



SECONDHAND LICENSE APPLICATION

Business Name: Terry's Jewelry & Gifts	Business Location & Mailing Address: 134 NW 3 rd St Prineville, OR 97754
Business Phone: 541-447-7122	Email:
Person Responsible: Faye M Hamman	Home Address: (134 NW 3 rd St) Prineville OR 97754
Date of Birth: 7-31-	Drivers License & Issuing State: OR
Emergency Contact: Pat Ostrander	Emergency Phone: 541-447-2196
Describe nature of business and goods to be sold: Retail sale of Jewelry, gifts. Jewelry repair Purchase of scrap gold, silver	
Indicate Hours of Operation For Each Business Day: M-F 9:30A - 5:30P Sa 9:30A - 2:00P	
I hereby swear that the above information is true and accurate to the best of my ability.	
Signature of Applicant: <u>Faye M Hamman</u> Date: <u>6-2-11</u>	
Planning Approval: <u>Joshua Smith</u>	Police Dept. Approval: <u>[Signature]</u>
Admin. Approval:	City Council Approval:
License Mailed:	Valid From:



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

imited 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: K Siefkes

Date: 6/16/11

90-day authority: ☒ Yes ☐ No

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

① Prineville Cowboy Corner LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Cowboy Corner

3. Business Location: 896 SE Main ST Prineville Crook Or 971354
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 896 SE Main ST Prineville Or 971354
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-446-0233
(phone) (fax)

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

7. If yes to whom: Cowboy Corner, LLC Type of License: 0

8. Former Business Name: Cowboy Corner

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

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

11. Contact person for this application: James E. Lane 541-443-6580 W
(name) (phone number(s))
Prineville Or 541-443-5155 (address) (fax number) (e-mail address) jlane@cowboycornerllc.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 James E. Lane Date 6/6/11 ③ Edward J. Lane Date 6/6/2011
② Cathy Lane Date 6-6-11 ④ _____ Date _____



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recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: MANN

Date: 10/13/11

90-day authority: ☒ Yes ☐ No

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

① Hacienda Grill _____ ③ _____

② _____ ④ _____

2. Trade Name (dba): Hacienda Grill

3. Business Location: 901 NW Madras Hwy Prineville Crook Or 97754
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 901 NW Madras Hwy Prineville Or 97754
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 447-8000 541 447-8000
(phone) (fax)

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

7. If yes to whom: FABIOLA RUIZ & MARCO LOPEZ Type of License: Limited & OFF

8. Former Business Name: Morelia Grill

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

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

11. Contact person for this application: Martiniano Lopez 541
(name) (phone number(s))

Prineville 541 447-8000 _____ 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 Martiniano Lopez Date 4-11-11 ③ _____ Date _____

② Elva Lopez Date 4-11-11 ④ _____ Date _____



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(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: K Siefkes

Date: 6/16/11

90-day authority: ☒ Yes ☐ No

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

① BC Brewing LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Solstice Brewing Company

3. Business Location: 234 N. Main Street, Prineville, Crook, OR 97754
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 234 N. Main Street, Prineville, OR 97754
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-998-3029
(phone) (fax)

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

7. If yes to whom: Sixty Two LLC Type of License: Full Commercial License

8. Former Business Name: Main Street Saloon

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

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

11. Contact person for this application: Joseph Backer 503-998-3029
(name) (phone number(s))

(address) (fax number) jwb@solsticebrewing.com
(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 Joseph Backer Date 5/16/2011 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

(8)

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