



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: LS

Date: 1/16/15

90-day authority: ☐ Yes ☒ No

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

① Shirley Lynne Straughan ③ _____

② James W. Straughan ④ _____

2. Trade Name (dba): The Dawg House

3. Business Location: 318 NW Third Prineville Crook Oregon 97754
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 167 NW O'Neil Hwy Prineville OR 97754
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-447-2878
 (phone)

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

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

8. Former Business Name: N/A

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

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

11. Contact person for this application: Lynne Straughan
 (name) 541-447-2878
167 NW O'Neil Hwy Prineville 97754 msdawghouse@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 Lynne Straughan Date 01/08/15 ③ _____ Date _____

② [Signature] Date 01/08/15 ④ _____ Date _____