

Council Communication

April 21, 2015, Business Meeting

Liquor License Application for Haggen Opco North, LLC dba Haggen

FROM:

Barbara Christensen, City Recorder, christeb@ashland.or.us

SUMMARY

Approval of a Liquor License Application from Haggen Opco North, LLC dba Haggen at 585 Siskiyou Blvd (formerly Safeway)

BACKGROUND AND POLICY IMPLICATIONS:

Application is for a “change in ownership.”

The City has determined that the license application review by the city is set forth in AMC Chapter 6.32 which requires that a determination be made to determine if the applicant complies with the city’s land use, business license and restaurant registration requirements (AMC Chapter 6.32) and has been reviewed by the Police Department.

In May 1999, the council decided it would make the above recommendations on all liquor license applications.

FISCAL IMPLICATIONS:

N/A

STAFF RECOMMENDATION AND REQUESTED ACTION:

Endorse the application with the following:

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, if applicable and has been reviewed by the Police Department. The city council recommends that the OLCC proceed with the processing of this application.

SUGGESTED MOTION:

Under Consent agenda item, a motion to approve liquor license for Sean Simpson dba The Playwright Public House.

ATTACHMENTS:

Liquor License Application





OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	ACTIONS <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CLT</u>
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CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____
 (name of city or county)

recommends that this license be:
 Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: CL

Date: 3/10

90-day authority: Yes No

90-DAY AUTHORITY
 Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:
 Limited Partnership Corporation Limited Liability Company Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Haggen Opco North, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Haggen #2095

3. Business Location: 585 Siskiyou Blvd Ashland Jackson OR 97520
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 20, 250 Parkcenter Blvd. Boise ID 83706
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 360-733-8720 _____
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: _____ Type of License: Off-Premises

8. Former Business Name: Sudler S #14292

9. Will you have a manager? Yes No Name: Dale Wilson (regional manager)
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? city of Ashland
(name of city or county)

11. Contact person for this application: Alyssa McTimpeny, Davis Wright Tremaine LLP 503-778-5469
(name) (phone number(s))
1300 SW Fifth Ave., Suite 2400, Portland, OR 97201 alyssamctimpeny@dwt.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 3/3/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____