

Council Business Meeting

March 17, 2020

Agenda Item	Approval of Liquor License Request For Clementine Rose Inc.	
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 Clementine Rose Inc. located at 92 N. 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 a 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 Clementine Rose Inc.

REFERENCES & ATTACHMENTS

Attachment 1: Application



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Clementine Rose Inc. Phone: (541) 488-3547

Trade Name (dba): Flip

Business Location Address: 92 North Main St.

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11 am</u>	to	<u>9 pm</u>
Monday	<u>11 am</u>	to	<u>9 pm</u>
Tuesday	<u>11 am</u>	to	<u>9 pm</u>
Wednesday	<u>11 am</u>	to	<u>9 pm</u>
Thursday	<u>11 am</u>	to	<u>9 pm</u>
Friday	<u>11 am</u>	to	<u>9 pm</u>
Saturday	<u>11 am</u>	to	<u>9 pm</u>

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

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 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: 17 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 17

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: 12-30-19

1-800-452-OLCC (6522)

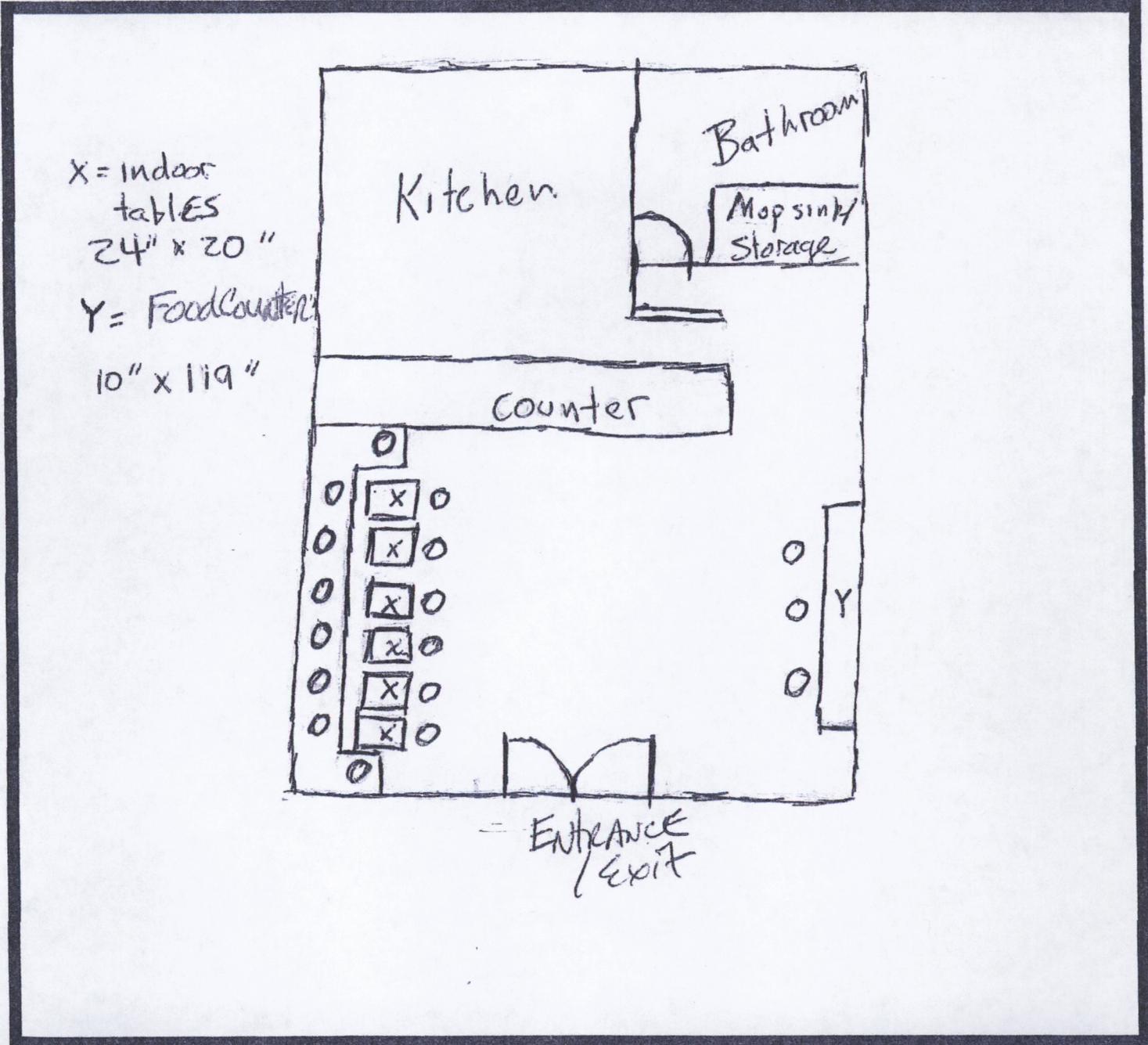
www.oregon.gov/olcc

(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.



Clementine Rose Inc.
Applicant Name
Flip
Trade Name (dba):
Ashland 97520
City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

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