

# Council Business Meeting

January 15, 2019

<b>Agenda Item</b>	Approval of Liquor License Request for Kickstand Cafe, LLC.	
<b>From</b>	Melissa Huhtala	City Recorder
<b>Contact</b>	<a href="mailto:Melissa.huhtala@ashland.or.us">Melissa.huhtala@ashland.or.us</a> 541-488-2307	

## **SUMMARY**

This is a request for approval of a Liquor License Application from Kickstand Café, LLC. Located at 116 Lithia Way Suite 2, 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 new 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 and that the applicant has a Business License and has registered as a restaurant.

## **ACTIONS, OPTIONS & POTENTIAL MOTIONS**

I move to approve the Liquor License for Kickstand Café, LLC.

## **REFERENCES & ATTACHMENTS**

Attachment 1: Application



DEC 05 2018



OREGON LIQUOR CONTROL COMMISSION

## LIQUOR LICENSE APPLICATION

**LICENSE FEE:** Do not include the license fee with the application (the license fee will be collected at a later time).

**APPLICATION:** Application is being made for:

- ☐ Brewery  
☐ Brewery-Public House  
☐ Distillery  
☐ Full On-Premises, Commercial  
☐ Full On-Premises, Caterer  
☐ Full On-Premises, Passenger Carrier  
☐ Full On-Premises, Other Public Location  
☐ Full On-Premises, Nonprofit Private Club  
☐ Full On-Premises, For-Profit Private Club  
☐ Grower Sales Privilege  
☒ Limited On-Premises  
☐ Off-Premises  
☐ Off-Premises with Fuel Pumps  
☐ Warehouse  
☐ Wholesale Malt Beverage & Wine (WMBW)  
☐ Winery

## CITY AND COUNTY USE ONLY

Date application received \_\_\_\_\_

Name of City or County \_\_\_\_\_

Recommends this license be \_\_\_\_ Granted \_\_\_\_ Denied

By \_\_\_\_\_

Date \_\_\_\_\_

## OLCC USE

Application received by \_\_\_\_\_

Date 10/11/18License Action: C/O

## 1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:

Applicant #1

KickStand Cafe LLC

Applicant #2

Applicant #3

Applicant #4

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

Cafe LLC

## 3. Business Location: Number and Street

City AshlandCounty JACKSONZIP 975204. Is the business at this location currently licensed by the OLCC? ☒ Yes ☐ No

## 5. Mailing Address (where the OLCC will send your mail):

PO Box, Number, Street, Rural Route

City AshlandState ORZIP 975206. Phone Number of the Business Location: 541 488 6414

## 7. Contact Person for this Application:

Name Paige BeddorPhone Number 818 6244939

Mailing Address, City, State, ZIP

Email pbeddor@gmail.com

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

Signature of Applicant #1

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



# 1476832-96

Please Print or Type

LLC Name: KickStand Cafe LLC

9/14/18 - 9/14/19  
Year Filed: 2018

Trade Name (dba): Cafe 116

Business Location Address: 116 Lithia Way Suite 2

City: Oshland

ZIP Code: 9720

List Members of LLC:

1. Paige Beddor  
(managing member)

Percentage of Membership Interest:

100%

2. \_\_\_\_\_  
(members)

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

SERVER ED: 9/28/18

Server Education Designee: Paige Beddor

DOB: 1/28/1985

SP# 2BM430

Exp: 9/28/23

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

Signature: [Signature]  
(name)

owner  
(title)

Date: 9/25/2018



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: KickStand Cafe LLC Phone: 541 488 6414

Trade Name (dba): Cafe 116

Business Location Address: 116 Lithia Way Suite 2

City: Ashland OR

ZIP Code: 97520

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday 7:30 am to 3 pm  
Monday 7:30 am to 3 pm  
Tuesday 7:30 am to 3 pm  
Wednesday 7:30 am to 3 pm  
Thursday 7:30 am to 3 pm  
Friday 7:30 am to 3 pm  
Saturday 7:30 am to 3 pm

**Outdoor Area Hours:**

Sunday 7:30 am to 3 pm  
Monday 7:30 am to 3 pm  
Tuesday 7:30 am to 3 pm  
Wednesday 7:30 am to 3 pm  
Thursday 7:30 am to 3 pm  
Friday 7:30 am to 3 pm  
Saturday 7:30 am to 3 pm

The outdoor area is used for:

☒ Food service Hours: 7:30 am to 3 pm

☒ Alcohol service Hours: 7:30 am to 3 pm

☒ Enclosed, how Brewery with Adults  
Bunking - 17000 ft  
The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials) WJL

Seasonal Variations: ☐ Yes ☒ No If yes, explain: \_\_\_\_\_

**ENTERTAINMENT**

Check all that apply:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Live Music     | <input type="checkbox"/> Karaoke                |
| <input checked="" 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 4 pm to 7 pm  
Saturday \_\_\_\_\_ to \_\_\_\_\_

\* Live music once per month  
Friday 1x 4pm-7pm

**SEATING COUNT**

Restaurant: 24

Outdoor: 16

Lounge: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_

Total Seating: 40

**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: [Signature]

Date: 9/25/2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

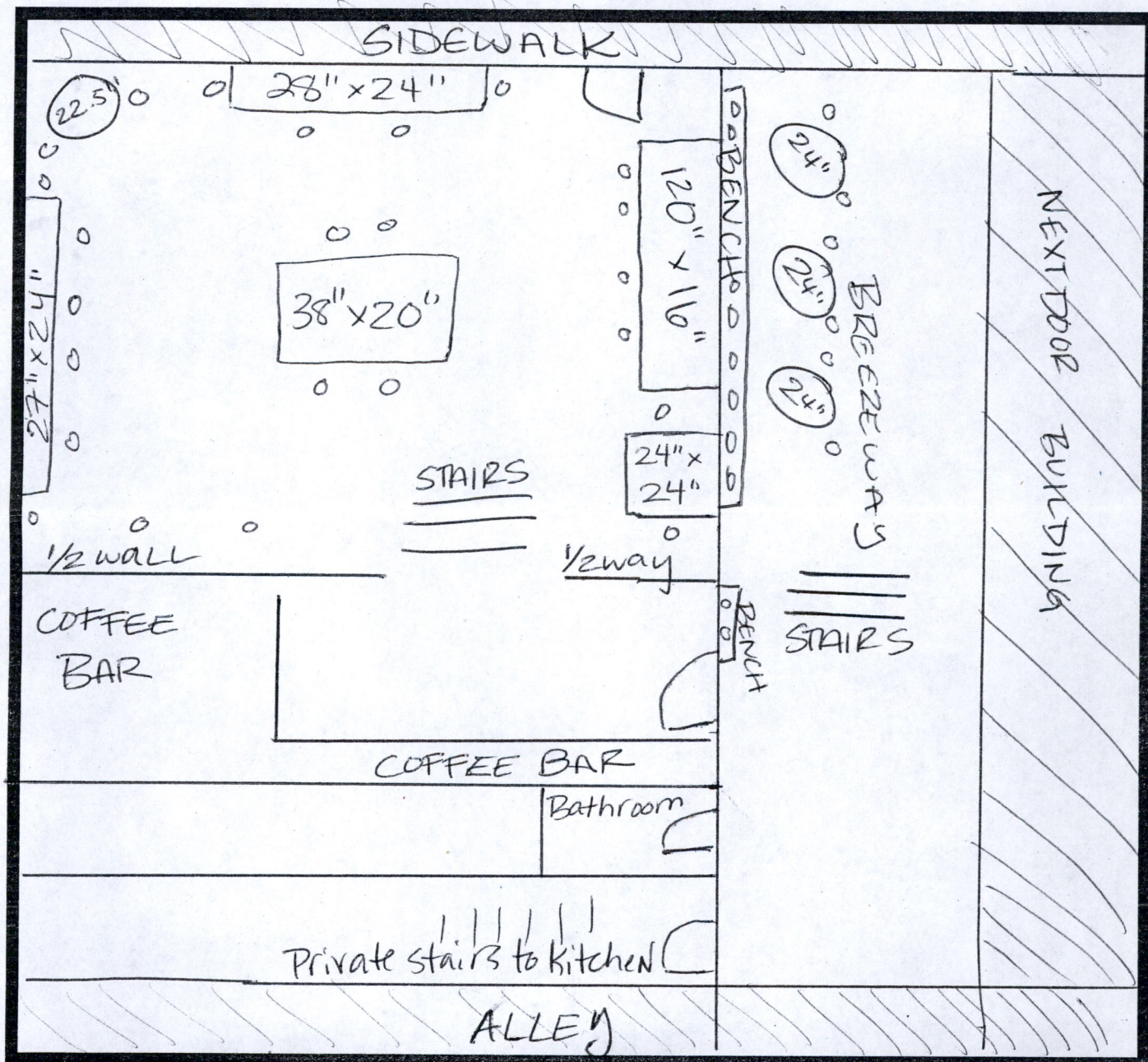
(rev. 12/07)





# OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

- Your floor plan must be submitted on this form.
- Use a separate Floor Plan Form for each level or floor of the building.
- The floor plan(s) must show the specific areas of your premises (e.g. dining area, bar, lounge, dance floor, video lottery room, kitchen, restrooms, outside patio and sidewalk cafe areas.)
- Include all tables and chairs (see example on back of this form). Include dimensions for each table if you are applying for a Full On-Premises Sales license.



KICKSTAND CAFE, LLC

Applicant Name

Cafe 116

Trade Name (dba):

Ashland 97520

City and ZIP Code

.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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

(rev. 09/12)