

Council Business Meeting

November 17, 2020

Agenda Item	Approval of Liquor License Request for Restaurant Republic, LLC	
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 for Restaurant Republic, LLC located at 46 E. 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 an Off 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 Restaurant Republic, 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 1st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received:
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <u><i>Heidi Guy</i></u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 1st Location	<u>N/A</u>
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" 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 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

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

Restaurant Republic LLC
 (Applicant #1) _____ (Applicant #2)
 _____ (Applicant #3) _____ (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)
Burrto Republic

4. Business Address (Number and Street Address of the Location that will have the liquor license)
46 E. MAIN STREET

City <u>Ashland</u>	County <u>Jackson</u>	Zip Code <u>97520</u>
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LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>Burnto Republic</i>			
6. Does the business address currently have an OLCC liquor license?		<input type="checkbox"/> YES	<input checked="" 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>1465 Siskiyou Blvd</i>			
City <i>Ashland</i>	State <i>OR</i>	Zip Code <i>97520</i>	
9. Phone Number of the Business Location <i>(541) 708-6121</i>		10. Email Contact for this Application <i>lisajbeam@mac.com</i>	
11. Contact Person for this Application <i>Lisa Beam</i>		Phone Number <i>541 292 6874</i>	
Contact Person's Mailing Address (if different) <i>1015 Mary Jane Ave</i>	City <i>Ashland</i>	State <i>OR</i>	Zip Code <i>97520</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.

[Signature]

(Applicant #1)

[Signature]

(Applicant #2)

[Signature]

(Applicant #3)

[Signature]

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1382750-94
11/28/17 - 11/28/20

Please Print or Type

LLC Name: Restaurant Republic, LLC Year Filed: 2017

Trade Name (dba): Parrito Republic

Business Location Address: 46 EAST MAIN STREET

City: Ashland ZIP Code: 97520

List Members of LLC:

Percentage of Membership Interest:

- | | |
|-----------------------------------------------------------|------------|
| 1. <u>Sam Jackson</u>
<small>(managing member)</small> | <u>50%</u> |
| 2. <u>Thomas Bean</u>
<small>(members)</small> | <u>25%</u> |
| 3. <u>Lisa Bean</u> | <u>25%</u> |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

(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 Education Designee: N/A DOB: N/A

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

Signature: [Signature] member Date: 9/21/2020
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Restaurant Republic, LLC Phone: 541 2926874
Trade Name (dba): Bruno Republic
Business Location Address: 46 East Main Street
City: Asland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 AM to 8 PM
Monday 11 AM to 8 PM
Tuesday 11 AM to 8 PM
Wednesday 11 AM to 8 PM
Thursday 11 AM to 8 PM
Friday 9 AM to 9 PM
Saturday 9 AM to 9 PM

Outdoor Area Hours: N/A

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for: N/A

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

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers

- Check all that apply: N/A
- Karaoke
 - Coin-operated Games
 - Video Lottery Machines
 - Social Gaming
 - Pool Tables
 - Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A
Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: N/A
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: 9/21/2020

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

(rev. 12/07)