

# Council Business Meeting

June 4, 2019

<b>Agenda Item</b>	Approval of Liquor License Request for Dosanjh Holding 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 Dosanjh Holding LLC located at 31 Water Street, 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 Full On-Premises 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 Dosanjh Holding 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 <sup>st</sup> Location	Date application received: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	Date: _____
<input type="checkbox"/> Distillery	
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<input 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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> 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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	<b>OLCC USE ONLY</b>
	Date application received: <u>4/18/19</u>
	By: <u>[Signature]</u>
	Date application accepted as initially complete: <u>5/8/19</u>
	By: <u>[Signature]</u>
	License Action(s): <u>G/PRIV.</u>

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

Dosanjh Holding LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



# OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

1204220-92

4/4/16 - 4/4/20

Please Print or Type

LLC Name: DOSANJH HOLDING LLC

Year Filed: 2016

Trade Name (dba): TAJ INDIAN CUISINE

Business Location Address: 31 WATER STREET #1

City: ASHLAND

ZIP Code: 97520

### List Members of LLC:

### Percentage of Membership Interest:

1. JATINDER KAUR  
(managing member)
2. PARVINDER SINGH  
(members)
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

- 50%  
\_\_\_\_\_  
50%  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: 4/28/16  
SP# 528399

Server Education Designee: JATINDER KAUR

DOB: 08/19/1984

Exp: 4/28/21

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

Signature: Jatinder Kaur  
(name)

member  
(title)

Date: 4/9/2019



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: DOSANTH Holding LLC Phone: (541) 488-5900

Trade Name (dba): Tad Indian Cuisine

Business Location Address: 31 water street #1

City: Ashland Oregon ZIP Code: 97520

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>11 a.m.</u>	<u>11 P.m.</u>
Monday	<u>11 a.m.</u>	<u>11 P.m.</u>
Tuesday	<u>11 a.m.</u>	<u>11 P.m.</u>
Wednesday	<u>11 a.m.</u>	<u>11 P.m.</u>
Thursday	<u>11 a.m.</u>	<u>11 P.m.</u>
Friday	<u>11 a.m.</u>	<u>11 P.m.</u>
Saturday	<u>11 a.m.</u>	<u>11 P.m.</u>

#### 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)

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 checked="" 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	_____	to	_____
Saturday	_____	to	_____

### SEATING COUNT

Restaurant: 50 Outdoor: \_\_\_\_\_

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

Banquet: \_\_\_\_\_ Total Seating: 50

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.

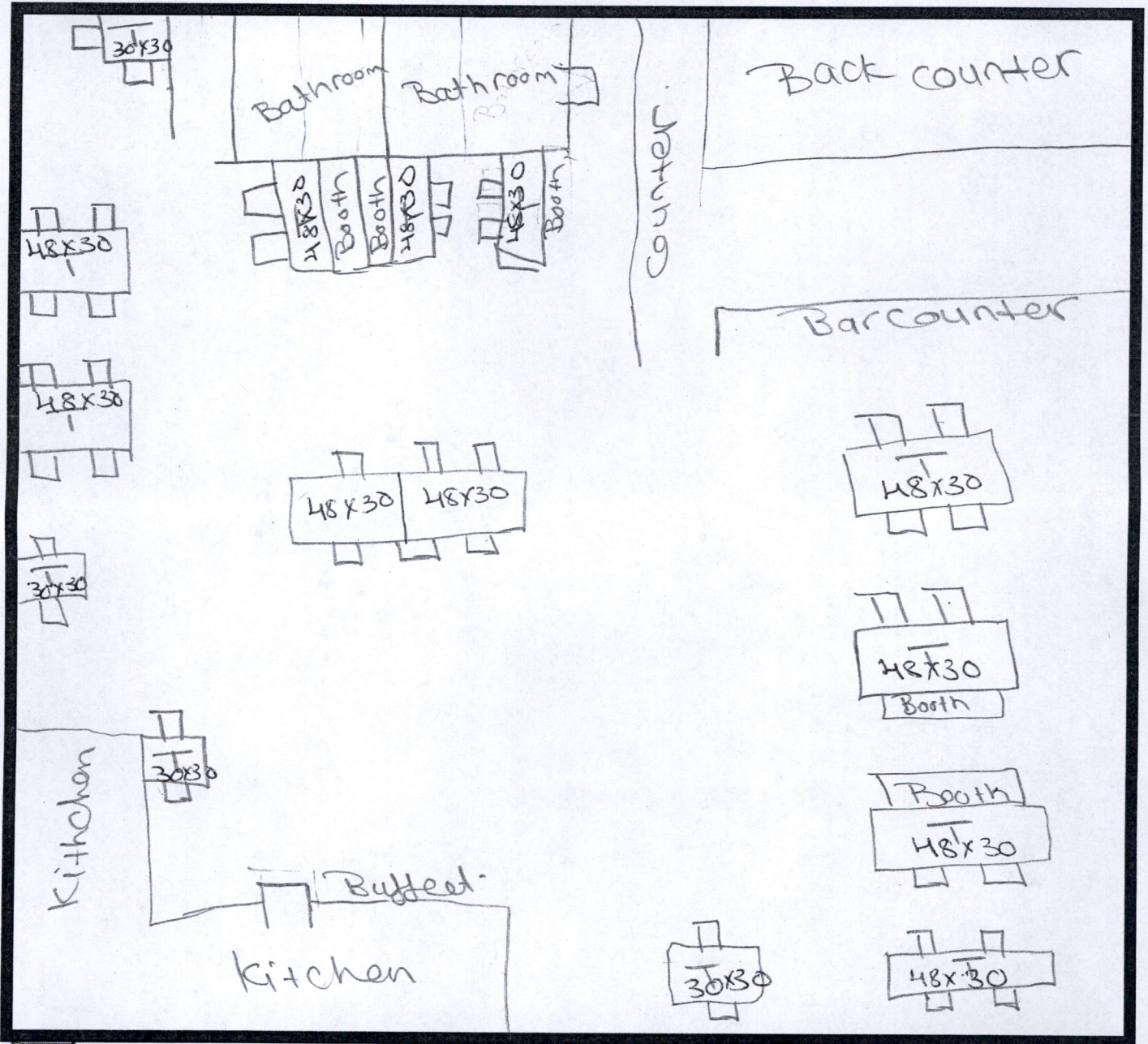
Applicant Signature: [Signature] Date: 4/9/19

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



# 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.



Dosanjh Holding LLC  
Applicant Name  
Tat Indian Cuisine  
Trade Name (dba):  
Ashland 97520  
City and ZIP Code

.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_