

Council Business Meeting

August 16, 2022

Agenda Item	Approval of Liquor License Request Cocorico	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us ; (541) 552-2084	

SUMMARY

This is a request for approval of a liquor license application for Cocorico. 15 N First St, Ashland, OR 97520.

POLICIES, PLANS & GOALS SUPPORTED

AMC Chapter 6.32 Liquor License Review

PREVIOUS COUNCIL ACTION

N/A

BACKGROUND AND ADDITIONAL INFORMATION

This is an application for a Full-On Premises Commercial Liquor License.

FISCAL IMPACTS

N/A

STAFF RECOMMENDATION

Staff recommends approval of the liquor license application. The City has determined that the location of this business complies with the City's land use requirements. The applicant has a Business License and has registered as a restaurant.

ACTIONS, OPTIONS & POTENTIAL MOTIONS

I move to approve the liquor license for Cocorico.

REFERENCES & ATTACHMENTS

Attachment 1: Application

LIQUOR LICENSE APPLICATION

Page 1 of 3

Rhodes

Check the appropriate license request option:

[New Outlet](#) | [Change of Ownership](#) | [Greater Privilege](#) | [Lesser Privilege](#)

Select the license type you are applying for.

More information about all license types is available [online](#).

Full On-Premises

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

Winery

- Primary location
- Additional locations: 2nd 3rd 4th 5th

Brewery

- Primary location
- Additional locations: 2nd 3rd

Brewery-Public House

- Primary location
- Additional locations: 2nd 3rd

Grower Sales Privilege

- Primary location
- Additional locations: 2nd 3rd

Distillery

- Primary location
- Additional tasting locations: 2nd 3rd 4th 5th 6th

Limited On-Premises

Off Premises

Warehouse

Wholesale Malt Beverage and Wine

INTERNAL USE ONLY

Application received:

4-25-22

Minimum documents acquired:

4-25-22

LOCAL GOVERNING BODY USE ONLY

City/County name:

Date application received:

Optional: Date Stamp

- Recommend this license be granted
- Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

Patty Rhodes

Email:

Patty.Rhodes@Oregon.gov

LIQUOR LICENSE APPLICATION

Page 2 of 3

APPLICANT INFORMATION

Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.

Name of entity or individual applicant #1: cocorico llc	Name of entity or individual applicant #2:
Name of entity or individual applicant #3:	Name of entity or individual applicant #4:

BUSINESS INFORMATION

Trade Name of the Business (name customers will see):

cocorico

Business phone number: 2067559056	Business email: graceborsi@gmail.com
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Premises street address (The physical location of the business and where the liquor license will be posted):

15 N First St.

City: Ashland	Zip Code: 97520	County: Jackson
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Business mailing address (where we will send any items by mail as described in [OAR 845-004-0065\[1\]](#)):

15 N First St.

City: Ashland	State: OREGON	Zip Code: 97520
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Does the business address currently have an OLCC liquor license? Yes No

Does the business address currently have an OLCC marijuana license? Yes No

APPLICATION CONTACT INFORMATION

Contact Name:

Grace Borsi

Phone number: 2067559056	Email: graceborsi@gmail.com
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Mailing address:

15 N First st.

City: Ashland	Zip Code: 97520	County: Jackson
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Please note: liquor license applications are public records.


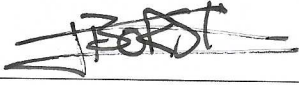
LIQUOR LICENSE APPLICATION

ATTESTATIONS

By signing this form, you attest that each of the following statements are true. I understand the Commission may require a licensee to provide proof of any of the below or below referenced documents at any time.

I understand that marijuana is **prohibited** on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read [OAR 845-005-0311](#) and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311[6]) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an un-waivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

Grace Borsi		04/25/22 07.13.22	
Print name	Signature	Date	Atty. Bar Info (if applicable)
Nathaniel Borsi		07.13.22	
Print name	Signature	Date	Atty. Bar Info (if applicable)
Print name	Signature	Date	Atty. Bar Info (if applicable)
Print name	Signature	Date	Atty. Bar Info (if applicable)



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	BORSI Last	Nathaniel First		Middle
2. Other names used (maiden, other):	NO			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, you must list 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 <u>voluntary consent</u> 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>				
4. Do you consent to the OLCC's use of my SSN as described above? Check this box:	<input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED]			
6. Driver License or State ID #:	[REDACTED]			
8. Contact Phone:	[REDACTED]			
9. E-mail Address:	[REDACTED]			
10. Mailing Address:	[REDACTED]			
	(Number and Street)	(City)	(State)	(Zip Code)
<p>11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?</p> <p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.</p>				
<p>CCH 7-15-22 PR NO CCH</p>				



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, **currently hold** or **have you previously held** a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	BORSI Last	Nathaniel First	Middle
Signature:			Date: 7.14.22

This box for OLCC use ONLY

YES _____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	Grace	Borsi Last	Grace First	Hannah Middle
2. Other names used (maiden, other):	Grace DOBSON - Maiden			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list 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 <u>voluntary consent</u> 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>				
4. Do you consent to the OLCC's use of my SSN as described above? Check this box:	<input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED]			
6. Driver License or State ID #:	[REDACTED]			
8. Contact Phone:	[REDACTED]			
9. E-mail Address:	[REDACTED]			
10. Mailing Address:	[REDACTED]			
<p>11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?</p> <p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.</p>				
<p>CCH 7-15-22 PR NO CCH</p>				



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

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Name (Print):	BORSI Last	Grace First	Hannah Middle
Signature:	Grace BORSI		Date: 07.13.22

This box for OLCC use ONLY

YES

Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type Cocorico LLC

Applicant Name: ~~Grace Borsi / Nathaniel Borsi~~ Phone: (200) 755-9030

Trade Name (dba): Cocorico

Business Location Address: 15 N. First St

City: Ashland OR ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>—</u>	to	<u>—</u>
Monday	<u>—</u>	to	<u>—</u>
Tuesday	<u>4</u>	to	<u>10</u>
Wednesday	<u>4</u>	to	<u>10</u>
Thursday	<u>4</u>	to	<u>10</u>
Friday	<u>4</u>	to	<u>10</u>
Saturday	<u>4</u>	to	<u>10</u>

Outdoor Area Hours:

Sunday	<u>—</u>	to	<u>—</u>
Monday	<u>—</u>	to	<u>—</u>
Tuesday	<u>4</u>	to	<u>10</u>
Wednesday	<u>4</u>	to	<u>10</u>
Thursday	<u>4</u>	to	<u>10</u>
Friday	<u>4</u>	to	<u>10</u>
Saturday	<u>4</u>	to	<u>10</u>

The outdoor area is used for:

- Food service Hours: 4 to 10
- Alcohol service Hours: 4 to 10
- Enclosed, how FENCE

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 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: 38 Outdoor: 30

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 74

OLCC USE ONLY	
Investigator Verified Seating: _____(Y) <u>X</u> _____(N)	
Investigator Initials: <u>PR</u>	
Date: <u>7-14-22</u>	

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

Applicant Signature: Grace Borsi ~~Borsi~~ Date: 07.13.22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)