

SECONDHAND LICENSE APPLICATION

Business Name:	Business Location & Mailing Address:		
Business Name: Terry's Jewelry & Gifts	134 NW 3rd St		
,	Prineville, OR 97754		
	ir income,		
(20)	keep		
Business Phone: 54/-447-7/22	Email:		
	Hama Addrace:		
Person Responsible:	Home Address: 3rd St		
Faye on Hamman	00 000		
/	Prineville OR 97754		
Date of Birth:	Drivers License & Issuing State:		
2-31-4	nD		
E SEL CONTRACTOR			
Emergency Contact:	Emergency Phone:		
Pat Ostrander Describe nature of business and good	10 to be cold:		
Describe nature of business and good	is to be sold.		
Retail sale of Jewell	1) 9:112		
Purchase of scrap 9	old silver		
Purchase or some of	(° '')		
8	· ·		
Indicate Hours of Operation For Each	Business Day:		
M-F 9:30A-5:30 P	Sa 9:30 A - 2:00 P		
I hearby swear that the above informa	tion is true and accurate to the best of my		
ability.	11		
A and	N		
Signature of Applicant: \\ \(\frac{1000}{1000} \) \(\frac{1}{1000} \)	Nammen Date: 6-2-11		
Planning Approval:	Police Dept. Approval:		
Joshua Smith	E		
	City Coumail Amproval		
Admin. Approval:	City Council Approval:		
	to the second se		
License Mailed:	Valid From:		

Application is being made for:		CITY AND COUNTY USE ONLY
LICENSE TYPES	ACTIONS	Date application received:
☐ Full On-Premises Sales (\$402.60/yr) ☐ Commercial Establishment ☐ Caterer	☐ Change Ownership☐ New Outlet☐ Greater Privilege	The City Council or County Commission:
☐ Passenger Carrier	☐ Additional Privilege	(name of city or county)
☐ Other Public Location☐ Private Club	□ Other	recommends that this license be:
imited On-Premises Sales (\$202.60/yr)		☐ Granted ☐ Denied
☑ Off-Premises Sales (\$100/yr)		By:(signature) (date)
□ with Fuel Pumps □ Brewery Public House (\$252.60)		
☐ Winery (\$250/yr)		Name:
Other:		Title:
90-DAY AUTHORITY		OLCC USE ONLY
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		Application Rec'd by: K 5 18 f kes
Sales license and are requesting a 90-Day Terr	porary Authority	
APPLYING AS:		Date: 6 (16) (
□Limited □ Corporation ⊡ Limited Liat Partnership Company	bility □ Individuals	90-day authority: 💢 Yes □ No
Entity or Individuals applying for the license		
· Perre Ile Comber Con.	sec LLC3	
2	4)	
2. Trade Name (db-)		9
2. Trade Name (dba): Ow boy	COFOR	
3. Business Location: STA SEDI (number, street, rural route)		
4. Business Mailing Address: CGL SE	eet, rural route)	(ity) (state) (ZIP code)
5. Business Numbers: 54/-4/6 (phone)	- 0233	(fax)
6. Is the business at this location currently lice	ensed by OLCC? Yes C	⊒No
7. If yes to whom: Cowboy Corner,	Type of Licen	ise:
8. Former Business Name: (2 w/) i.	y Concer	
9. Will you have a manager? ☑Yes ☐No	Name: Jato,	ck Lane
	(manag	ger must fill out an Individual History form)
0. What is the local governing body where you	ır business is located?i	(name of city or county)
1. Contact person for this application:	mes F Line	541-449-6500 W
(name)	Dr 5-41 441.	(phone number(s))
(address)	(fax number)	(e-mail address)
understand that if my answers are not true applicant(s) Signature(s) and Date:	and complete, the OLCC	may deny my license application.
Davis E Xov Da	te6/1/11 3 5/10	Jano Date / / 40
Dath: Para	te (0 - 6 - 11 @	Date
1-800-452-	OLCC (6522) www.oregon.	.gov/olcc

(rev. 08/2009)

Application is being made for:		CITY AND COUNTY USE ONLY
LICENSE TYPES	ACTIONS	Date application received:
Full On-Premises Sales (\$402.60/yr) Commercial Establishment	© Change Ownership ☐ New Outlet	
Commercial Establishment	Greater Privilege	The City Council or County Commission:
☐ Passenger Carrier	☐ Additional Privilege	(name of city or county)
Other Public Location	☐ Other	recommends that this license be:
Private Club		☐ Granted ☐ Denied
☑ Limited On-Premises Sales (\$202.60/yr)☐ Off-Premises Sales (\$100/yr)		By:
☐ with Fuel Pumps		(signature) (date)
☐ Brewery Public House (\$252.60)		Name:
☐ Winery (\$250/yr)		Title:
Other:		Title
90-DAY AUTHORITY		OLCC USE ONLY
Check here if you are applying for a change that has a current liquor license, or if you are applying the contract that has a current liquor license.	of ownership at a business	,
Sales license and are requesting a 90-Day Tem		Application Rec'd by: MANN
APPI YING AS:	,	Date: 10 13 11
☐ Corporation ☐ Limited Liab	oility 🛘 Individuals	90-day authority: ☑ Yes ☐ No
- Partnership "Company		oo day damondy. Martes 1410
Entity or Individuals applying for the license	· ISaa SECTION 1 of the G	Suidol
4. 2		ouide]
o Hacienda Grill	3	· · · · · · · · · · · · · · · · · · ·
②	4	
2. Trade Name (dba): Hacienda G		
		le Cook (Dr 97754
3. Business Location: 901 NW Madr (number, street, rural route)	(city)	(county) (state) (ZIP code)
4. Business Mailing Address: 901 N W (PO box, number, stre	eet, rural route) (c	city) (state) (ZIP code)
5. Business Numbers: 541 447-80	no.	541 447-800()
(phone)	00	(fax)
6. Is the business at this location currently lice	need by OLCC2 Myos F	lNo
FABIOLA RUIZ &	lised by OLOG! Mies E	11
7. If yes to whom: FABIOLA RUIZ &	Type of Licen	se: Limited & OFF
8. Former Business Name: Morelia Gr	13/12	
9. Will you have a manager? 风Yes 🔪 ÎNo	<u> </u>	
o, vviii vuu nave a manauett (🙉 165 - 100)		AND LOPEZ
o. will you have a manager?	Name: MARTINI	er must fill out an Individual History form)
- · ·	Name: MARTINI (manag	er must fill out an Individual History form)
0. What is the local governing body where you	Name: MARTNI (manager business is located? C	er must fill out an Individual History form)
0. What is the local governing body where you	Name: MARTNI (manager business is located? C	er must fill out an Individual History form)
0. What is the local governing body where you	Name: MARTNI (manager business is located? C	er must fill out an Individual History form)
0. What is the local governing body where you	Name: MARTNI (manager business is located? C	er must fill out an Individual History form)
0. What is the local governing body where you 1. Contact person for this application: Mar- (name) (address)	Name: MARTNI (manager business is located? Creation of Lope 2	er must fill out an Individual History form) OOK COUNTY (name of city or county) 54 (phone number(s)) 7-8000 (e-mail address)
0. What is the local governing body where you 1. Contact person for this application: Mar- (name) (address) (address) understand that if my answers are not true	Name: MARTNI (manager business is located? Creation of Lope 2	er must fill out an Individual History form) OOK COUNTY (name of city or county) 54 (phone number(s)) 7-8000 (e-mail address)
0. What is the local governing body where you 1. Contact person for this application: Mar- (name) (address) understand that if my answers are not true (applicant(s) Signature(s) and Date:	Name: MARTNI (manager business is located? Continuated of the continuation of the cont	(phone number(s)) (e-mail address) may deny my license application.
0. What is the local governing body where you 1. Contact person for this application: Mar- (name) (address) understand that if my answers are not true (applicant(s) Signature(s) and Date:	Name: MARTNI (manager business is located? Continuated of the continuation of the cont	(phone number(s)) (e-mail address) may deny my license application.
0. What is the local governing body where you 1. Contact person for this application: Mar- (name) (address) understand that if my answers are not true pplicant(s) Signature(s) and Date:	Name: MARTNI (manager business is located? Creation of Lope 2	(phone number(s)) (e-mail address) may deny my license application.

(M)

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

(rev. 08/2009)

Application is being made for:	ACTIONS	CITY AND COUNTY USE ONLY
LICENSE TYPES ☐ Full On-Premises Sales (\$402.60/yr)	ACTIONS Change Ownership	Date application received:
🗖 Commercial Establishment	☐ New Outlet	The City Council or County Commission:
☐ Caterer ☐ Passenger Carrier	☐ Greater Privilege ☐ Additional Privilege	(name of city or county)
☐ Other Public Location	Other	recommends that this license be:
☐ Private Club	Change TN	☐ Granted ☐ Denied
☐ Limited On-Premises Sales (\$202.60/yr)	Management Anna Programme Co
☐ Off-Premises Sales (\$100/yr) ☐ with Fuel Pumps		By:(signature) (date)
☐ Brewery Public House (\$252.60)		Name:
□ Winery (\$250/yr)		Title:
Other:		11de
90-DAY AUTHORITY		OLCC USE ONLY
Check here if you are applying for a chan that has a current liquor license, or if you are	ge of ownership at a business applying for an Off-Premises	Application Rec'd by: Kes
Sales license and are requesting a 90-Day		
APPLYING AS:	689 JS 31	Date: 6 16 11
□Limited □ Corporation □ Limited □ Compar	Liability 🛭 Individuals ny	90-day authority: ጆ Yes 🛭 No
	ID - OFOTION 4 - F II -] []
1. Entity or Individuals applying for the lice		
OBC Brewing LLC		
②	<u></u> <u> </u>	
2. Trade Name (dba): Solstice	Brewing Company	
3. Business Location: 231 N (number, street, rural route	Main Street, Prince.	(county) (state) (ZIP code)
4. Business Mailing Address: 734 N. (PO box, number	Main Sheet, Paris, r, street, rural route)	(city) (state) (ZIP code)
5. Business Numbers: 503-998		
(ph	one)	(fax)
6. Is the business at this location currently	licensed by OLCC? Yes	□No .
7. If yes to whom: # 5/xty 1003	Type of Lice	inse: Pull Communicial Com
8. Former Business Name: <u>Marin</u>		Addition
9. Will you have a manager? ∰Yes □N		Buccer
10. What is the local governing body where	your business is located?(rock (ounty
1.0	TO AL RILL	(name of city/or county)
11. Contact person for this application: 5	6) PL- War Kar	(phone number(s))
(riain		into @ Solstice brewing. com (e-mail address)
(address)	(fax number)	(e-mail address)
understand that if my answers are not	true and complete, the OLC	C may deny my license application.
Applicant(s) Signature(s) and Date:	-11.1	
D AMOU. Bl	Date 5//6/2011 3	Date
	Date ④	Date
·		

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

(rev. 08/2009)

