



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

MAY 08 2015

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: 5/11/15

90-day authority: ☐ Yes ☒ No

1. Entry or individuals applying for the license: [See SECTION 1 of the Guide]

Jeff Vosgien Dorothy Vosgien

2. Trade Name (dba): KAIROS RANCH PIZZA

3. Business Location: 3411 N. MAIN ST. Prineville Crack Oregon 97754
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: [Redacted] Prineville Or 97754
 (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: _____
 (manager must fill out an Individual History form)

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

11. Contact person for this application: Jeff Vosgien [Redacted]
 (name) (phone number(s))
[Redacted] Prineville Or JSMJAB@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 Jeff Vosgien Date 5/6/2015 ③ _____ Date _____

② Dorothy M. Vosgien Date 5/7/2015 ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION

INDIVIDUAL HISTORY

1. Trade Name KARAS RANCH PIZZA 2. City Prineville
3. Name Vosgien Jeff P.
(Last) (First) (Middle)

4. Other names used (maiden, other) N/A

5. *SSN [REDACTED] 6. Place of Birth Oregon 7. DOB [REDACTED] 8. Sex ☒ M ☐ F
(State or Country) (mm) (dd) (yyyy)

*SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a). If you consent to these uses, please sign here:

Applicant Signature: _____

9. Driver License or State ID # [REDACTED] 10. State Oregon

11. Residence Address [REDACTED] Prineville Oregon 97754
(number and street) (city) (state) (zip code)

12. Mailing Address (if different) _____
(number and street) (city) (state) (zip code)

13. Contact Phone 501-[REDACTED] 14. E-Mail address (optional) _____

15. Do you have a spouse or domestic partner? ☒ Yes ☐ No

If yes, list his/her full name: Dorothy M. Vosgien

16. If yes to #15, will this person work at or be involved in the operation or management of the business?

☒ Yes ☐ No

17. List all states, other than Oregon, where you have lived during the past ten years:

N/A

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?

☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony? ☐ Yes ☒ No ☐ Unsure

If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

20. Trade Name Kairos Arch Pizza 21. City Roseville

22. Do you have any arrests or citations that have not been resolved? ☐ Yes ☒ No ☐ Unsure
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) ☐ Yes ☒ No ☐ Unsure
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) ☐ Yes ☒ No ☐ Unsure
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?
☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? ☐ N/A ☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?
☐ N/A ☐ Yes ☒ No ☐ Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? ☐ N/A ☐ Yes ☒ No ☐ Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 5/7/2015



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

1. Trade Name Kluvo's Ranch Pizza 2. City Prineville
3. Name Vosquen Dorothy Marie
(Last) (First) (Middle)
4. Other names used (maiden, other) Meg
5. *SSN [REDACTED] 6. Place of Birth Oregon 7. DOB [REDACTED] 8. Sex M ☐ F ☒
(State or Country) (mm) (dd) (yyyy)

*SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you sign below.

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Applicant Signature: _____

9. Driver License or State ID # [REDACTED] 10. State Oregon
11. Residence Address [REDACTED] Prineville OR 97754
(number and street) (city) (state) (zip code)
12. Mailing Address (if different) same
(number and street) (city) (state) (zip code)

13. Contact Phone 541- [REDACTED] 14. E-Mail address (optional) [REDACTED]

15. Do you have a spouse or domestic partner? ☒ Yes ☐ No
If yes, list his/her full name: Jeffrey P. Vosquen

16. If yes to #15, will this person work at or be involved in the operation or management of the business?
☒ Yes ☐ No

17. List all states, other than Oregon, where you have lived during the past ten years:

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?
☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.
If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony? ☐ Yes ☒ No ☐ Unsure
If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Jeff Vossien Phone: 541- [REDACTED]

Trade Name (dba): KAIROS RANCH PIZZA

Business Location Address: 341 N. MAIN ST.

City: Prineville ZIP Code: 97754

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday Closed to
Monday Closed to
Tuesday 11 to 7
Wednesday 11 to 7
Thursday 11 to 7
Friday 11 to 7
Saturday 11 to 7

Outdoor Area Hours:

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

The outdoor area is used for:

☒ Food service Hours: 11 to 7
☒ Alcohol service Hours: 11 to 7
☐ Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.

 (Investigator's Initials)

Seasonal Variations: ☐ Yes ☒ No If yes, explain:

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: <u> </u> |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: 48 Outdoor:
Lounge: Other (explain):
Banquet: Total Seating: 48

OLCC USE ONLY

Investigator Verified Seating: (Y) (N)

Investigator Initials:

Date:

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

Applicant Signature: Jeff Vossien Date: 5/7/2015

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)