



# Council Business Meeting

December 19, 2023

<b>Agenda Item</b>	Approval of Liquor License Request for Carlitos Italian Cuisine	
<b>From</b>	Alissa Kolodzinski	City Recorder
<b>Contact</b>	<a href="mailto:recorder@ashland.or.us">recorder@ashland.or.us</a> ; 541-488-5307	
<b>Item Type</b>	Requested by Council <input type="checkbox"/> Update <input type="checkbox"/> Request for Direction <input type="checkbox"/> Presentation <input type="checkbox"/>	

**SUMMARY**

This is a request for approval of a liquor license application for Carlitos Italian Cuisine, 691 Fair Oaks Avenue, 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 use 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 Carlitos Italian Cuisine, located at 691 Fair Oaks Avenue, Ashland, OR 97520.

**REFERENCES & ATTACHMENTS**

Attachment 1: Application



# LIQUOR LICENSE APPLICATION

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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

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

## Winery

- Primary location
- 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

- Primary location
- Additional locations:  2nd  3rd

## Distillery

- Primary location
- Additional tasting locations: (Use the DISTT form [HERE](#))

## Limited On-Premises

- Off Premises
- Warehouse
- Wholesale Malt Beverage and Wine

## LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT  
After providing your recommendation, return this form to the applicant **WITH** the recommendation marked below

Name of City OR County (not both)

Please make sure the name of the Local Government is printed legibly or stamped below

### Date application received:

Optional: Date Stamp Received Below

- Recommend this license be granted
- Recommend this license be denied
- No Recommendation/Neutral

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

CARLITOS ITALIAN CUISINE

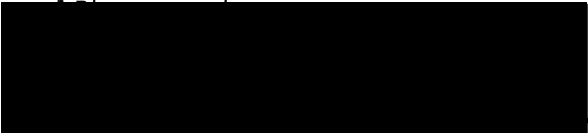
Trade Name

# LIQUOR LICENSE APPLICATION

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APPLICANT INFORMATION	
Identify the applicants applying for the license. This is the entity (example: 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: <b>CARLITOS ITALIAN CUISINE, CORP</b>	Name of entity or individual applicant #2:
Name of entity or individual applicant #3:	Name of entity or individual applicant #4:

BUSINESS INFORMATION		
Trade Name of the Business (name customers will see): <b>CARLITOS ITALIAN CUISINE</b>		
Premises street address (The physical location of the business and where the liquor license will be posted): <b>691 FAIR OAKS AVE</b>		
City: <b>ASHLAND OR</b>	Zip Code: <b>97520</b>	County: <b>JACKSON</b>
Business phone number: <b>541-301-5005</b>	Business email: <b>TIRSA.AGENT@GMAIL.COM</b>	
Business mailing address (where we will send any items by mail as described in <a href="#">OAR 845-004-0065[1]</a> ): <b>PO BOX 4072</b>		
City: <b>MEDFORD</b>	State: <b>OR</b>	Zip Code: <b>97501</b>
Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICATION CONTACT INFORMATION – Provide the point of contact for this application. If this individual is <u>not</u> an applicant or licensee, the Authorized Representative Form must be completed and submitted with this application.	
Application Contact Name: <b>TIRSA FONG</b>	
	Email: <b>TIRSA.AGENT@GMAIL.COM</b>

# LIQUOR LICENSE APPLICATION

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## 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.

CARLITOS ITALIAN CUISINE

# LIQUOR LICENSE APPLICATION

CARLITOS ITALIAN CUISINE

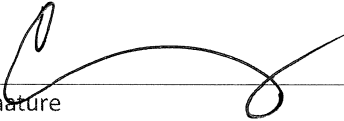
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**Applicant Signature(s):** Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

- 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.

CARLA S WHISENHUNT PEREZ		12/10/23
_____ Applicant name	_____ Signature	_____ Date
_____ Applicant name	_____ Signature	_____ Date
_____ Applicant name	_____ Signature	_____ Date
_____ Applicant name	_____ Signature	_____ Date

**Applicant/Licensee Representative(s):** If you would like to designate a person/entity to act on your behalf you must complete the Authorized Representative Form. You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

*Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.*