



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: [Signature]

Date: 11-4-16

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 GoBrands, Inc. ③ _____
 ② _____ ④ _____

2. Trade Name (dba): GoPuff

3. Business Location: 414 NW 6th Avenue Portland Multnomah OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 454 North 12th Street Philadelphia PA 19123
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 855-400-7833
(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: Matthew Broadwater
(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: Claire Mitchell, Stoel Rives LLP 206-386-7698
(name) (phone number(s))
600 University St., Ste. 3600 Seattle, WA 98101 206-386-7500 claire.mitchell@stoel.com
(address) (fax number) (e-mail address)

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NOV 03 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 10/24/2016 ③ _____

② _____ Date _____ ④ _____

Date _____
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: wholesale malt bev/wine

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 11-7-16

90-day authority: Yes No

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

1 RD America, LLC 3

2 4

2. Trade Name (dba): Restaurant Depot

3. Business Location: 12628 SE Jennifer Street, Clackamas, Clackamas, OR 97015

4. Business Mailing Address: 15-24 132nd St, College Point, NY 11354

5. Business Numbers: (718) 762-8700

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: Daniel Williams

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

11. Contact person for this application: Ruthe Canter, (415) 743-6988

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 10/31/16 3

2 Date 4

RECEIVED



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
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 - 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 _____

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: 11/4/16

90-day authority: Yes No

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① NICLAM82 Inc. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Jerry's Place Bar and Grill

3. Business Location: 88274 Rhododendron Dr., Florence, Lane Co, OR 97439
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 87697 Salthaire St., Florence OR 97439
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-997-3815
(phone) (fax)

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

7. If yes to whom: Jerry's Place Tavern, Inc. Michael & Barbara Crossin Type of License: Liquor F.COM

8. Former Business Name: Jerry's Place Bar and Grill

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

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

11. Contact person for this application: Karl Engel 360 640 4214
(name) (phone number(s))
87697 Salthaire St., Florence OR, 97439 karlee60@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 Karl Engel Date 10/26/16 ③ _____ Date _____
- ② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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 - 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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NOV 11 2016

90-DAY AUTHORITY

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APPLYING AS:

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- 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: 11/4/16

90-day authority: Yes No

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

① Upper Terrace Eats, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Upper Terrace Eats

3. Business Location: 384 SW Upper Terrace, Ste. 100 Bend, Deschutes, OR 97702
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 384 SW Upper Terrace, Ste. 100 Bend, OR 97702
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (541) 388-9030
(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: Lee Peltier
(manager must fill out an Individual History form)

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

11. Contact person for this application: Lee Peltier (757) 287-0185
(name) (phone number(s))
61550 Tall Tree Ct., Bend, OR 97702 Lee Peltier 8@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11/3/16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



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

ACTIONS

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

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 11-3-16

90-day authority: Yes No

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

- ① GRANDHI INC. ③ _____
- ② _____ ④ _____

2. Trade Name (dba): GRANDHI INDIAN RESTAURANT

3. Business Location: 710 SW 2nd Ave - Hill Portland, Multnomah, OR. 97204
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-219-9224
(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: KARJIT SINGH 503-449-5849
(name) (phone number(s))

8836 N ENDICOTT AVE PORTLAND 97217 GRANDHI PDX @ 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 10/29/16 ③ _____
- ② *[Signature]* Date 10/29/16 ④ _____

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NOV 01 2016
Date

Initials: *[Signature]*
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/TN

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

90-DAY AUTHORITY

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APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

① S&S COMPANY, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): J & J MARKET AND DELI

3. Business Location: 2248 BEALL LANE CENTRAL POINT, JACKSON, OR
(number, street, rural route) (city) (county) (state) (ZIP code) 97502

4. Business Mailing Address: 2248 BEALL LANE, CENTRAL POINT, OR 97502
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-664-3447
(phone) (fax)

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

7. If yes to whom: LACEY ALNER Type of License: OFF-PREMISES

8. Former Business Name: J & J MARKET

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

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

11. Contact person for this application: SUNIL YADAV 530-867-3156
(name) (phone number(s))
505 NW 'D' ST GRANTS PASS, OR-97527
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11-02-2016 ③ _____ Date NOV 02 2016

② _____ Date _____ ④ _____ MEDFORD REGIONAL OFFICE

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N.W.



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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- 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: mt

Date: 10/7/16

90-day authority: Yes No

1. Entity or Individual^s applying for the license: [See SECTION 1 of the Guide]

① Roshani Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Express Food Mart #2

3. Business Location: 3185 River Rd, NE Salem OR 97303
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3185 River Rd NE Salem OR 97303
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.584.1968 503.584.1968
(phone) (fax)

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

* 7. If yes to whom: Raj Investment Inc Type of License: Beer & Wine

8. Former Business Name: Express food Mart #2

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: Rishi Subedi 415.606.0458
(name) (phone number(s))
1580 Higgins Way Apt 10, Pacifica, CA, 94044 Rishisubedi@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 Rishi Date 11/01/16 ③ _____

② _____ Date _____ ④ _____





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: Brewery

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 11-7-16

90-day authority: Yes No

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

- ① License to Yill, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Level Beer

3. Business Location: 5211 NE 148th Ave Portland Multnomah OR 97230
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 444 NE Floral Pl Portland OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-863-0590 _____
(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: The Barn

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

(manager must fill out an Individual History form)

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OCT 31 2016

Initials: [Signature]

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

(name of city or county) Oregon Liquor Control Commission
503-853-0590

11. Contact person for this application: Geoffrey Phillips

(name) (phone number(s))

444 NE Floral Pl, Portland, OR 97232 geoff@levelbeer.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 10/2016 ③ [Signature] Date 10/21/2016
- ② [Signature] Date 10/20/16 ④ _____ Date _____



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 C/LOC

✓ L2413167
P 40924

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 11-8-16

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

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

- ① John Brown TJB, LLC
- ② Francesa Brown
- ③ Rutilio Medina
- ④ Celeste Medina

2. Trade Name (dba): Rudy's Pizza

3. Business Location: 2443 SE POWELL Blvd. PORTLAND MULT OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-771-8008
(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 MULT
(name of city or county)

11. Contact person for this application: JOHN BROWN 503-810-1622
(name) (phone number(s))
3338 SE 156TH Ave PORTLAND, OR 97236 JOHN.BROWN@YAHOO
(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 9-29-16 ③ _____ Date OCT 17 2016

② _____ Date _____ ④ _____ Initials: [Signature] Date _____

Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

EH

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership
 Corporation
 Limited Liability Company
 Individuals

CITY AND COUNTY USE ONLY
Date application received: _____
The City Council or County Commission: _____
(name of city or county)
recommends that this license be:
 Granted Denied
By: _____
(signature) (date)
Name: _____
Title: _____

OLCC USE ONLY
Application Rec'd by: [Signature]
Date: 11-8-16
90-day authority: Yes No

L234027
P-414194

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① New Pho Tango LLC ② _____
③ _____ ④ _____

2. Trade Name (dba): Pho Tango Restaurant

3. Business Location: 22139 NW Imbrie Dr. Hillsboro Washington OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 220212 Portland OR 97269
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-648-3542 _____
(phone) (fax)

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

7. If yes to whom: Pho Tango Inc ✓ Type of License: Limited On-Premise

8. Former Business Name: Pho Tango

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

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

11. Contact person for this application: Joseph Pai 503-807-6966
(name) (phone number(s))
PO Box 220212, Portland OR 97269 503-972-8953 joepai@bcmptaico.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 9/28/16 ② _____
③ _____ Date _____ ④ _____

RECEIVED

DATE 11/27/2016



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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 - 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: UH

Date: 11/8/16

90-day authority: Yes No

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

① Everest Inc _____ ③ _____

② _____ ④ _____

2. Trade Name (dba): Express Food Mart #1

3. Business Location: 5395 Commercial St SE Salem OR 97306
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5395 Commercial St SE Salem OR 97306
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-581-6717 5035816721
(phone) (fax)

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

7. If yes to whom: Kahlon Investment Inc Type of License: Beer & Wine

8. Former Business Name: Express Food Mart #1

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: Rishi Subedi 415-606-0458
(name) (phone number(s))
1580 Higgins Way Apt 10 Pacifica, CA 94044 Rishisubedi@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 Rishi Date 11/10/16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

NOV 07 2016

SALEM REGIONAL OFFICE



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: 11-8-16

90-day authority: Yes No

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
Corporation
Limited Liability Company
Individuals

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

1 Diana R. Gopen

2 Painting In The Pearl LLC

2. Trade Name (dba): Painting In the Pearl

3. Business Location: 917 NW Overton St. Portland, Mult, Ore 97209

4. Business Mailing Address: 917 NW Overton St Portland Oregon 97209

5. Business Numbers:

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

7. If yes to whom: Type of License:

8. Former Business Name:

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

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

11. Contact person for this application: Diana R. Gopen 860-214-6051
949 NW Overton St. #102 Portland, Ore 97209 drgopen@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 Diana R Gopen Date 10/25/16

2 Date

RECEIVED NOV 28 2016
Initials: Date
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: *[Signature]*

Date: *11-9-16*

90-day authority: Yes No

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

① Bright Light Ventures, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Bright Light Ventures

3. Business Location: 505 NW Couch St, Suite 400 Portland, OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 505 NW Couch St, Suite 400 Portland, OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5038027372
(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: Hayden Hamilton 415.307.6018
(name) (phone number(s))
505 NW Couch St, Suite 400 Portland, OR 97209 hayden@oba.co.uk
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 11-1-16 ③ _____

② _____ Date _____ ④ _____

RECEIVED
Date

NOV 04 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 _____

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: Tom Dean

Date: 11/9/16

90-day authority: Yes No

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

- ① ~~SEAN ESLINGER Moxie Restaurant Group, LLC~~ ③ ~~MARC J. EGGE~~
- ② ~~KATIE M. EGGE~~ ④ Moxie Restaurant Group, LLC

2. Trade Name (dba): 900 WALL RESTAURANT

3. Business Location: 900 NW WALL ST. BEND DESCHUTES, OR 97701
(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: 541-323-6295
(phone) (fax)

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

7. If yes to whom: 900 WALL RESTAURANT Type of License: FULL ON-PREMISE

8. Former Business Name: MCMJ, LLC, MIKE ELLSWORTH

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

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

11. Contact person for this application: KATIE EGGE 541-350-4451 541-323-6295
(name) (phone number(s))
900 NW WALL ST. BEND, OR 97701 Katie900wall@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 11/9/16 ③ [Signature] Date 11/9/16
- ② _____ Date 11/4/16 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. B. Motherer

Date: 11/9/16

90-day authority: Yes No

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

① Dena J Akin ③ _____

② John B Akin ④ _____

2. Trade Name (dba): Griff's Cleawox Market

3. Business Location: 85150 Highway 101 south Florence Lane Oregon 97439
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1679 21st street Florence Oregon 97439
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-997-6435
(phone) (fax)

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

7. If yes to whom: Geraldine Griffin Type of License: off-premises

8. Former Business Name: Griff's Cleawox 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? Lane
(name of city or county)

11. Contact person for this application: Dena J Akin 541-999-7499 541-997-6435
(name) (phone number(s))
1679 21st street akinflorence@aol.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 Dena J Akin Date 11-4-16 ③ _____ Date _____

② John B Akin Date 11-4-16 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 Owner
- Greater Privilege
- Additional Privilege
- Other _____

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90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Crowley

Date: 11/9/16

90-day authority: Yes No

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

① Bethlyn Rider BETHLYN'S GLOBAL FUSION LLC

② Jackie McLean

2. Trade Name (dba): Bethlyn's Global Fusion

3. Business Location: 1075 NW Newport Ave, Bend, Deschutes, OR 97703
(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: 541-388-4498
(phone) (fax)

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

7. If yes to whom: New York City 306 Type of License: Limited On-Premises

8. Former Business Name: _____

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

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

11. Contact person for this application: Bethlyn's Rider 541-325-6297
(name) (phone number(s))

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

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11-03-16

② [Signature] Date 11-8-16



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

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

RECEIVED

OCT 21 2016

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: FETTERHOFF

Date: 10/21/16

90-day authority: Yes No

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

① 1 ~~KOBE HABACHI SUSHI~~ HIBACHI ^{INC.} ③

② 1 HIBACHI ④

2. Trade Name (dba): KOBE HABACHI SUSHI

3. Business Location: 1055 S HIGHWAY 395 STE 100 HERMESTON OR 97038
(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: N/A (503) 360-4785
(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: FENG CHEN
(manager must fill out an Individual History form)

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

11. Contact person for this application: MARIO MONTES (509) 710-5836
(name) (phone number(s))
430 S 15th Ave Ornello WA 99394 montes6310@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 FENG CHEN Date 09/27/16 ③ _____ Date _____
 ② MARIO MONTES Date 09/27/16 ④ _____ Date _____



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:

ACTIONS

- Change Ownership
New Outlet
Greater Privilege
Additional Privilege
Other

CITY AND COUNTY USE ONLY

Date application received:

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
Denied

By: (signature) (date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by:

Date: 11-9-16

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 don asado LLC

2

3. Trade Name (dba): don asado mexican cuisine

3. Business Location: 18385 SW Alexander St Aloha OR 97003

4. Business Mailing Address:

5. Business Numbers: 503 808 6440

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

7. If yes to whom: Type of License:

8. Former Business Name:

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

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

11. Contact person for this application: Alejandro Martinez 971 226 5438

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

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

Applicant(s) Signature(s) and Date:

1 Date 10-30-16

2 Date

Initials: [Signature]



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: Cubawandif

Date: 10-31-16

90-day authority: Yes No

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OREGON LIQUOR CONTROL COMMISSION

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

① JOSE DE JESUS ROJAS ③ _____

② _____ ④ _____ SALEM REGIONAL OFFICE

2. Trade Name (dba): PATAGON MEXICAN FINE DINING

3. Business Location: 1391 BROADWAY ST SALEM MARION OR 97301
(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: TBD
(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? _____
(name of city or county)

11. Contact person for this application: JOSE DE JESUS ROJAS 360 991-1892
(name) (phone number(s))
3829 NW DANIA DR CAMAS WA 98607 JESUS@SROJAS.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 10-18-16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:

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

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: OLCC

Date: 11/10/2016 CW

90-day authority: Yes No

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Xicha Brewing Co LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): Xicha Brewing
- Business Location: 576 Pattern St NW #140 + 200 Salem Polk OR 97304
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: _____ Type of License: _____
- Former Business Name: _____
- Will you have a manager? Yes No Name: Ricardo Antunez, Matthew Dakopolos, Ben Mendoza
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Salem, Polk County
(name of city or county)
- Contact person for this application: Ben Mendoza 505-263-2305
(name) (phone number(s))
2560 Skopil Ave S, Salem, OR, 97302 ben.m.mendoza@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 10/20/2016 ③ [Signature] Date 10/20/2016
 ② [Signature] Date 10/20/2016 ④ _____

RECEIVED

OCT 21 2016 (rev. 08/2011)



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: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other C/TN
- Other C/Address

L236821
P 36504

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 11-10-16

90-day authority: Yes No

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

① Wahie Corporation ③ _____

② _____ ④ _____

2. Trade Name (dba): Sushi & Maki

3. Business Location: 2401 NE Cornell Rd Suite V Hillsboro, OR 97124
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-648-9366
(phone) (fax)

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

7. If yes to whom: JMY Family LLC Type of License: Limited on-premises

8. Former Business Name: Sushi and Maki

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

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

11. Contact person for this application: Yumi Kim
(name) (phone number(s))
20475 SW Annadel St Beaverton, OR 97078
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date _____ ③ [Signature] Date 11/08/16

② [Signature] Date _____ ④ Initials: [Signature] Oregon Liquor Control Commission Date 11/08/16

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OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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: Distillery

ACTIONS

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

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 11-10-16

90-day authority: Yes No

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

- ① Michael Valdrow ③
- ② Clackamas Distilling LLC ④

2. Trade Name (dba): Clackamas Distilling LLC

3. Business Location: 29388 SE Hieple Rd #FA Eagle Creek, Clackamas, Oregon 97022
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 15400 SE Rainier Ct, Clackamas Oregon 97015
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-351-9048
(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
(name of city or county)

11. Contact person for this application: Michael Valdrow 503-351-9048
(name) (phone number(s))

15400 SE Rainier Ct, Clackamas, OR 97015 mvaldrow@comcast.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11-7-16 ③

② _____ Date _____ ④

NOV 08 2016

Initial: [Signature] Date _____
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Pending

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

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

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

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 11-10-16

90-day authority: Yes No

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P 55706*

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① Healthy Cooking LLC ③ _____
 ② _____ ④ _____
- Trade Name (dba): A Cajun Life
- Business Location: 4708 NW Bethany Blvd Suite E-8 Portland OR 97229
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 4708 NW Bethany Blvd Suite E8 Portland OR 97229
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-328-8844 503-430-1879
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom A Cajun Life LLC Type of License: Limited On-Premises Sales
- Former Business Name: A Cajun Life
- Will you have a manager? Yes No Name: Karen S. Lane
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Washington Co.
(name of city or county)
- Contact person for this application: Karen Hopkins 541-992-1619
(name) (phone number(s))
9555 SW Freewing St Tigard OR 97223 hopkins.keh@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11-2-16 ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____

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Initials: _____
Oregon Liquor Control Commission

