

# Council Business Meeting

January 15, 2019

<b>Agenda Item</b>	Approval of Liquor License Request for Plaza Hospitality, 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 Plaza Hospitality, LLC. Located at 98 Central Avenue, 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 Plaza Hospitality, LLC.

## **REFERENCES & ATTACHMENTS**

Attachment 1: Application



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 \_\_\_\_\_

License Action:

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

Applicant #1

Plaza Hospitality, LLC

Applicant #3

Applicant #2

Northwest x Southern Hospitality LLC

Applicant #4

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

Plaza Inn &amp; Suites at Ashland Creek

## 3. Business Location: Number and Street

98 Central Avenue

City Ashland

County Jackson

ZIP 97520

4. 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 108 N. Washington Street, Suite 603

City Spokane

State WA

ZIP 99201

## 6. Phone Number of the Business Location: (541) 488-8900

## 7. Contact Person for this Application:

Name Catherine DeVane

Phone Number (615) 270-1799

Mailing Address, City, State, ZIP

1224 B Columbia Avenue, Suite 200, Franklin, TN 37064

Email Catherine.D. @ NWXSouthern.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

Print Form

## STATEMENT OF FUNDING SOURCES

Please Print or Type

Each person who invests money in this licensed business must complete this form which will become a part of the permanent file. The information must be printed legibly in ink or typed.

☐ New outlet, change of ownership, change of location

Not including amounts you will owe on contract, what is the approximate total amount you will put into this business to buy or start it up? (For example: advance rent payment, down payments on contracts, buying inventory, remodeling, city and licensing fees, purchasing stock in a corporation or membership interest in an LLC.)

Total \$

OR

☒ Change to existing license (greater privilege, additional privilege, change in legal entity, extension of premises, remodel)

What is the approximate total amount you will put into making the change you are requesting? (For example: buying inventory, remodeling, city and licensing fees, purchasing stock in a corporation or membership interest in an LLC.)

Total \$

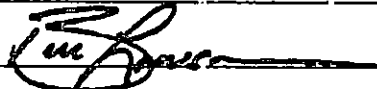
Identify where you got your investment money. List the full name of the bank, lender, or person who loaned or gave you money. The total in this section should be equal to, or more than, the total amount listed above.

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Sworn Statement: I swear the above information is true, accurate and complete. I understand that the OLCC may require me to give proof of the above information and that if the information is not true, accurate or complete the OLCC may prosecute me criminally for False Swearing under ORS 162.075. The OLCC may also refuse to grant my license application or if the license is granted may act to revoke my license based on a false sworn statement.

Trade Name (d.b.a.) Plaza Inn & Suites at Ashland, Ore. City - Ashland

Printed Name Bill Lawson

Signature  Date 8/9/18



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Plaza Hospitality LLC Phone: 541-488-8900

Trade Name (dba): Plaza Inn & Suites at Ashland Creek

Business Location Address: 98 Central Avenue

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours: 24/7

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday X \_\_\_\_\_ to \_\_\_\_\_  
Wednesday X \_\_\_\_\_ to \_\_\_\_\_  
Thursday X \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

Outdoor Area Hours:

Sunday \_\_\_\_\_ to N/A  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday X \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for:

☐ Food service Hours: N/A to \_\_\_\_\_  
☐ Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_  
☐ Enclosed, how \_\_\_\_\_

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 N/A to \_\_\_\_\_  
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Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
Lounge: \_\_\_\_\_ Other (explain): GARDEN ROOM 55  
Banquet: \_\_\_\_\_ Total Seating: 55

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

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

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Northwest x Southern Hospitality LLC Year Filed: 2018  
Trade Name (dba): Northwest x Southern Hospitality  
Business Location Address: 102 N. Washington Street, Suite 603  
City: Spokane, WA ZIP Code: 99201

List Members of LLC:

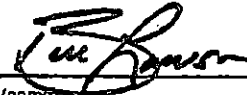
Percentage of Membership Interest:

1. <u>Bill Lawson</u> (managing member)	<u>60%</u>
2. <u>Lara Latture</u> (member)	<u>20%</u>
3. <u>Chris Ashenbrenner</u>	<u>20%</u>
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 Education Designee: Jaina Frank DOB: 1/25/1992

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

Signature:  Date: 8/9/18  
(name) (title)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Plaza Hospitality, LLC Year Filed: \_\_\_\_\_  
Trade Name (dba): Plaza Inn & Suites at Ashland Creek  
Business Location Address: 912 Central Avenue  
City: Ashland ZIP Code: 97520

List Members of LLC:


Percentage of Membership Interest:

1. <u>Westridge Investments, LLC</u> (managing member)	<u>87%</u>
2. <u>Chris Ashenbrenner</u> (member)	<u>10%</u>
3. _____	_____
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Signature:  Date: 8/9/16  
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OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Westridge Investments, LLC Year Filed: 2002

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Business Location Address: 108 N Washington St Suite 603

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OREGON LIQUOR CONTROL COMMISSION

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Email Catherine.D@nwxsouthern.com

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

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Trade Name (d.b.a.) Plaza Inn & Suites at Ashland, Ore. City - Ashland

Printed Name Bill Lawson

Signature

Date

8/9/18

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 05/10)



OREGON LIQUOR CONTROL COMMISSION  
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\_\_\_\_\_  
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(rev. 12/07)

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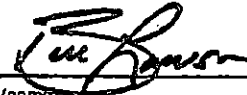
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6. _____	_____

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Server Education Designee: Jaina Frank DOB: 1/25/1992

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Signature:  Date: 8/9/18  
(name) (title)

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(name) (title)