

Council Business Meeting

February 19, 2019

Agenda Item	Approval of Liquor License Request for ABC Kitchen Catering, LLC	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us 541-488-2307	

SUMMARY

This is a request for approval of a Liquor License Application from ABC Kitchen Catering, LLC., located at 300 E. Hersey Suite #18, 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 ABC Kitchen Catering, LLC.

REFERENCES & ATTACHMENTS

Attachment 1: Application



LIQUOR LICENSE APPLICATION

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	Date application received: _____
<input type="checkbox"/> Brewery 2 nd Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 st location	By: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	
<input checked="" type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<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 1 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	
	OLCC USE ONLY
	Date application received: <u>1/23/19</u>
	By: <u>[Signature]</u>
	Date application accepted as initially complete: <u>1/28/19</u>
	By: <u>[Signature]</u>
	License Action(s): <u>N/D</u>

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

ABC KITCHEN CATERING LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

abc kitchen catering LLC

Applicant Name:

Phone: 541-292-4412

Trade Name (dba):

ABC KITCHEN CATERING

Business Location Address:

300 E. Hersey # 18

City:

ASHLAND, OREGON

ZIP Code:

97520

DAYS AND HOURS OF OPERATION

Business Hours:

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

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: _____ to _____
- Alcohol service Hours: _____ to _____
- Enclosed, how _____

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

(Investigator's Initials)

Hours vary Between 7:00 AM - 2:30 AM

Seasonal Variations: Yes No

If yes, explain: Off premise catering tends to be more summer intensive - Hours & Days vary according to event

ENTERTAINMENT

Check all that apply:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- 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: _____ Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

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:

maulane palcomb

Date:

1/17/19

1-800-452-OLCC (6522)

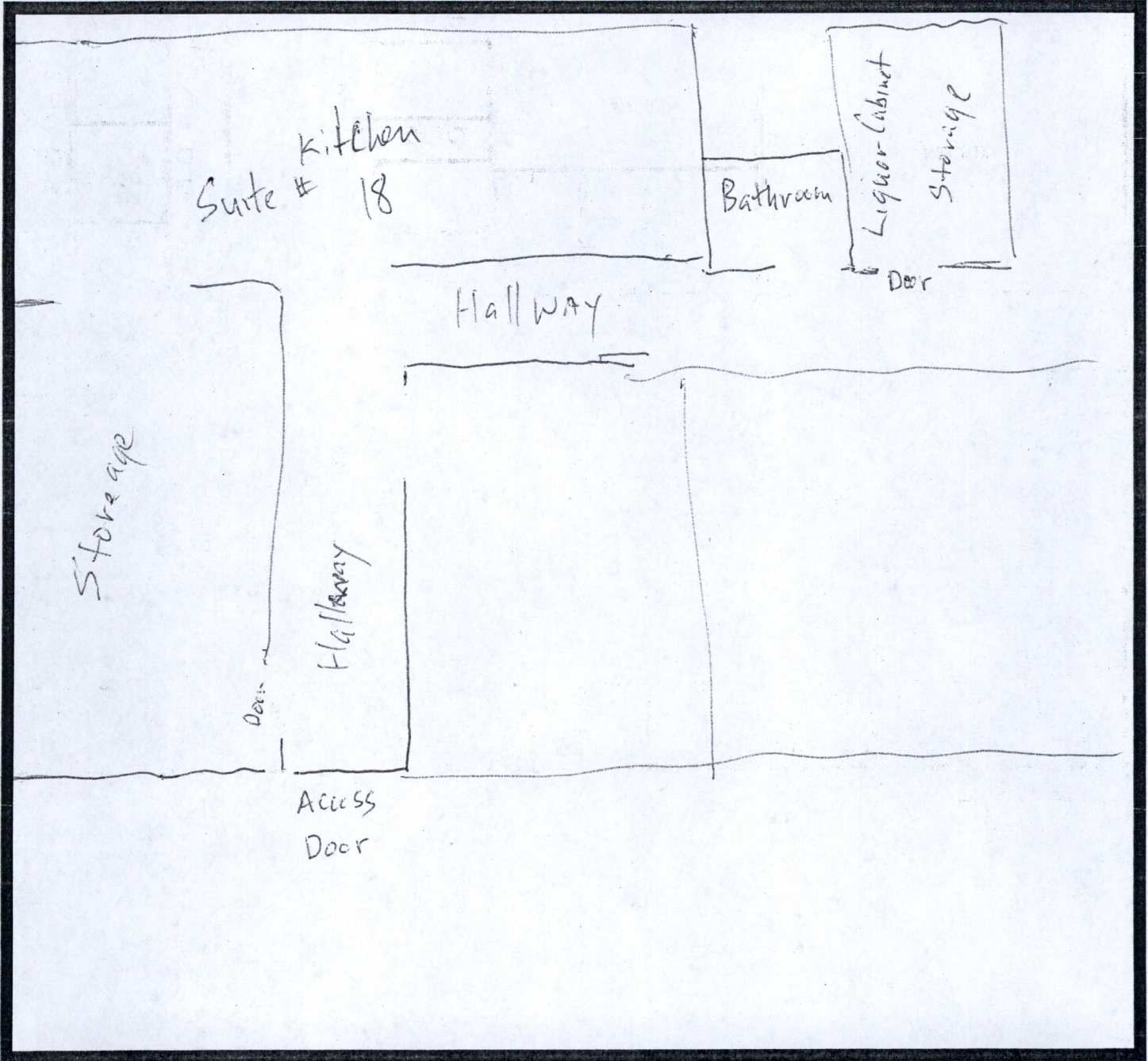
www.oregon.gov/olcc

(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.



abc kitchen catering LLC
Applicant Name

abc kitchen catering
Trade Name (dba):

ashland, 97520
City and ZIP Code

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

N/A - NO consumption

Date: _____ Initials: CA



OREGON LIQUOR CONTROL COMMISSION

Catering Pre-Approval Request for Full On-Premises and Limited On-Premises Sales Licensees

Please Print or Type

Licensee Name: ABC KITCHEN CATERING, LLC Phone: 541-292-4412

Trade Name (dba): ABC KITCHEN CATERING

Business Location Address: 300 EAST HERSEY, STE. 18

City: ASHLAND ZIP Code: 97520

Complete this form, and attach a catering menu or sample catering menu and alcohol control plan. See the back of this form for alcohol control plan requirements and definitions.

I am requesting pre-approval to cater private, temporary events at locations other than my licensed business. If approved, I will provide (check all that apply):

- Small scale private catering (up to 100 patrons)
- Large scale private catering (101 to 500 patrons)

I will cater the following types of events (check all that apply):

- Weddings
- Receptions
- Conferences
- Parties
- Picnics
- Other (please list): _____

Alcohol will be served (check all that apply):

- to guests seated at tables
- in confined areas (patrons aged 21 or older)
- at walk-up counters or bars
- other (please describe): _____

I will cater events principally in the following cities and counties (attach additional sheet if needed):

Ashland _____

Medford _____

Jacksonville _____

I understand that at each event I cater, I must serve food, some of which I prepare and cook, in sufficient quantities to provide at least one serving for each person at the event. At a minimum, the food must include at least two different substantial food or appetizer items. Chips, crackers, nuts and popcorn are *not* substantial food or appetizer items (OAR 845-006-0462).

MB
initial here

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

Applicant Signature: Melaine Galcomb Date: 1/30/19

OLCC USE ONLY: Premises No. _____	License Type: _____
Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied by: _____	Date: _____