



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: JW

Date: 9/29/16

90-day authority: Yes No

RECEIVED

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

① Esta Bien! LLC ③ _____

② _____ ④ _____

SEP 29 2016

Oregon Liquor Control Commission
Bend, Oregon

2. Trade Name (dba): Esta Bien

3. Business Location: 221 NW Hill St Bend Deschutes OR 97701
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1125 NW Columbia St Bend OR 97703
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: # 541 633 76 96
(phone) (fax)

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

7. If yes to whom: Taco Stand Type of License: Limited on premises

8. Former Business Name: Taco Stand

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

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

11. Contact person for this application: Marcos Rodriguez 541 598 64 65
(name) (phone number(s))
1125 NW Columbia St Bend OR 97703 541 hola@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 Ana Torres Date 9-29-16 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 change of~~

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- ~~Other Change of Location~~

RECEIVED

SEP 23 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: Crowley

Date: 9/23/16

90-day authority: Yes No

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

① Kerry Bergler ③ MINT EVENT COORDINATION & DESIGN LLC

② Sara Goodnick ④ _____

2. Trade Name (dba): Mint Event Coordination + Design

3. Business Location: 63040 Lower Meadow Dr. Ste 100
(number, street, rural route) Bend (city) OR (state) 97701 (ZIP code)

4. Business Mailing Address: PO Box 7829 Bend OR 97708
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-318-7400
(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 Bend
(name of city or county)

11. Contact person for this application: Kerry Bergler 541-318-7400
(name) (phone number(s))

Same (address) (fax number) Kerry@eventsbymint.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 Kerry Bergler Date 9/22/16 ③ _____ Date _____

② Sara Goodnick Date 9/22/16 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: J. Mothers

Date: 9/30/16

90-day authority: Yes No

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

- ① The 4th Turn LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): The West End Tavern

3. Business Location: 563 W. Centennial Ave Springfield Lane Ore. 97477
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 78646 Cedar Park Rd Cottage Grove Ore 97242
(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: Carolee Arnold
(manager must fill out an Individual History form)

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

11. Contact person for this application: Carolee Arnold 541-654-6146
(name) (phone number(s))
78646 Cedar Park Rd Cottage Grove Carolee.arnold@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 Carolee Arnold Date 9/22/16 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 CLM

L230119
P 50180

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: 9-30-16

90-day authority: Yes No

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

① Nehliana, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): 7-Eleven #35494B - Master File

3. Business Location: 3311 NE 82nd Avenue Portland Multnomah OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Licensing, P.O. Box 219088, Dallas, TX 75221
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 252-2485
(phone) (fax)

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

7. If yes to whom: Samuel Oquabamichael - 7-Eleven Inc. Type of License: Beer and Wine Off Premises ✓

8. Former Business Name: 7-Eleven #35494B

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: 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 Samuel Teo Date 9/21/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED
Date
SEP 27 2016



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: [Signature]

Date: 9-30-16

90-day authority: Yes No

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

① Quinn Management Group Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Aloha Grill suite 267

3. Business Location: 19267 SW Martinazzi Ave Tualatin Washington Co
(number, street, rural route) (city) (county) (state) (ZIP code) OR 97062

4. Business Mailing Address: 4819 NW Vincola Terr Portland OR
(PO box, number, street, rural route) (city) (state) (ZIP code) 97229

5. Business Numbers: 503-612-9091
(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 Tualatin
(name of city or county)

11. Contact person for this application: David C Quinn 503-891-4013
(name) (phone number(s))
4819 NW Vincola Terr PHd OR 97229 dxquinn@olcc.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/31/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date

SEP 15 2016

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 _____

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

L230084
P53287

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: 9-29-16

90-day authority: Yes No

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

① Kanu corporation ③ _____

② _____ ④ _____

2. Trade Name (dba): The Bulgogi

3. Business Location: 4232 NE Sandy Blvd. portland OR. 97213

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

4. Business Mailing Address: 15465 SW Cynthia Ln. Beaverton OR 97007

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

5. Business Numbers: 503.327.8607

(phone) (fax)

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

7. If yes to whom: Sung Jun corporation. Type of License: full-on-premises LOPS

8. Former Business Name: same as above (The Bulgogi)

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: KUNWOO GO 971.713.1021

(name) (phone number(s))

Langja52@gmail.com

(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 09.07.16' ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
SEP 31 2016



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 _____

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: 9-30-16

90-day authority: Yes No

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

- ① Killer Burger, Inc ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Killer Burger

3. Business Location: 1868 NW Eastman Parkway ^{space #1} Gresham Multnomah 97030
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 301037 Portland, OR 97030
(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: Not hired yet
(manager must fill out an Individual History form)

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

11. Contact person for this application: Thomas (TJ) Southard 503-545-6702
(name) (phone number(s))
8145 SE 138th Dr, Portland, OR 97236 tj@killerburger.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 9-9-16 ③ _____

② Robert Spencer Date 9-9-16 ④ _____

RECEIVED

SEP 12 2016

Initials: *[Signature]*



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 234456
P 54252
OLP 233955
54251

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: 9-30-16

90-day authority: Yes No

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

① ~~DAVID PATRICK MELCHER~~ ③ Melcher Foods LLC

② ~~SUSAN RAE MELCHER~~ ④ _____

2. Trade Name (dba): RED SHED PUBLIC HOUSE

3. Business Location: 39750 SE Hwy 26 Clackamas SANDY OR 97055
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 33355 SE DIVERS RD ESTACADA, ORE, 97023
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-482-0379 503-314-1470
(phone) (fax)

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

7. If yes to whom: Pioneer Foods, Inc. type of license: Limited On # 234456

8. Former Business Name: Red Shed Public House Off # 233955

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? SANDY, ORE
(name of city or county)

11. Contact person for this application: DAVID MELCHER 503-740-2556
(name) (phone number(s))

33355 SE DIVERS RD, ESTACADA OR 97023 DMELCH@RCOMM
(address) (fax number) (e-mail address) .COM

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/24/2016

② [Signature] Date 9-21-16 ④

RECEIVED

SEP 26 2016

Initials: [Signature]
Oregon Liquor Control Commission



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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 9-30-16

90-day authority: Yes No

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

1 FRED MEYER STORES INC (MASTER FILE) 3

2 4

2. Trade Name (dba): FRED MEYER #694

3. Business Location: 17005 SE SUNNYSIDE RD HAPPY VALLEY CLACKAMAS OR 97086
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Kroger Business License PO Box 305103 Nashville TN 37230
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-999-6250
(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: BRENDA ROETER
(manager must fill out an Individual History form)

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

11. Contact person for this application: SARA KEMP 615-232-9557
(name) (phone number(s))
PO BOX 305103 NASHVILLE TN 37230 sara.kemp@kroger.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

1 [Signature] Date 9/22/16 3

2 Date 4

RECEIVED Date

SEP 20 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 _____

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: 9/29/16

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]

① 168 THAI KITCHEN LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): 168 THAI KITCHEN

3. Business Location: 3831 90TH 101 MAIN ST SPRINGFIELD OR 97475
(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: 459 210 2833
(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: NANTANA KRITTENA
(manager must fill out an Individual History form)

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

11. Contact person for this application: ANGHLEE FRANZWA 541 8702732
(name) (phone number(s))
anghlee22@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 [Signature] Date Sept. 29, 2016 ③ _____ Date _____
② [Signature] Date 09/29/2016 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 _____

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____

(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: L. Shepard

Date: 8/19/16

90-day authority: Yes No

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

① Roundabout Books LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Roundabout Books

3. Business Location: 900 NW Mt. Washington Dr #110 Bend Deschutes OR 97703
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2714 NW Collett Way Bend OR 97703
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-390-6774
(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: NA

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

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

11. Contact person for this application: Cassie Clemans 541-390-6774
(name) (phone number(s))
2714 NW Collett Way Bend, OR 97703 Cassie@roundaboutbookshop.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 C. Clemans Date 8/19/16 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: _____

ACTIONS

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

Change
Trade NAME

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: 9/30/16 *JW*

Date: 9/30/16 *JW*

90-day authority: Yes No

RECEIVED

SEP 30 2016

Oregon Liquor Control Commission
Beaverton, Oregon

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

① Pow House Grill LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Pow House Grill

3. Business Location: 61276 Hwy 97 Suite 140 Bend OR 97702
(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: 541-350-1885
(phone) (fax)

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

7. If yes to whom: LUKE PARKER Type of License: FULL ON PREMISE

8. Former Business Name: FAT TUESDAY'S

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

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

11. Contact person for this application: JAMES H. SIMMONS 541-350-1885
(name) (phone number(s))
20055 OLD ROCK HOUSE RD JHS444@GMAIL.COM
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/27/16 ③ _____ Date 9/27/16
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

change location
L240040
P 39708

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: 10-4-16

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]
Livia A PETRACHE
Ristorante Roma LLC
2. Trade Name (dba): RISTORANTE ROMA LLC
3. Business Location: 1216 SW MORRISON ST PORTLAND Multnomah OR 97205
4. Business Mailing Address: 4442 NE JARRETT ST PORTLAND OR 97218
5. Business Numbers: 503 241 2692
6. Is the business at this location currently licensed by OLCC? No
7. If yes to whom: Type of License:
8. Former Business Name: SUNSHINE CAFE
9. Will you have a manager? No Name:
10. What is the local governing body where your business is located? PORTLAND
11. Contact person for this application: LIVIA PETRACHE 503 419 7938
4442 NE JARRETT ST PORTLAND OR 97205 ristoroma@comcast.net

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

Applicant(s) Signature(s) and Date:

Signature Date 9/16/16

RECEIVED

SEP 23 2016

Signature Date

Initials: Date
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: 10-4-16

90-day authority: Yes No

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

- ① RYAN SHERMAN Gabagool LLC ③
- ② PETER FISCHER ④

2. Trade Name (dba): GABAGOOL

3. Business Location: 7911 N LOMBARD PORTLAND MULTNOMAH OR 97203
(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: 503 753 5859
(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: PETER FISCHER
(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: PETER FISCHER 971 678 5578
(name) (phone number(s))
2908 N BALDWIN, PORTLAND OR 97217 PTRFSCHER@Yahoo.COM
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application
Applicant(s) Signature(s) and Date:

① [Signature] Date 9/23/16 ③ _____
 ② _____ Date _____ ④ _____
 Initials: [Signature] Date _____

RECEIVED

SEP 23 2016

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: _____

Date: _____

90-day authority: Yes No

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

① Pendleton Woolen Mills, Inc. (Master File) ③ _____
② _____ ④ _____

2. Trade Name (dba): Pendleton

3. Business Location: Rogue Valley Mall, 1600 N. Riverside Ave., Suite 3000, Medford, Jackson Co., OR 97501
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Attn: Carrie Poust, 220 NW Broadway, Portland, OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-535-5339 503-535-5599
(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: Robin Crowell
(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: Carrie Poust 503-535-5339
(name) (phone number(s))
220 NW Broadway, Portland, OR 97209 503-535-5599 carrie.poust@penwool.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 Carrie Poust Date 8/9/16 ③ _____
② _____ Date _____ ④ _____

RECEIVED

OCT 03 2016
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 _____

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: MH

Date: 10/4/16

90-day authority: Yes No

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

① MGM Salem LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Middle Grove Market

3. Business Location: 4592 Silventon Rd NE Salem, Marion OR 97305
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4592 Silventon Rd NE Salem OR 97305
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-364-2215
(phone) (fax)

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

7. If yes to whom: Lisa Inc. Type of License: off-premises

8. Former Business Name: Middle Grove 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? Salem
(name of city or county)

11. Contact person for this application: Min
(name) (phone number(s)) 919-491-6811

5011 Flying Huey Ct Turner, OR 97392 skel77den@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 10/1-16 ③ _____

② _____ Date _____ ④ _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

OCT 04 2016 Date _____

SALEM REGIONAL OFFICE 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

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: 10-4-16

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. Sarah Jansala
2. Ketsuda Chaison
3. Kati LLC
4.

2. Trade Name (dba): Kati Portland

3. Business Location: 2932 SE Division St., Portland, Multnomah, OR 97202

4. Business Mailing Address: 1465 NW 193rd Ave. #202 Beaverton OR 97006

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: Ketsuda Chaison

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

11. Contact person for this application: Ketsuda Chaison 7853171170
1465 NE 193rd Ave. #202 Beaverton OR 97006 kati.portland@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. Sarah Jansala Date 9/28/16
2. Ketsuda Chaison Date 9/28/16

RECEIVED SEP 28 2016



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

EH

Application is being made for:

LICENSE TYPES

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

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: 10-4-16

90-day authority: Yes No

90-DAY AUTHORITY

WMBW

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]

- The World's Classic Wine Corp Jaime Williams Sevilla
Elder Joel Pineda Garcia

2. Trade Name (dba): The World's Classic Wine Corp.

3. Business Location: 1075 SE Baseline St suite "J" Hillsboro, Wa, Oregon 97123

4. Business Mailing Address: 6289 SE Century Hillsboro Or 97123

5. Business Numbers: 503-547-7366 - 503-4901363

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

7. If yes to whom: Type of License:

8. Former Business Name: N/A

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

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

11. Contact person for this application: Joel Pineda or Jaime Sevilla 503-5477366 - 503 490 136
6289 SE Century Ct Hillsboro Or Pinedazzio@hotmail.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:

Signature 1 Date 9/27/16

Signature 2 Date 9/27/16

RECEIVED

SEP 27 2016

Initials: Oregon Liquor Control Commission



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 type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>Change</u> <u>2nd location</u> <u>from premise</u> <u># 51992</u>
---	--

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 10/05/2016 CCW

90-day authority: Yes No

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

① Calliope Vineyard LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Bramble Silas Wines Tasting Room

3. Business Location: 418 Trade St. Amity, Yamhill, Oregon, 97101
 (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: _____
 (phone) (fax)

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

7. If yes to whom: Amity Room LLC Type of License: Limited On-Premise, Off Premise

8. Former Business Name: The Grange

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

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

11. Contact person for this application: Anthony Markward 213-716-2366
 (name) (phone number(s))
19511 S. Upper Highland Rd., Beaver Creek tony@silaswines.com
 (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 8/18/2016 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
 OREGON LIQUOR CONTROL COMMISSION

SEP 08 2016

SALEM REGIONAL OFFICE



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(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: 10/05/2016 (CW)

90-day authority: Yes No

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

① Doppelganger Brewing Incorporated ③ _____

② _____ ④ _____

2. Trade Name (dba): Doppelganger Brewing Incorporated

3. Business Location: 4230 NE Riverside Dr. McMinnville Yamhill OR 97128
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO BOX 478 McMinnville OR 97128
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-835-5322
(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: Craig Lapp
(manager must fill out an Individual History form)

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

11. Contact person for this application: Craig Lapp 503-835-5322
(name) (phone number(s))
4230 NE Riverside Dr. McMinnville OR 97128 (NONE) CRAIG @ DOPPELGANGER BREWING INC
(address) (fax number) (e-mail address) .COM

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 9/15/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

SEP 27 2016 Date



LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPE

- 1. Full On Premises (Beer, Wine, Spirits)
- 2. Limited On Premises (Beer, Wine, Spirits)
- 3. Limited On Premises (Spirits Only)
- 4. Off Premises (Beer)
- 5. Off Premises (Spirits)
- 6. Off Premises (Wine)
- 7. Brewery (Beer) (2015 only)
- 8. Other

ACTIONS

- Change Name of License
- Change Address
- Change Ownership
- Renewal/Extension
- Other *2nd loc.*

CITY AND COUNTY USE ONLY

Date application received: _____
 The City Council or County Commission _____
 recommends that this license be _____
 J. Approved J. Denied
 Name _____
 Title _____

OLCC USE ONLY

Application filed by: *OLCC*
 Date: *10/5/2016* *(Cew)*
 90-day authority: Yes No

90-DAY AUTHORITY

Check here if you are applying for a change of ownership of 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

- Partnership
- Corporation
- Limited Liability Company
- Individual

1. Entity or individuals applying for the license (See SECTION 1 of the Code):

Monteburno Wine Company LLC

2. Trade Name (if any): *Monteburno*

3. Business Location: *21080 N Highway 99W Dundee OR 97115 Yamhill*

4. Temporary Mailing Address: *3526 SW Nevada Ct Portland OR 97218*

5. Business Number: *917-972-5618*

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

7. If yes to whom: *Day Cash LLC* Type of License: *WY*

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? *Yamhill*

11. Contact person for this application: *Judy Parker 503-862-8583 No solicitors please*
 Address: *PO Box 6555 Portland OR 97228* Email: *judy@winemakerslawyer.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: _____ Date: *8/16/16*

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

SEP 29 2016



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

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: 10-5-16

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 Brent Bolander Inc
2

2. Trade Name (dba): Scappoose Liquor Store

3. Business Location: 52517 Columbia River Highway Scappoose Columbia County OR 97056

4. Business Mailing Address: 4450 SE Aldercrest Rd Milwaukie OR 97222

5. Business Numbers: 503-543-6515

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: Dustin Bolander

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

11. Contact person for this application: Brent Bolander 503-349-7220
4450 SE Aldercrest Rd; Milwaukie, OR 97222 scappoose.liquor@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 Brent Bolander Date 9-25-16
2 Date

RECEIVED

DATE OCT 04 2016

Initials: 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 _____

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: AC

Date: 10-05-16

90-day authority: Yes No

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

① The Growler Garage + Tap House LLC ③

② _____ ④

2. Trade Name (dba): The Growler Garage + Tap House

3. Business Location: 229 3rd Ave SW Albany Linn Oregon 97321
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 229 3rd Ave SW Albany Oregon 97321
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-248-3542
(phone) (fax)

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

7. If yes to whom: Same Type of License: Limited on-premises sales

8. Former Business Name: _____

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

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

11. Contact person for this application: Tracy Bertulotto 541-401-1475 (cell)
(name) (phone number(s))
229 3rd Ave SW (address) (fax number) The GrowlerGarage@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 Tracy Bertulotto Date 9-26-16 ③ _____ Date _____

② Paul Salas Date 9-26-16 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 Second 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: OLCC

Date: 10/05/2016 Pen

90-day authority: Yes No

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

① Holden Wine Company LLC ③

② _____ ④

2. Trade Name (dba): Holden Wine Company

3. Business Location: 28005 NE Bell Rd Newberg OR 97132
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3012 SE Stark Portland OR 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 810-0680
(phone) (fax)

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

7. If yes to whom: Medici Vineyard Type of License: Winery

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? Newberg
(name of city or county)

11. Contact person for this application: Michael Garofola (503) 810-0680
(name) (phone number(s))
3012 SE Stark Portland 97214 mgarofola77@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date: ① [Signature] Date 8/4/16 ③ _____ Date _____

② [Signature] Date 8/4/16 ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION
OCT 03 2016
SALEM REGIONAL OFFICE



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 *CTN*

*L231950
P 50360*

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: *10-5-16*

90-day authority: Yes No

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

① Bolero Club LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Bolero club

3. Business Location: 2216-2218 NE 82nd Ave Portland OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: Not yet established
(phone) (fax)

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

7. If yes to whom: Simply Vietnamese LLC Type of License: F-com

8. Former Business Name: Simply Vietnamese

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: Huy H Tran 503-380-8770
(name) (phone number(s))
10520 NE Everett Ct, Portland OR 97220 huynhandymxm@
(address) (fax number) (e-mail address) *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 09/20/16 ③ _____
② _____ Date _____ ④ _____

RECEIVED
SEP 26 2016
(rev. 08/2011)



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 _____

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: 10-5-16

90-day authority: Yes No

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

- ① Misty Newton (owner) ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Etched Moments

3. Business Location: Online store* 14477 SE Oregon Trail Drive Clackamas OR 97015
(number, street, rural route) (city) (county) (state) (ZIP code)

* Sell at craft fairs

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

5. Business Numbers: 503-305-0724
(phone) (fax)

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

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

8. Former Business Name: N/A

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

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

11. Contact person for this application: Misty Newton (owner) 503 305 0724
(name) (phone number(s))
14477 SE Oregon trail drive etchedmoments@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 Misty Newton Date 9/16/16 ③ _____ Date SEP 27 2016
- ② _____ Date _____ ④ _____

Initials: [Signature] Date: _____

