



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input type="checkbox"/> Limited On-Premises <input type="checkbox"/> Off-Premises <input checked="" type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> Winery	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p>
	<p align="center">OLCC USE</p> <p>Application received by <u>Atkins</u></p> <p>Date <u>5/29/2018</u></p> <p>License Action: <u>c/o, c/TN</u></p>

<p>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</p>		
<p>Applicant #1 <u>Pack Saddle Snacks LLC</u></p>	<p>Applicant #2 <u>RECEIVED</u> <u>MAY 29 2018</u> Oregon Liquor Control Commission Bend, Oregon</p>	<p>Applicant #3 <u>Applicant #3</u></p>
<p>2. Trade Name of the Business (the name customers will see): <u>Cowboy Market</u></p>		
<p>3. Business Location: Number and Street</p> <p>City <u>801 W 3rd St</u> County <u>Crook</u> ZIP <u>97751</u></p>		
<p>4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>5. Mailing Address (where the OLCC will send your mail):</p> <p>PO Box, Number, Street, Rural Route _____</p> <p>City <u>Beavercreek</u> State <u>OR</u> ZIP <u>97004</u></p>		
<p>6. Phone Number of the Business Location: <u>541-447-1314</u></p>		
<p>7. Contact Person for this Application:</p> <p>Name <u>Marcie Wilber</u> Phone Number _____</p> <p>Mailing Address City State ZIP _____ <u>Beavercreek OR 97004</u></p> <p>Email _____ <u>@yahoo.com</u></p>		
<p>I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.</p>		
<p>Signature of Applicant #1 <u>Marcie Wilber</u></p>	<p>Signature of Applicant #2 <u>Eric Wilber</u></p>	<p>←</p>
<p>Signature of Applicant #3</p>	<p>Signature of Applicant #4</p>	



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

1. Name: (LAST) <i>Wilber</i> (FIRST) <i>Marcel</i> (MIDDLE) <i>Marie</i>	
2. Other Names Used (Maiden, Etc.): <i>Abra Gaskins</i>	
3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your SSN: [REDACTED]	
<p>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 indicate below.</p> <p>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).</p> <p>Do you voluntarily consent to the OLCC's use of your SSN as just described? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4. Date of Birth (MM/DD/YYYY): [REDACTED]	5. Contact Phone: [REDACTED]
6. Driver License or State ID #: [REDACTED]	7. State: <i>OR</i>
8. Residence Address: [REDACTED] <i>Beavercreek OR 97004</i>	
9. Mailing Address (if different):	
10. E-Mail (optional):	
11. Do you have a spouse or domestic partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list his/her full name: <i>Eric Thomas Wilber</i>	
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
13. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of driving a car with a suspended driver license or driving a car with no insurance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)	
14. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of a FELONY ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)	
15. Have you ever been in a drug or alcohol <u>diversion program</u> in Oregon or another U.S. 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)	

16. Do you, or any legal entity that you are a part of, currently hold or have previously held a liquor license or a recreational marijuana license in Oregon or another U.S. state? (Note: alcohol service permits and marijuana worker permits are not liquor licenses).
 No Yes (Please include explanation below) Unsure (Please include explanation below)

17. 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 U.S.?
 No Yes (Please include explanation below) Unsure (Please include explanation below)

18. Are you applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?
 No Please skip questions 19 & 20. Go directly to question 21.
 Yes Please answer questions 19, 20, and 21.

19. Do you or will you have any ownership interest in a business that manufactures, wholesales, or distributes alcohol in Oregon or another U.S. state?
 No Yes (Please include explanation below) Unsure (Please include explanation below)

20. Does or will an alcohol manufacturer, wholesaler, or distributor in Oregon or another U.S. state have any ownership interest in your business?
 No Yes (Please include explanation below) Unsure (Please include explanation below)

21. Do you currently have, or will you have, any ownership interest in any business in Oregon with a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?
 No Yes (Please include explanation below) Unsure (Please include explanation below)

You must sign your own form. Another person, like your attorney or a person with power of attorney, may not 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.

Name: (LAST) <i>Wilber</i>	(FIRST) <i>Marcie</i>	(MIDDLE) <i>Marie</i>
Signature: <i>Marcie M Wilber</i>		Date: <i>5/24/18</i>



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

1. Name: (LAST) <i>Wilber</i>	(FIRST) <i>Eric</i>	(MIDDLE) <i>Thomas</i>
2. Other Names Used (Maiden, Etc.):		
3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your SSN: [REDACTED]		
<p>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 indicate below.</p> <p>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).</p> <p>Do you voluntarily consent to the OLCC's use of your SSN as just described? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
4. Date of Birth (MM/DD/YYYY): [REDACTED]	5. Contact Phone: [REDACTED]	
6. Driver License or State ID #: [REDACTED]	7. State:	
8. Residence Address: [REDACTED] <i>Beavercreek OR 97004</i>		
9. Mailing Address (if different):		
10. E-Mail (optional):		
11. Do you have a spouse or domestic partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list his/her full name: <i>Marcie M. Wilber</i>		
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
13. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of driving a car with a suspended driver license or driving a car with no insurance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)		
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17. 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 U.S.?

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No Yes (Please include explanation below) Unsure (Please include explanation below)

20. Does or will an alcohol manufacturer, wholesaler, or distributor in Oregon or another U.S. state have any ownership interest in your business?

No Yes (Please include explanation below) Unsure (Please include explanation below)

21. Do you currently have, or will you have, any ownership interest in any business in Oregon with a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No Yes (Please include explanation below) Unsure (Please include explanation below)

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Name: (LAST) <i>Wilber</i>	(FIRST) <i>Eric</i>	(MIDDLE) <i>Thomas</i>
Signature: <i>Eric Wilber</i>		Date: <i>5/24/18</i>



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Packsaddle Snacks LLC Phone: 541-447-1314

Trade Name (dba): Cowboy Market

Business Location Address: 801 W 3rd St

City: Prineville Oregon ZIP Code: 97004

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8</u> to <u>6</u>
Monday	<u>6</u> to <u>8</u>
Tuesday	<u>6</u> to <u>8</u>
Wednesday	<u>6</u> to <u>8</u>
Thursday	<u>6</u> to <u>8</u>
Friday	<u>6</u> to <u>9</u>
Saturday	<u>6</u> to <u>9</u>

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: _____ to _____

Alcohol service Hours: _____ to _____

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 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 checked="" type="checkbox"/> Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: _____ Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: _____

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: Marcie M Wilbre Date: 3/24/18

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)