

November 21, 2023

| Agenda Item | Approval of Liquor License Request for Go Bowled LLC | | | | |
|-------------|--|--|--|--|--|
| From | Alissa Kolodzinski | City Recorder | | | |
| Contact | recorder@ashland.or.us; 541-488-5307 | | | | |
| Item Type | Requested by Council Update | □ Request for Direction □ Presentation □ | | | |

SUMMARY

This is a request for approval of a liquor license application for Go Bowled, 1469 Siskiyou Boulevard, Ashland, OR 97520.

POLICIES, PLANS & GOALS SUPPORTED

AMC Chapter 6.32 Liquor License Review.

BACKGROUND AND ADDITIONAL INFORMATION

This is a liquor license application for a New Outlet with Limited On-Premises of a commercial 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. The applicant has a Business License and has registered as a restaurant.

ACTIONS, OPTIONS & POTENTIAL MOTIONS

I move to approve the liquor license for Go Bowled located at 1469 Siskiyou Boulevard, Ashland, OR 97520.

REFERENCES & ATTACHMENTS

Attachment 1: Application



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| APPLICANT INFORMATION | | | | | | | |
|--|---|--|---|--|--|--|--|
| Identify the applicants applying for the lice | ense. This | is the entity (exam | nple: corporation or LLC) | | | | |
| or individual(s) applying for the license. Please add an additional page if more space is needed. | | | | | | | |
| Name of entity or individual applicant #1: | | Name of entity or | r individual applicant #2: | | | | |
| Go Bowled LLC | | | | | | | |
| Name of entity or individual applicant #3: | | Name of entity or individual applicant #4: | | | | | |
| | | | | | | | |
| THE PROPERTY OF THE PROPERTY O | | | | | | | |
| BUSINESS INFORMATION | | | | | | | |
| Trade Name of the Business (name customers v | will see): | | | | | | |
| Go Bowled | | | | | | | |
| Premises street address (The physical location of | | s and where the liquor lic | cense will be posted): | | | | |
| City: Zip Code: | | | Country | | | | |
| 1469 Siskiyou Blvd. City: Zip Code: Ashland | 97520 | 5 | County: Jackson | | | | |
| | | Business email: | Go bowled @gmail.com | | | | |
| | | | | | | | |
| Business mailing address (where we will se | | | :ribed in <u>OAR 845-004-0065[1]</u> .): | | | | |
| 1761 Siskiyou Blvd. F | 1.1B >2 | 3k | | | | | |
| 1467 Siskiyou Blvd. P City: Ashland State: | | | Zip Code: 97520 | | | | |
| Does the business address currently have a | n OLCC | Does the business address currently have an OLCC | | | | | |
| liquor license? Yes No | | marijuana license? | | | | | |
| AUTHORIZED REPRESENTATIVE – A liquor a | applicant o | r licensee may give a | a representative authorization to make | | | | |
| changes to the license or application on behalf | f of the lice | ensee or to receive in | | | | | |
| I give permission for the below named rep | - | | | | | | |
| | ☐ Make changes regarding this license/application on my behalf. ☐ Sign application forms regarding this license/application on my behalf. | | | | | | |
| Receive information about the status of this application, including information about pending | | | | | | | |
| compliance action or communications between OLCC and the licensee/applicant. | | | | | | | |
| Representative Name: | | | | | | | |
| Phone number: | | Email: | | | | | |
| Mailing address: | | | | | | | |
| | | | | | | | |
| City: State: | | | Zip Code: | | | | |

☐ Wholesale Malt Beverage and Wine

Page 1 of 4 **Check** the appropriate license request option: New Outlet | □ Change of Ownership | □ Greater Privilege | □ Additional Privilege **Select** the license type you are applying for. More information about all license types is available online. **Full On-Premises LOCAL GOVERNMENT USE ONLY** LOCAL GOVERNMENT: □ Commercial After providing your recommendation, return this □ Caterer application to the applicant WITH the ☐ Public Passenger Carrier recommendation marked below ☐ Other Public Location City OR County name: (not both) ☐ For Profit Private Club □ Nonprofit Private Club (Please specify city **OR** county) Winery Date application received: ☐ Primary location Optional: Date Stamp Received Below Additional locations: □2nd □3rd □4th □5th **Brewery** ☐ Primary location Additional locations: □2nd □3rd **Brewery-Public House** ☐ Primary location Additional locations: □2nd □3rd **Grower Sales Privilege** ☐ Recommend this license be granted ☐ Primary location ☐ Recommend this license be denied Additional locations: □2nd □3rd ☐ No Recommendation/Neutral **Distillery** ☐ Primary location **Printed Name** Date Additional tasting locations: (Use the DISTT form HERE) D Limited On-Premises ☐ Off Premises Signature □ Warehouse

Trade Name

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| APPLICATION CONTACT INFORMATON — Provide the point of contact for this application. If this individual is <u>no</u> t an applicant or licensee, the Authorized Representative section must be filled in and the appropriate permission(s) must be selected. | | | | | | |
|--|---------------------------------|--|--|--|--|--|
| Application Contact Name: Mark Hedford | | | | | | |
| Phone number (541) 480-6560 | Email: Go bow led @ 9 mail. com | | | | | |

TERMS

- "Real property" means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- "Common area" is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area's designation as a "common area" is typically identified in the lease or rental agreement.

ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-005-0311 and attests that:
- 1. At least one applicant listed in the "Application Information" section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
- 2. No person not listed as an applicant in the "Application Information" section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
- 3. The licensed premises at the premises street address proposed to be licensed either:
 - a. Does not include any common areas; or
 - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
 - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in "common areas" and that this requirement applies at all times, even when the business is closed.
- 4. The licensed premises at the premises street address either:
 - a. Has no area on property controlled by a public entity (like a city, county, or state); or
 - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

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- Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-006-0362 and attests that:
- 1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
- 2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application, are true and complete.

| Mark Hedford | MAD | 10/10/2023 | |
|--------------|-----------|------------|--------------------------------|
| Print name | Signature | Date | Atty. Bar Info (if applicable) |
| Print name | Signature | Date | Atty. Bar Info (if applicable) |
| Print name | Signature | Date | Atty. Bar Info (if applicable) |
| Print name | Signature | Date | Atty. Bar Info (if applicable) |