

Council Business Meeting

May 7, 2019

Agenda Item	Approval of Liquor License Request for Synthesis Technologies	
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 Synthesis Technologies located at 1729 Siskiyou Blvd., 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 Synthesis Technologies.

REFERENCES & ATTACHMENTS

Attachment 1: Application



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 _____

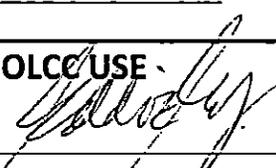
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLCC USE

Application received by 

Date 2/5/19

License Action:

N/D

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

Applicant #1

Synthesis Technologies, Inc.,

Applicant #2

Applicant #3

Applicant #4

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

Xerxes Mediterranean Grill

3. Business Location: Number and Street 1729 Siskiyou Blvd.

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 1729 Siskiyou Blvd.

City Ashland

State OR

ZIP 97520

6. Phone Number of the Business Location: 541-301-9866

7. Contact Person for this Application:

Name Behnam Mehmanpazir

Phone Number 650-814-8363

Mailing Address, City, State, ZIP
1729 Siskiyou Blvd., Ashland, OR 97520

Email info@siskiyoucycclery.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
CORPORATION QUESTIONNAIRE

259708-98

12/28/04 - 12/28/19

Please Print or Type

Corporation Name: Synthesis Technologies, Inc. Year Incorporated: 2005

Trade Name (dba): Xerxes Mediterranean Grill

Business Location Address: 1729 Siskiyou Blvd.

City: Ashland, OR ZIP Code: 97520

List Corporate Officers:

Behnam Mehmanpazir President
(name) (title)

Behnam Mehmanpazir Secretary

List Board of Directors:

Behnam Mehmanpazir
(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
Behnam Mehmanpazir	1000	Issued: 1,000
		Unissued: 0
		Total Shares Authorized to Issue: 1,000

Server Education Designee: Behnam Mehmanpazir DOB: 08/06/1964
(See Liquor License Application Guide for more information)

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

Officer's Signature: Behnam Mehmanpazir President Date: 1/16/19
(name) (title)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Synthesis Technologies, Inc Phone: 650-814-8363

Trade Name (dba): Xerxes Mediterranean Grill

Business Location Address: 1729 Siskiyou Blvd.

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>—</u>	to	<u>—</u>
Monday	<u>11</u>	to	<u>7:00</u>
Tuesday	<u>11</u>	to	<u>7:00</u>
Wednesday	<u>11</u>	to	<u>7:00</u>
Thursday	<u>11</u>	to	<u>7:00</u>
Friday	<u>11</u>	to	<u>7:00</u>
Saturday	<u>11</u>	to	<u>7:00</u>

Outdoor Area Hours:

Sunday	<u>—</u>	to	<u>—</u>
Monday	<u>11</u>	to	<u>7</u>
Tuesday	<u>11</u>	to	<u>7</u>
Wednesday	<u>11</u>	to	<u>7</u>
Thursday	<u>11</u>	to	<u>7</u>
Friday	<u>11</u>	to	<u>7</u>
Saturday	<u>11</u>	to	<u>7</u>

The outdoor area is used for:

Food service Hours: 11 to 7

Alcohol service Hours: 11 to 7

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:

None

- | | |
|--|---|
| <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: <u>N/A</u> |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>—</u>	to	<u>—</u>
Monday	<u>—</u>	to	<u>—</u>
Tuesday	<u>—</u>	to	<u>—</u>
Wednesday	<u>—</u>	to	<u>—</u>
Thursday	<u>—</u>	to	<u>—</u>
Friday	<u>—</u>	to	<u>—</u>
Saturday	<u>—</u>	to	<u>—</u>

SEATING COUNT

Restaurant: 17 Outdoor: 16

Lounge: — Other (explain): —

Banquet: — Total Seating: 33

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: 9/8/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

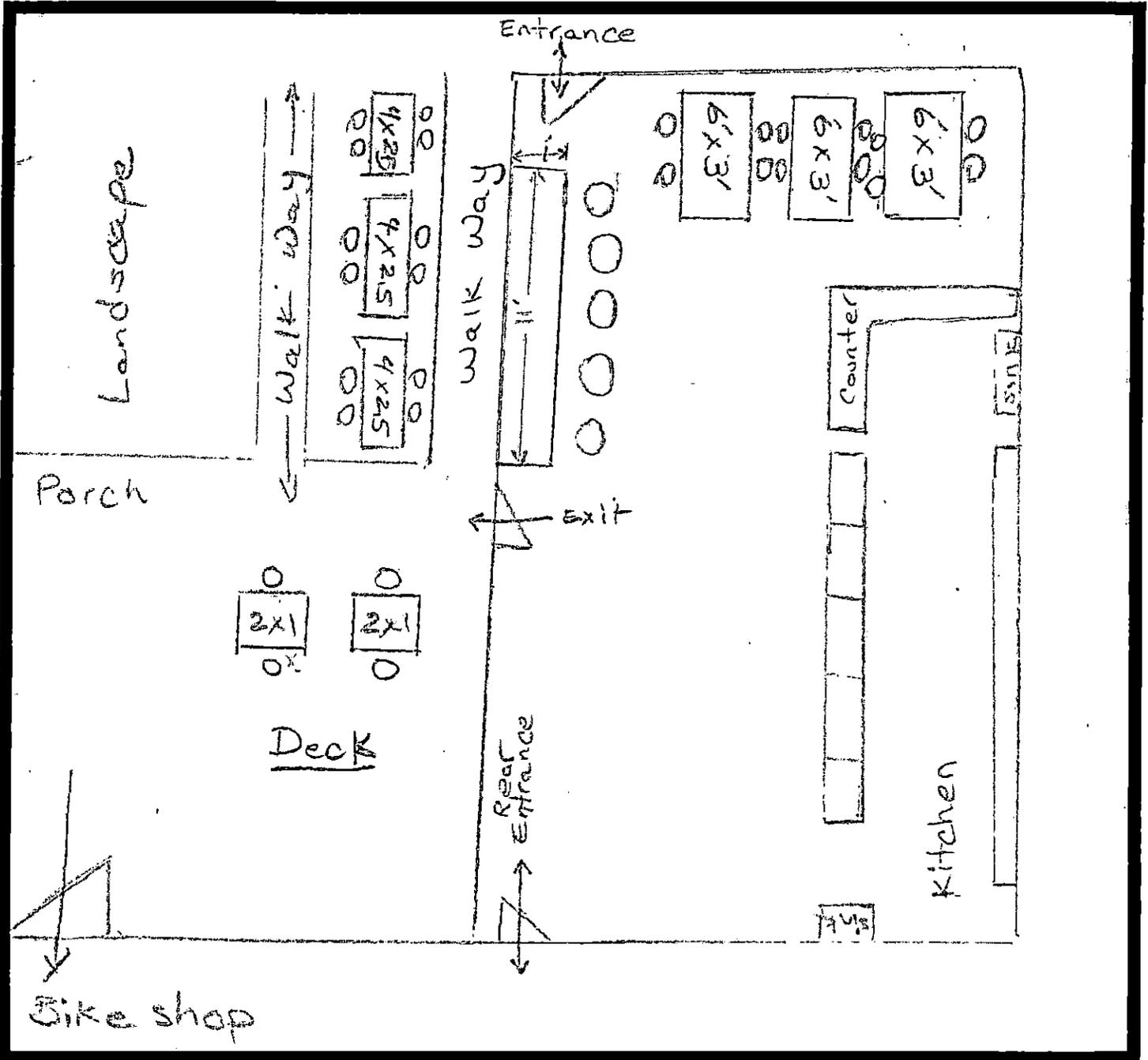
(rev. 12/07)



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.~~



Synthesis Technologies, Inc.

Applicant Name

Xerxes Mediterranean Grill

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)