

Council Business Meeting

April 19, 2022

| | | |
|--------------------|---|---------------|
| Agenda Item | Approval of Liquor License Request for Handle Bar | |
| 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 Handle Bar, 120 East Main 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 Limited 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 Handle Bar.

REFERENCES & ATTACHMENTS

Attachment 1: Application



LIQUOR LICENSE APPLICATION

PRINT FORM

Kime

RESET FORM

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

| License Applied For: | CITY AND COUNTY USE ONLY |
|---|--|
| <input type="checkbox"/> Brewery 1 st Location Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | Date application received and/or date stamp: |
| <input type="checkbox"/> Brewery-Public House (BPH) 1 st location BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | Name of City or County: |
| <input type="checkbox"/> Distillery | Recommends this license be: |
| <input type="checkbox"/> Full On-Premises, Commercial | <input type="checkbox"/> Granted <input type="checkbox"/> Denied |
| <input type="checkbox"/> Full On-Premises, Caterer | By: _____ |
| <input type="checkbox"/> Full On-Premises, Passenger Carrier | Date: _____ |
| <input type="checkbox"/> Full On-Premises, Other Public Location | |
| <input type="checkbox"/> Full On-Premises, For Profit Private Club | |
| <input type="checkbox"/> Full On-Premises, Nonprofit Private Club | |
| <input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | OLCC USE ONLY |
| <input checked="" type="checkbox"/> Limited On-Premises | Date application received: <u>11/29/21</u> |
| <input type="checkbox"/> Off-Premises | Date application accepted: <u>11/29/21</u> |
| <input type="checkbox"/> Warehouse | |
| <input type="checkbox"/> Wholesale Malt Beverage & Wine | |
| <input type="checkbox"/> Winery 1 st Location Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> (4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/> | License Action(s): N/O |

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)¹** applying for the license(s):

TheHandle bar LLC

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

| | | |
|---|-------------------|-------------------|
| 3. Trade Name of the Business (Name Customers Will See) Handle bar | | |
| 4. Business Address (Number and Street Address of the Location that will have the liquor license) 120 E Main St | | |
| City Ashland | County Jackson | Zip Code 97520 |

¹ Read the instructions on page 1 **carefully**. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



LIQUOR LICENSE APPLICATION

| | | | |
|--|----------|---|----------|
| 5. Trade Name of the Business (Name Customers Will See) Handle bar | | | |
| 6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in OAR 845-004-0065[1] .) 407 N Main St. | | | |
| City Ashland | State OR | Zip Code 97520 | |
| 9. Phone Number of the Business Location 541 225 7758 | | 10. Email Contact for this Application and for the Business giladegozlan@gmail.com | |
| 11. Contact Person for this Application Gilad Gozlan | | Phone Number 541 225 7758 | |
| Contact Person's Mailing Address (if different) same | City | State | Zip Code |

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

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 unwaivable 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.

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

Gilad Gozlan

| | | | |
|-----------------------|---------------------|------------------------|---------------------------------------|
| App. #1: (PRINT NAME) | App #1: (SIGNATURE) | App #1: Signature Date | Atty. Bar Information (if applicable) |
| App. #2: (PRINT NAME) | App #2: (SIGNATURE) | App #2: Signature Date | Atty. Bar Information (if applicable) |
| App. #3: (PRINT NAME) | App #3: (SIGNATURE) | App #3: Signature Date | Atty. Bar Information (if applicable) |
| App. #4: (PRINT NAME) | App #4: (SIGNATURE) | App #4: Signature Date | Atty. Bar Information (if applicable) |



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

| | | | | |
|---|---|--|---|--|
| 1. Name (Print): | Gozlan <div style="text-align: right; font-size: small;">Last</div> | Gilad <div style="text-align: right; font-size: small;">First</div> | Enan <div style="text-align: right; font-size: small;">Middle</div> | |
| 2. Other names used (maiden, other): | | | | |
| 3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input checked="" 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] <div style="text-align: right; font-size: small;">(mm)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(dd)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(yyyy)</div> | |
| 6. Driver License or State ID #: [REDACTED] | | | 7. State [REDACTED] | |
| 8. Contact Phone: [REDACTED] | | | | |
| 9. E-mail Address: [REDACTED] | | | | |
| 10. Mailing Address: | [REDACTED] <div style="text-align: right; font-size: small;">(Number and Street)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(City)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(State)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(Zip Code)</div> |
| 11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? 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. | | | | |
| CCH 12/20/21 BK | | | | |



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): | Gozlan Last | Gilad First | E Middle |
|---------------|----------------|----------------|-------------|

| | |
|--|------------------------------|
| Signature:  | Date: 11/17/21 11/19/2021 |
|--|------------------------------|

This box for OLCC use ONLY
 No 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): | Dean <div style="text-align: right; font-size: small;">Last</div> | Michael <div style="text-align: right; font-size: small;">First</div> | C <div style="text-align: right; font-size: small;">Middle</div> | |
| 2. Other names used (maiden, other): | | | | |
| 3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, you must list your SSN: [REDACTED] | | | | |
| 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. 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)). | | | | |
| 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] <div style="text-align: right; font-size: small;">(mm)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(dd)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(yyyy)</div> | |
| 6. Driver License or State ID #: [REDACTED] | | | 7. State [REDACTED] | |
| 8. Contact Phone: [REDACTED] | | | | |
| 9. E-mail Address: [REDACTED] | | | | |
| 10. Mailing Address: | [REDACTED] <div style="text-align: right; font-size: small;">(Number and Street)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(City)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(State)</div> | [REDACTED] <div style="text-align: right; font-size: small;">(Zip Code)</div> |
| 11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? 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. | | | | |
| CCH 1/4/21 BK | | | | |



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

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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:

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| | | | |
|---------------|--------------|------------------|-------------|
| Name (Print): | Dean Last | Michael First | C Middle |
|---------------|--------------|------------------|-------------|

| | |
|----------------------------------|----------------|
| Signature: <i>Michael C Dean</i> | Date: 8/2/2021 |
|----------------------------------|----------------|

This box for OLCC use ONLY

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

Applicant Name: The Handle bar LLC Phone: 541 225 7758

Trade Name (dba): Handle bar

Business Location Address: 120 E Main st

City: Ashland, OR ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8am to 10pm
 Monday 8am to 10pm
 Tuesday 8am to 10pm
 Wednesday 8am to 10pm
 Thursday 8am to 10pm
 Friday 8am to 10pm
 Saturday 8am to 10pm

Outdoor Area Hours:

Sunday 8am to 10pm
 Monday 8am to 10pm
 Tuesday 8am to 10pm
 Wednesday 8am to 10pm
 Thursday 8am to 10pm
 Friday 8am to 10pm
 Saturday 8am to 10pm

The outdoor area is used for:

- Food service Hours: 8am to 10pm
 Alcohol service Hours: 12pm to 10pm
 Enclosed, how porch / railing

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

BK _____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: live music tbd

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday 7 to 10
 Friday 7 to 10
 Saturday 7 to 10

SEATING COUNT

Restaurant: 0 Outdoor: 0
 Lounge: _____ Other (explain): standing areas
 Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: _____(Y) (N)
 Investigator Initials: BK
 Date: 12/20/21

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

Applicant Signature: [Signature] Date: 11/9/2021