

Council Business Meeting

September 4, 2018

Agenda Item	Approval of Liquor License Request for Mihama	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us 541-488-5307	

SUMMARY

This is a request for approval of a Liquor License Application from Mihama located at 1253 Siskiyou Blvd. Suite B, 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.

The City has determined that all liquor license applications be reviewed by the City as set forth in AMC Chapter 6.32, which requires that a determination be made as to whether the applicant complies with the City's land use, business license and restaurant registration requirements. AMC Chapter 6.32 also requires that these applications also be reviewed by the Police Department. In May 1999, the City Council decided it would make formal recommendation on all liquor license applications.

FISCAL IMPACTS

N/A

STAFF RECOMMENDATION

Staff recommends approval of the liquor license application because 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 Mihama.

REFERENCES & ATTACHMENTS

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 _____

License Action:

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

Applicant #1

Koang Sun Lee

Applicant #2

Applicant #3

Applicant #4

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

Mihama's

3. Business Location: Number and Street

1253 Siskiyou Blvd. Suite B

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 *1253 Siskiyou Blvd. Suite B.*

City *Ashland*

State *OR*

ZIP *97520*

6. Phone Number of the Business Location: *541-488-3530*

7. Contact Person for this Application:

Name *Koang Sun Lee*

Phone Number *541-292-9860*

Mailing Address, City, State, ZIP

60 Alida St., Ashland, OR, 97520

Email : *zenzen9888@yahoo.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

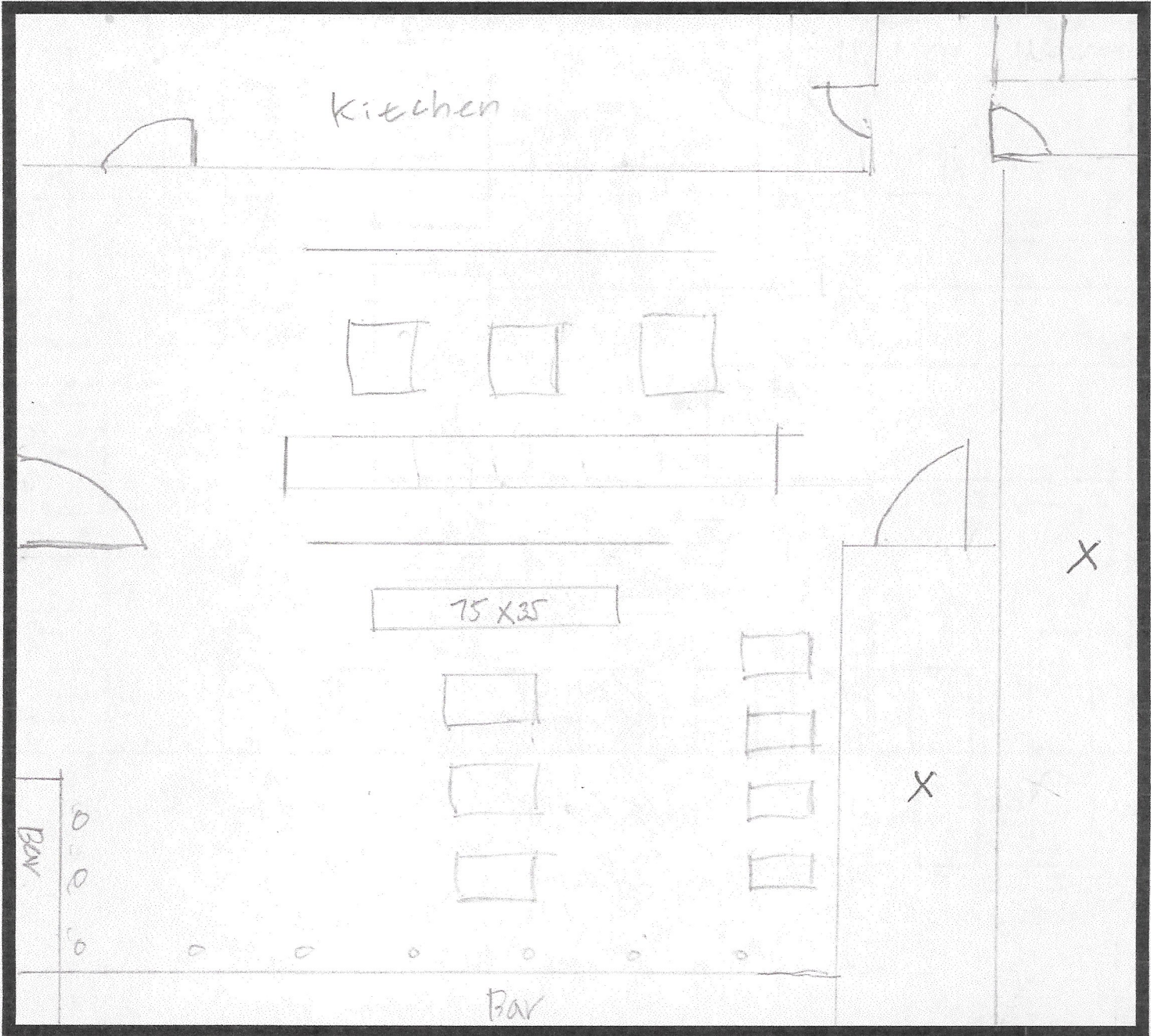
Signature of Applicant #3

Signature of Applicant #4



OREGON LIQUOR CONTROL COMMISSION 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.



Applicant Name koang sun Lee

Trade Name (dba): MEHAMA

City and ZIP Code Ashland OR 97520

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



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Koong Sun Lee Phone: 541-292-9860

Trade Name (dba): Annie's Mihama Inc.

Business Location Address: 1253 Siskiyou Blvd. Ste. B

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 12 am
 Monday 11 am to 12 AM
 Tuesday 11 am to 12 AM
 Wednesday 11 am to 12 AM
 Thursday 11 AM to 12 AM
 Friday 11 AM to 12 AM
 Saturday 11 AM to 12 AM

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:

Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 60 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: [Signature] Date: Aug-16-2018