

**Oregon Liquor Control Commission**  
PO Box 22297, Milwaukie, OR 97269 1-800-452-6522  
**License Renewal Application**

**YOUR DUE DATE FOR RENEWAL IS September 10, 2009.**

License Type: FULL ON-PREMISES SALES	District: 4	License: 113257	Premises: 6536	Code: 225
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**EAGLES LODGE #2555, PRINEVILLE**  
235 E 4TH  
PRINEVILLE, OR 97754

Licensee(s) **EAGLES LODGE #2555, PRINEVILLE**

Server Education Designee(s)  
**HYDE, MARIAN 03/19/2010**

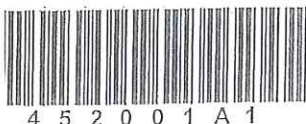
Tradename **EAGLES LODGE #2555 PRINEVILLE**  
**235 E 4TH**  
**PRINEVILLE OR 97754**

**Instructions:**

1. Answer all questions completely on the renewal application.
2. Each licensee listed above must sign the renewal application. If any licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.
3. Submit annual processing fee to your local governing body.
4. Return completed renewal application along with the appropriate license fee by September 10, 2009 to avoid late fees.

**IMPORTANT:** Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. **YOUR LICENSE EXPIRES ON 09/30/2009.** If you do not renew before this date, you must stop selling or serving alcohol immediately. **NO EXCEPTIONS!** Selling or serving alcohol with an expired license is a crime.

Operational Questions:	Responses:										
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth.	Name _____ DOB _____										
(2) Please list a daytime phone number.	Phone Number <b>(503) 447-7659</b>										
(3) Please list all arrests or convictions for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1"> <thead> <tr> <th>Name</th> <th>Offense</th> <th>Date</th> <th>City/State</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;"><b>NA</b></td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result	<b>NA</b>				
Name	Offense	Date	City/State	Result							
<b>NA</b>											
(4) Under ORS 471.295 (2); you are required to maintain a Liquor Liability policy of <b>NO LESS THAN \$300,000</b> . Please list Insurance/Bonding Company, Policy/ID # and your Insurance agent's phone number.	Insurance/Bonding Company <b>Locton Risk Services</b> Policy # <b>WIB114L01903303</b> Insurance Agent's Phone # <b>800-432-4537</b>										
(5) Will anyone share in the profits that is not a licensee of this business? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										
(6) Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										
(7) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										



Please proceed to back side.

<i>License Fees - Please make check or money order to OLCC. Do not mail cash. Send payment to OLCC.</i>	<i>Dollar Amount (\$)</i>
If completed renewal application is received by 09/10/2009 please pay this amount.	\$202.60
If completed renewal application is received after 09/10/2009 but on or before 09/30/2009 please pay this amount.	\$252.60
If completed renewal application is received after 09/30/2009 please pay this amount.	\$282.60

<b>Local Government- Send Payment to local government listed below.</b>	
Local government City of Prineville, Lisa Morgan located at 387 NE Third St ; Prineville, OR 97754 requires a \$35.00 processing fee. Have you paid this processing fee? We will not process your application until this has been paid.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

**MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER**

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above.

You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

*paid 3/1/09  
City of Prineville  
for a  
license  
process  
for*

<b>Signature - Please have each licensee sign below. An authorized officer with a corporation, a member of an LLC, or a partner of a limited partnership must sign for a legal entity.</b>					
<i>Print Name</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Date</i>	<i>Signature</i>	<i>SSN Authorization</i>
MARIAN HYDE		5/24/73	7/21-09	Marian Hyde	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES

