-16

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# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

MO

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/T in

L# 230716  
P# 47356

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-15-16

90-day authority:  Yes  No

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

① Brad Nelson SUPortland LLC ③ Jeff Leslie

② Paul Sharkey ④ \_\_\_\_\_

2. Trade Name (dba): SUPortland LLC

3. Business Location: 1058 N Jantzen Ave; Portland, OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 606; Vancouver, WA 98666  
(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: Jantzen Fuel Dock Bay Fuel Type of License: Off-Premises

8. Former Business Name: Columbia Crossings LLC

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_ Initials: [Signature]

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

11. Contact person for this application: Brad Nelson 503-807-2564  
(name) (phone number(s))  
604 E 16th St; Vancouver, WA 98663 bknelson@cascadeautoglass.  
(address) (fax number) (e-mail address)

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MAY 31 2016

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5/27/16 [Signature] Date 5/27/16  
[Signature] Date 5/27/16 [Signature] Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

MO

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 6-16-16

90-day authority: Yes No

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

1 The Wayback LLC 3
2 4

2. Trade Name (dba): The Wayback

3. Business Location: 4719 N Albina St Portland Multnomah OR 97217
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2336 N. Randolph Ave Portland OR 97227
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-277-0431 (phone) (fax)

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

7. If yes to whom: Type of License:

8. Former Business Name:

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

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

11. Contact person for this application: Jevan Lautz 503-277-0431
(name) (phone number(s))
2336 N. Randolph Portland, OR 97227 jevanlautz@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 2 2 Date 5/22/16 3
2 Date 4

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MAY 2016





OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

PR

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 6-17-16

90-day authority: Yes No

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

- 1 SSP America, Inc.
2
3
4

2. Trade Name (dba): Kenny & Zuke's Delicatessen & Market

3. Business Location: 7000 NE Airport Way, T2525, Portland, OR 97128 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 19465 Deerfield Ave., Suite 105, Lansdowne, VA 20176
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 703-723-7264
(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: Mathias Zippert
(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: Amanda Taylor; 732-727-5030
(name) (phone number(s))
2614 Route 516, 2nd Floor, Old Bridge, NJ 08857 732-727-5028 ataylor@skenelawfirm.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

1 [Signature] Date 6/10/2016

2 Date

RECEIVED JUN 17 2016
Date
Initials:
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Pending DB

Application is being made for:

LICENSE TYPES

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

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other CTN

L 236123
P 2477

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 6-17-16

90-day authority: Yes No

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

1. Brian Grant Grants Landing, LLC

2. Leigh Grant

2. Trade Name (dba): Coasters Brew Pub

3. Business Location: 18650 SE McLoughlin Blvd Milwaukie, Clackamas, OR 97267

4. Business Mailing Address:

5. Business Numbers: 503-652-0302

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

7. If yes to whom: Game Day Pub LLC Type of License: Full on Premise

8. Former Business Name: Bos Pub + Eatery

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

10. What is the local governing body where your business is located? Milwaukie Clackamas County

11. Contact person for this application: Brian Grant 503-539-3053
7450 Ridge Dr. Gladstone, OR 97045 briangrant39@gmail.com

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

Applicant(s) Signature(s) and Date:

1. [Signature] Date 6-15-16

2. [Signature] Date 6-15-16

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JUN 15 2016

Initials: Date



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

PR

Application is being made for:

LICENSE TYPES

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Brewery Public House (\$252.60)
Winery (\$250/yr)
Other:

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

LA# 223779
PA# 41174

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 6-17-16

90-day authority: Yes No

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

1 Noe A. Alarcon Los Tres Socios LLC

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LICENSE SERVICES

2. Trade Name (dba): Tienda Mexicana Las Tres Flores

3. Business Location: 326 SE 82nd Ave. Portland Multnomah OR 97216

4. Business Mailing Address: 325 SE 181st Ave. Portland OR 97233

5. Business Numbers: 503-669-0100 503-669-0121

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

7. If yes to whom: Ramon Luviano Type of License: Off premises

8. Former Business Name: Tienda Mexicana Las Tres Flores

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

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

11. Contact person for this application: Betty Aguilar 503-669-0100
325 SE 181st Ave. Portland, OR 97233 503-669-0121 taxaandb@yahoo.com

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

Applicant(s) Signature(s) and Date:

1 Signature Date 5/31/16 2 Date 3 Date 4 Date



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

ETH

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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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: May 5, 2016

The City Council or County Commission:

City of Beaverton

recommends that this license be:

Granted Denied
By: Jeff Spalding 6/8/16
Name: Jeff Spalding
Title: Chief of Police

OLCC USE ONLY

Application Rec'd by:

Date: 6-17-16

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 Yet Brothers LLC
2

2. Trade Name (dba): Ramen Ryoma Washington County

3. Business Location: 10500 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005

4. Business Mailing Address: 10500 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005

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? Beaverton Washington County

11. Contact person for this application: Yoshinari Ichise 702 767-2106
11905 SW Center St #75, Beaverton, OR 97005 Ichisey@aol.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 4/17/16
2 Date

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JUN 2016

Initials: TR
Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 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: MJP

Date: 6/16/16

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 MKR LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Ritter's

3. Business Location: 102 Liberty St. NE Suite 100 Salem OR 97301  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 102 Liberty St. NE Suite 100 Salem OR 97301  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-339-7928 503-990-8635  
(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? Salem OR  
(name of city or county)

11. Contact person for this application: Mike Ritter 503-302-3654  
(name) (phone number(s))  
3508 Dogwood Dr. S Salem OR 97302 503-990-8635 mike@wildpearcatering.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 Jessica Smith Date 6/10/16 ③ \_\_\_\_\_

② Mike Ritter Date 6/10/16 ④ \_\_\_\_\_

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OREGON LIQUOR CONTROL COMMISSION

JUN 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
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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 \_\_\_\_\_

### 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: fr Mother

Date: 6/16/16

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 DAVID PRINCE II      ③ \_\_\_\_\_  
② BEACH POKER, Inc.      ④ \_\_\_\_\_

2. Trade Name (dba): BEACH POKER CLUB

3. Business Location: 890 SENECA RD EUGENE, OREGON 97402  
(number, street, rural route) SUITE 700 (city) (county) (state) (ZIP code)

4. Business Mailing Address: 890 SENECA RD SUITE 700 EUGENE, OREGON 97402  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 531-0822      N/A  
(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? EUGENE, OREGON  
(name of city or county)

11. Contact person for this application: DAVID PRINCE II      (541) 531-0822  
(name) (phone number(s))  
2800 APPLEWOOD LN APT 78      GREENBAYFIREANDICE@GMAIL.COM  
(address) EUGENE, OR 97408 (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 5-30-16      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: Grower Sales Privilege - No Consumption

### 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

### 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: J. Smother

Date: 6/16/16

90-day authority:  Yes  No

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

① Dragon's Vineyard <sup>and</sup> Wine COMPANY, LLC

2. Trade Name (dba): Dragon's Vineyard <sup>and</sup> Wine COMPANY, LLC

3. Business Location: 26631 Alpine Cutoff Road Monroe, OR 97456  
(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: (541) 760-7924  
(phone)

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MAY 09 2016

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

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

8. Former Business Name: Oregon Liquor Control Comm.

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

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

11. Contact person for this application: TRUDY A. Salerno (541) 760 7924  
(name) (phone number(s))

26631 Alpine Cutoff Rd Monroe, OR 97456 trudy.salerno@  
(address) (fax number) (e-mail address) yanoo.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 Trudy A. Salerno Date 20 April 16 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: B. Smother

Date: 6/17/16

90-day authority:  Yes  No

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

① Marquess properties, LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Meadowlark RV Park

3. Business Location: 298 east Oregon creswell lane Oregon 97426  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 82627 sears Road creswell OR 97426  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 525-3348 NA  
(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: Tony Marquess  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Tony Marquess 541-790-9365  
(name) (phone number(s))  
82627 sears Road Creswell OR 97426 tonymarquess70@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① \_\_\_\_\_ Date 5-26-16 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

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EUGENE REGIONAL OFFICE



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

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JUN 17 2016

Oregon Liquor Control Commission  
Pend. 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: 6/17/16

90-day authority:  Yes  No

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

- ① Albert W Toepfer ③ \_\_\_\_\_
- ② Susan K Toepfer ④ \_\_\_\_\_

2. Trade Name (dba): Rat Hole Brewing

3. Business Location: 56880 Venture Lane #110-111 Sunriver Deschutes, Or 97707  
(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: 541-647-1315 541-647-1319  
(phone) (fax)

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

7. If yes to whom: Albert W & Susan K Toepfer Type of License: Brewery Public House

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? Deschutes County  
(name of city or county)

11. Contact person for this application: Susan Toepfer 541-647-1315  
(name) (phone number(s))  
56880 Venture Lane #110-111 541-647-1319 smcintosh@ykcw.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 Albert W Toepfer Date 4-14-16 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② Susan Toepfer Date 4/14/16 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 Add Location

CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

Granted  Denied

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

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

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

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 6/17/2016 CEW

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 INTEROHANG LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): INTEROHANG

3. Business Location: 12085 SW Myslowy St, Tualatin, Washington, OR 97062  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 3072, Newberg, OR 97132  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-680-1780  
(phone) (fax)

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

7. If yes to whom: OREGON WINE STORAGE Type of License: WAREHOUSE

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

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

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

11. Contact person for this application: CARR BIGGERSTAFF 503-680-1780  
(name) (phone number(s))  
PO Box 3072, Newberg 97132  
(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 Carr Biggerstaff Date 5/25/16 ③ \_\_\_\_\_  
JUN 16 2016 Date \_\_\_\_\_

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

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OREGON LIQUOR CONTROL COMMISSION

SALEM REGIONAL OFFICE



# 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 2nd loc.

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission: \_\_\_\_\_

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by OLCC

Date 6/17/2016 CM

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 Tartan House LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Newberg Growler House

3. Business Location: 2401 Portland Ave, Newberg Yamhill OR 97132  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17815 NE Courtney Rd Newberg OR 97132  
(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: Ray MacMillan  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Ray MacMillan 5036280277  
(name) (phone number(s))  
17815 N.E Courtney Rd \_\_\_\_\_  
(address) (e-mail address)  
Newberg OR 97132 \_\_\_\_\_  
(city, state, ZIP code) (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 [Signature] Date June 16/16 ③  
② [Signature] Date \_\_\_\_\_ ④

SALEM REGIONAL OFFICE RECEIVED JUN 16 2016  
OREGON LIQUOR CONTROL COMMISSION RECEIVED JUN 16 2016  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
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: HH

Date: 6/17/16

90-day authority:  Yes  No

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

- ① James Gustin ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): 7-Eleven #35352A

3. Business Location: 1516 Capitol St. NE Salem Marion OR 97301  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Licensing, P.O. Box 711, Dallas, TX 75221  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 364-2219  
(phone) (fax)

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

7. If yes to whom: 7-Eleven, Inc. Type of License: Beer/Wine Off Premises

8. Former Business Name: 7-Eleven #35352H

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

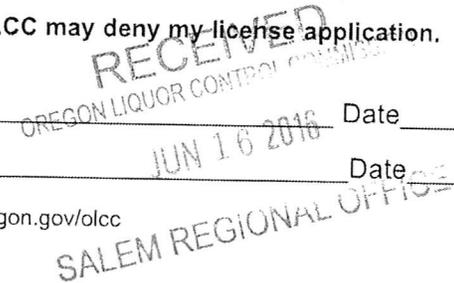
10. What is the local governing body where your business is located? City of Salem  
(name of city or county)

11. Contact person for this application: Alyssa Brooks (850) 577-6962  
(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 6-2-16 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_





# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

emailed ~~proof~~ over  
lic. lity coverage

NO

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

L 229224  
P 44680

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-20-16

90-day authority:  Yes  No

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

① Marketingbusinessmanagment INC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Eddie's Pizza Flat Iron Pizza

3. Business Location: 1233 N Killingsworth ST. Portland, Multnomah county, OR. 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1233 N Killingsworth St. Portland, Multnomah county, OR. 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-289-4700  
(phone) (fax)

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

7. If yes to whom: Edward R. Wiszowaty Type of License: Full On-Premises sales

8. Former Business Name: Eddie's Pizza

9. Will you have a manager?  Yes  No Name: Veronica Lizardi  
(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: Veronica Lizardi 760-220-5551  
(name) (phone number(s))  
6415 NE Killingsworth ST. Portland OR 97218 vlizardi@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 6/20/16 ③ \_\_\_\_\_

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

Initials: [Signature] Date \_\_\_\_\_

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JUN 19 2016



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*DM*

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 6-20-16

90-day authority:  Yes  No

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

① 82 Powell Portland LLC. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Aprisa Mexican Cuisine

3. Business Location: 438 SE MLK Portland Mult OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7320 SW Hunziker Rd #205 Tigard OR 97223  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-232-7695  
(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: Taco Del Mar

9. Will you have a manager?  Yes  No Name: Rodrigo Mendaza  
(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: Kirk Lance 503-679-5164  
(name) (phone number(s))  
114 N Hayden Bay Dr - 97217 - comments @ Aprisa Cuisine.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 Kirk Lance Date 6/16/16 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

RECEIVED  
JUN 20 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: \_\_\_\_\_

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

90-day authority:  Yes  No

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

- ① On Oak Cellars, LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Crooked Beak Cellars, Sean Thomas Wines, Red Byrd Wines, Desire Wines

3. Business Location: 30 West Stewart Avenue Medford Jackson OR 97501  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1292 Medford OR 97501  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 408-203-3737 \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: Quady North Winery, LLC Type of License: WYNC

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

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

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

11. Contact person for this application: Elaine Albrich, Stoel Rives LLP 503-294-9394  
(name) (phone number(s))  
900 SW 5th Ave, Suite 2600 Portland, OR 97204 503-220-2480 elaine.albrich@stoel.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 \_\_\_\_\_ ③ JUN 10 2016

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

MEDFORD REGIONAL OFFICE  
OREGON LIQUOR

CONTROL COMMISSION (rev. 09/2011)



# 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 MOVED  
Lesser  
Privilege

### 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: OLC

Date: 061616

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 GURMEET LAL KAUL ③ NIRVANA INDIAN RESTAURANT, LLC  
 ② GURBAX KAUR KAUL ④ (Nirvana Indian Restaurant, LLC)

2. Trade Name (dba): NIRVANA INDIAN RESTAURANT

3. Business Location: 2309 NW KINGS BLVD CORVALLIS OR 97330  
(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: 501-738-6104  
(phone) (fax)

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

7. If yes to whom: ELSA N. PARMELLE Type of License: F-Com

8. Former Business Name: LARAKITA

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? CORVALLIS BENTON COUNTY  
(name of city or county)

11. Contact person for this application: GURMEET KAUL 501-738-6104  
(name) (phone number(s))  
2309 NW KINGS BLVD CORVALLIS OR 97330  
(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 Gurmeet Lal Kaul Date 061616 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② Gurbax K Kaul Date 061616 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: 6/6/2016

The City Council or County Commission:

Klamath

(name of city or county)

recommends that this license be:

Granted  Denied

By: Tom Mallon 6-8-16  
(signature) (date)

Name: TOM MALLON

Title: COMMISSIONER

### OLCC USE ONLY

Application Rec'd by: K.O.

Date: 6-6-16

90-day authority:  Yes  No

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

- ① Whoa Tavern LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Whoa Tavern

3. Business Location: 15468 Hwy 166 Klamath Falls, Klamath Or 97627  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 1097 Klamath Falls Or 97627  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-891-7525 David 541-281-3693 Carrie  
(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: SAME

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

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

11. Contact person for this application: Carrie Welch 541-281-3693  
(name) (phone number(s))  
PO Box 1097, Keno, OR 97627  
(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 Carrie Welch Date 4/1/16 ③ \_\_\_\_\_ Date \_\_\_\_\_
- ② Tom Mallon Date 4/1/16 ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

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

Date: 6/21/16

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① ~~Charles Holbake~~ Charlie's Chop House, LLC  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Charlie's Chop House

3. Business Location: 1313 MARINE DRIVE, ASTORIA CLATSOP OR 97103  
(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: 503-325-4800  
(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? ASTORIA  
(name of city or county)

11. Contact person for this application: Charles Holbake 503-325-4800  
(name) (phone number(s))  
3323 HARRISON AVE charlieholbake@netzero.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 Charles P. Holbake Date 6/24/16 ③ \_\_\_\_\_ Date \_\_\_\_\_

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



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

DT

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 227803~~  
~~P 52625~~  
~~O 231492~~  
~~P 52625~~

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-22-16

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 PDX Beverage LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Chill N Fill

3. Business Location: 6306 NE Halscy St Portland Mult OR 97213  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 6716 SE Mail St Portland OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 593 6610  
(phone) (fax)

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

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

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

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

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

11. Contact person for this application: Stephen Cooper  
(name) 503 593 6610  
(phone number(s)) 6716 SE Mail St  
(address) Steve@chillnfill.com  
(e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 6-21-2016 ③ \_\_\_\_\_ Date 21 2016
- ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*Pending  
KH*

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 change of location

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission: \_\_\_\_\_

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-22-16

90-day authority:  Yes  No

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

① Wandering Duck Artisan Wine LLC ③  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Wandering Duck Artisan Wine LLC

3. Business Location: 15020A S. Beaton Rd Oregon City Clackamas OR 97045  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 16301 Cattle Drive Oregon City OR 97045  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 706 2811  
(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? Clackamas County Oregon City  
(name of city or county)

11. Contact person for this application: Charles Mott  
(name) 503 706 2811 (phone number(s))  
16301 Cattle Drive Oregon City OR (address) chuck.mott816@gmail.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 [Signature] Date 6/20/16 ③

② \_\_\_\_\_ Date \_\_\_\_\_ ④

RECEIVED  
JUN 21 2016  
Date \_\_\_\_\_  
Initials: [Signature]  
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Pending
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
90-DAY AUTHORITY
Check here if you are applying for a change of ownership...
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: 10-22-16
90-day authority: Yes No

- 1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
1 THE INDIA CUISINE, LLC
2
3
4. Trade Name (dba): THE INDIA CUISINE
5. Business Location: 29030 SW TOWN CENTER BLVD SUITE #200 WILSONVILLE CLACKAMAS OR 97070
6. Business Mailing Address:
7. Business Numbers: 503-508-5492
8. Is the business at this location currently licensed by OLCC? No
9. If yes to whom: Type of License: Initials:
10. Former Business Name: MANGO CHILL FROZEN YOGURT
11. Will you have a manager? No Name:
12. What is the local governing body where your business is located? WILSONVILLE
13. Contact person for this application: JATINDER PAL SINGH 503-508-5492
1440 TULIP AVE WOODBURN, OR 97071

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JUN 21 2016

Initials:
Oregon Liquor Control Commission

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 05/24/16
2 [Signature] Date 05/24/16



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*Pending  
CU*

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/T/O

*L# 231375  
P# 51646*

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-21-16

90-day authority:  Yes  No

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

① Pixel Retreat Inc. ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Pixel Retreat Raw'r

3. Business Location: 432 N.W. 11th ave. Portland, Multnomah, OR 97209  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1536 SE Poplar ave. Portland, OR 97214  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971. 302. 7128  
(phone) (fax)

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

7. If yes to whom: Jae Larsen Type of License: Limited on premises sales *beer? wine?*

8. Former Business Name: Supa Group Inc. SUPA

9. Will you have a manager?  Yes  No Name: Ryan W. Patterson  
(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: Willow O'Brien 45-305-1757  
(name) (phone number(s))  
1536 SE Poplar Ave. Portland, OR 97214 pixieretreat@gmail.com  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 5-14-16 ③ \_\_\_\_\_ Date \_\_\_\_\_

② [Signature] Date 5-14-16 ④ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

MAY 17 2016

LICENSE SERVICES Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*pending*  
**DB**

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: *AK*

Date: *6-21-16*

90-day authority:  Yes  No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① ~~Beth Mack~~ - Epic Catering LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Epic Catering LLC

3. Business Location: 333 N. main Ave. Gresham Multnomah OR 97030  
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15046 SE Francesca Lane Happy Valley, Clackamas, OR 97086  
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (949) 842-7957  
 (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? Happy Valley  
 (name of city or county)

11. Contact person for this application: Beth Mack (949)842-7957  
 (name) (phone number(s))  
15046 SE Francesca Lane beth@mackepic.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 Beth Mack Date 6/15/16 ③ \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

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**MAY 31 2016**  
 Date \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

MO

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

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

Date: 6-21-16

90-day authority:  Yes  No

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

① Up North Partners LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Up North Surf Club

3. Business Location: 1229 N. Killingsworth St. Portland OR 97217  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5272 N. Interstate Ave #509 Portland OR 97217  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 593-9253  
(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 Portland ✓  
(name of city or county)

11. Contact person for this application: Martin Schoeneborn (503) 593-9253  
(name) (phone number(s))  
5272 N. Interstate Ave #509 martin.schoeneborn@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 6/18/16 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

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

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JUN 21 2016



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*DM*

Application is being made for:

### LICENSE TYPES

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

### ACTIONS

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

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: *6-21-16*

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 Froska Georgiev V Bar & Grill LLC ③ \_\_\_\_\_
- ② Vase Georgiev ④ \_\_\_\_\_

2. Trade Name (dba): Vice Bar & Grill

3. Business Location: 2422 Se Hawthorne Blvd Portland Multnomah Oregon 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 17970 SW Jeremy St. Beaverton Oregon 97007  
(PO box, number, street, rural route) (city) (state) (ZIP code)

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

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

7. If yes to whom: Rodney Scott Type of License: Full On-Premises, Commercial

8. Former Business Name: Hawthorne Lobster House

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

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

11. Contact person for this application: Vase Georgiev  
(name) (phone number(s))  
Jeremy 17970 Sw Jeremy St. Beaverton, OR 97007 vaseAnd1@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 Jun 4, 2016 ③ \_\_\_\_\_

② *[Signature]* Date Jun 4, 2016 ④ \_\_\_\_\_

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JUN 06 2016

Date

Initials: *[Signature]*  
Oregon Liquor Control Commission

# LIQUOR LICENSE

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: Patty Rhoades

Date: 6-17-16

90-day authority:  Yes  No

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

① Cedric A Burton Sr ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): 42nd Ave Fish and Chips

3. Business Location: 5302 NE 42 Ave Portland Multnomah OR 97218  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5302 NE 42 Ave Portland OR 97218  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-946-8760 None  
(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: ALBERTA ST. FISH & CHIPS

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 County  
(name of city or county)

11. Contact person for this application: Cedric Burton Sr 503-319-8352  
(name) (phone number(s))  
1605 NE Ainsworth St Portland OR 97211 None  
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Cedric A Burton Sr Date 6-13-16 ③ \_\_\_\_\_

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

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

Oregon Liquor Control Commission

(rev. 08/2011)



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

DM

Application is being made for:
LICENSE TYPES: Full On-Premises Sales, Commercial Establishment, etc.
ACTIONS: Change Ownership, New Outlet, etc.
CITY AND COUNTY USE ONLY: Date application received, City Council or County Commission.
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]
1. Michael Joseph Reyes
2. Trade Name (dba): Cat's Paw Saloon
3. Business Location: 3565 SE Division, Portland, Multnomah, OR
4. Business Mailing Address: 1916 NE Skidmore St, Portland, OR
5. Business Numbers: 415-307-4195
6. Is the business at this location currently licensed by OLCC? No
7. If yes to whom: Type of License:
8. Former Business Name:
9. Will you have a manager? Yes Name: Michael Joseph Reyes
10. What is the local governing body where your business is located? Portland
11. Contact person for this application: Michael Reyes, 415-307-4195, 949-689-030
1916 NE Skidmore St. dlxMickey@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. M Reyes Date 6/22/16
2. Date
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Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Form

Print Form

*DM*

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: WMBW

### ACTIONS

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

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

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

The City Council or County Commission:

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

recommends that this license be:

- Granted
- Denied

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

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

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

### OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 6-23-16

90-day authority:  Yes  No

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

- ① Tuebor Beer Company LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Tuebor Beer Company LLC

3. Business Location: 111 SE Belmont St #838 Portland Multnomah OR 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 858 SW Vista Ave Portland OR 97205  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 616-990-3909  
(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 Portland ✓  
(name of city or county)

11. Contact person for this application: Steven Hook 616-990-3909  
(name) (phone number(s))  
858 Vista Ave. Portland, OR 97205 Stevenmhook@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 *Steve Hook* Date 2016-6-17 ③ \_\_\_\_\_ Date \_\_\_\_\_

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

Initials: *[Signature]*

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JUN 23 2016