

# Council Business Meeting

December 3, 2019

<b>Agenda Item</b>	Approval of Liquor License Request For Press for Oil 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 Press For Oil LLC, located at 60 East Main 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 Limited 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 Press For Oil LLC.

## **REFERENCES & ATTACHMENTS**

Attachment 1: Application



# LIQUOR LICENSE APPLICATION

# RECEIVED

AUG 16 2019

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 and/or date stamp:
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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 checked="" type="checkbox"/> Limited On-Premises	<b>OLCC USE ONLY</b>
<input checked="" type="checkbox"/> Off-Premises	Date application received: <u>8/16/19</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <u>[Signature]</u>
<input type="checkbox"/> Warehouse	License Action(s): <u>A/P</u>
<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	

MEDFORD REGIONAL OFFICE  
OREGON LIQUOR  
CONTROL COMMISSION

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

Press For Oil / LLC  
(Applicant #1) (Applicant #2)

(Applicant #3) (Applicant #4)

3. Trade Name of the Business (Name Customers Will See) <u>Press For Oil</u>		
4. Business Address (Number and Street Address of the Location that will have the liquor license) <u>60 E. Main St.</u>		
City <u>Ashtland</u>	County <u>Jackson</u>	Zip Code <u>97520</u>



# LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>Press For Oil LLC</i>			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) <i>60 E. Main St</i>			
City <i>Ashland</i>	State <i>OR</i>	Zip Code <i>97520</i>	
9. Phone Number of the Business Location <i>541-625-9225</i>		10. Email Contact for this Application <i>pressforoil@gmail.com</i>	
11. Contact Person for this Application <i>Kim Lodewich</i>		Phone Number <i>408-204-4955</i>	
Contact Person's Mailing Address (if different) <i>640 Nobility Drive</i>	City <i>Medford</i>	State <i>OR</i>	Zip Code <i>97501</i>

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

**Applicant Signature(s)**

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

*Kim Lodewich* \_\_\_\_\_ (Applicant #1)

*Jaron Prandy* \_\_\_\_\_ (Applicant #2)

\_\_\_\_\_ (Applicant #3)

\_\_\_\_\_ (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Press For Oil LLC Phone: 541-625-9225

Trade Name (dba): Press For Oil

Business Location Address: 60 E Main St

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 to 5:00pm
Monday - to -
Tuesday - to -
Wednesday 11 to 7:00pm
Thursday 11 to 7:00pm
Friday 11 to 7:00pm
Saturday 11 to 6:00pm

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
Alcohol service
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, 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: 8

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: Kim Lodum Date: 8/4/2019

1-800-452-OLCC (6522)

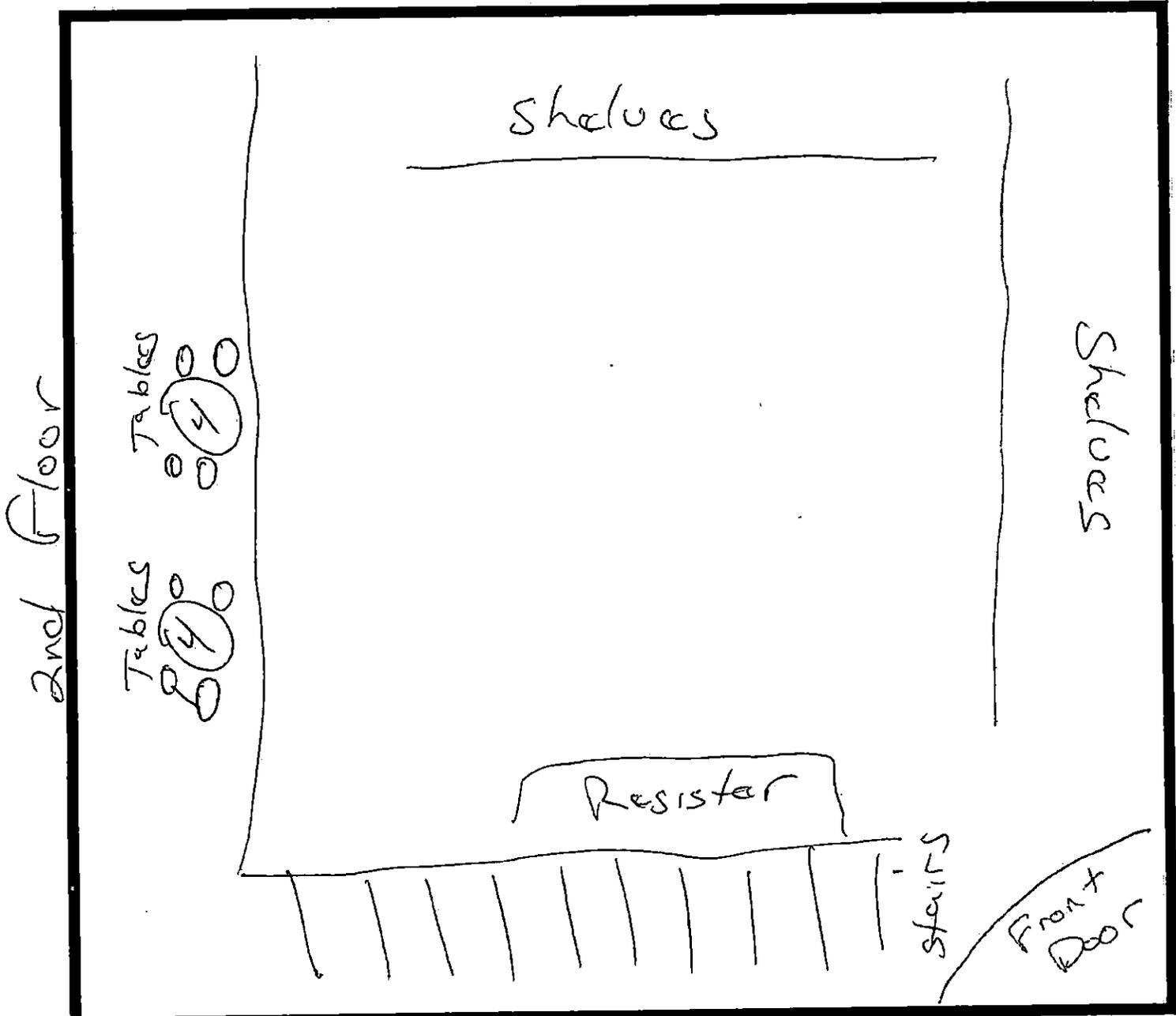
www.oregon.gov/olcc

(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.



Press For Oil LLC  
 Applicant Name  
Press For Oil  
 Trade Name (dba):  
Ashland 97520  
 City and ZIP Code

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