

Council Business Meeting

September 6, 2022

Agenda Item	Approval of Liquor License Request Blue Toba	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us ; (541) 552-2084	

SUMMARY

This is a request for approval of a liquor license application for Blue Toba, 145 Main St., 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 Full-On Premises 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 Blue Toba.

REFERENCES & ATTACHMENTS

Attachment 1: Application

LIQUOR LICENSE APPLICATION

Page 1 of 3

Check the appropriate license request option:

New Outlet | Change of Ownership | Greater Privilege | Lesser 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: 2nd 3rd 4th 5th 6th

Limited On-Premises

Off Premises

Warehouse

Wholesale Malt Beverage and Wine

INTERNAL USE ONLY

Application received:

Minimum documents acquired:

LOCAL GOVERNING BODY USE ONLY

City/County name:

Date application received:

Optional: Date Stamp

- Recommend this license be granted
- Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

Email:

LIQUOR LICENSE APPLICATION

Page 2 of 3

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:
Blue Toba LLC

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):
Blue Toba

Business phone number:
541-708-6214

Business email:
bluetoba@live.com

Premises street address (The physical location of the business and where the liquor license will be posted):
145 Main St

City:
Ashland

Zip Code:
97520

County:
Jackson

Business mailing address (where we will send any items by mail as described in [OAR 845-004-006511.1](#)):
1774 Homes Ave

City:
Ashland

State:
OR

Zip Code:
97520

Does the business address currently have an OLCC liquor license? Yes No

Does the business address currently have an OLCC marijuana license? Yes No

APPLICATION CONTACT INFORMATION

Contact Name:
Djunias Hutabarat

Phone number:
541-482-0266

Email:
bluetoba@live.com

Mailing address:
1774 Homes Ave

City:
Ashland

Zip Code:
97520

County:
Jackson

Please note: liquor license applications are public records.

LIQUOR LICENSE APPLICATION

Page 3 of 3

ATTESTATIONS

By signing this form, you attest that each of the following statements are true. I understand the Commission may require a licensee to provide proof of any of the below or below referenced documents at any time.

I understand that marijuana is **prohibited** on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. 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.

I affirm that I have read DAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311[6]) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an un-waivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

Djunias Hutabarat

Djunias Hutabarat (MEMBER)

7/01/2022

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)



LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE

PRINT FORM

RESET FORM

Blue Toba LLC

LLC Name

Blue Toba

Trade Name of Business (Name Customers Will See)

The LLC named in this document is a (see page 1 for definitions):

Manager-Managed LLC

Member-Managed LLC

This section is ONLY for a manager-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

Name of Managing Member (please print)	Name of Managing Member (please print)

This section is for BOTH a manager-managed LLC and a member-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

Name of Member (please print)	Percentage of issued membership held
Djunias Hutabarat	100%

This section is ONLY for an LLC with the listed officers. (Directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President	
Secretary	
Treasurer	
Vice president with responsibility over the operation of the business	

SERVER EDUCATION DESIGNEE (Directions on page 1)

Name (please print)	Date of Birth
Hayzen Spivey	01/26/1988

SIGNATURE (Directions on page 1)

Djunias Hutabarat

NAME of Signing Person (please type or print)

Djunias Hutabarat (MEMBER)

DATE 7/1/2022

SIGNATURE of signing person (may electronically sign)

This box for OLCC use ONLY

Only for an applicant of record: SOS Number _____ Current at time of issuing license (yes/no) _____

Does the entity hold, or has it ever held, an OLCC-issued liquor license? _____



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY FORM

[PRINT FORM](#)[RESET FORM](#)

1. Name (Print):	Hulabarat	Djunias	Halomoan
	Last	First	Middle
2. Other names used (maiden, other):	Birong (nickname)		
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, you must list your SSN: 220-11-5335		
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below.			
Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a)).			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box:	<input checked="" type="checkbox"/>		
5. Date of Birth (DOB):	12	03	1960
	(mm)	(dd)	(yyyy)
6. Driver License or State ID #:	4775430		OR
			7. State
8. Contact Phone:	541-482-0266		
9. E-mail Address:	bluetoba@live.com		
10. Mailing Address:	1774 Homes Ave	Ashland	OR 97520
	(Number and Street)	(City)	(State) (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?			
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.			



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

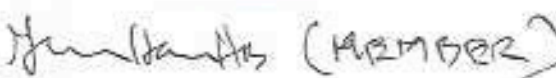
14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	Hutabarat Last	Djunias First	Halomoan Middle
Signature:	 (MEMBER)		Date: 7/01/2022

This box for OLCC use ONLY

Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR CONTROL COMMISSION

Real Property Attestation

IMPORTANT: Please read Oregon Administrative Rule (OAR) 845-005-0311 [here](#) before completing this form.

- OAR 845-005-0311 defines who has an ownership interest in the business proposed to be licensed and allows the OLCC to refuse to issue a license if the applicant is not the owner of the business or an undisclosed ownership interest exists.
- Subsection (4)(b) of this rule includes as an ownership interest any person or entity owning the real or personal property of the premises proposed to be licensed, unless the owner of the property has given control over the property to another party via a lease or rental agreement or similar agreement.
- As a part of completing this "Real Property Attestation" form, applicants confirm they have read and understand OAR 845-005-0311.

Blue Toba

Business Trade Name (the name customers see)

145 Main St. Ashland, OR, 97520

Business Address (street, city, zip code)

Definitions

- "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

All applicants have read OAR 845-005-0311 and:

1. Each applicant shown on the Liquor License Application form has read and understands OAR 845-005-0311.
2. Only the applicant(s) shown on the Liquor License Application form have an ownership interest in the real property to be used as a part of the licensed business.
3. The licensed premises at the business 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 premises address at the business address proposed to be licensed matches the premises business address listed on the Liquor License Application form.
5. The licensed premises at the business address above 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) or licensee(s) permission to exercise the privileges of the license in the area.



OREGON LIQUOR CONTROL COMMISSION

Real Property Attestation

Blue Toba

Business Trade Name (the name customers see)

145 Main St. Ashland, OR, 97520

Business Address (street, city, zip code)

Applicant(s) Signature

- Each individual listed as an applicant must sign this form.
- If an applicant is an entity, such as a corporation or LLC, at least one INDIVIDUAL who is authorized to sign for the entity must sign this form.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign this form. If an individual other than an applicant signs this form, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

7/01/2022

Date

If an attorney

(Print Name)

(State of bar licensure)

(Bar number)

If an applicant

Blue Toba LLC (Djunias Hutabarat-member)

Djunias Hutabarat (MEMBER)

Applicant #1 (Print Name)

Applicant #1 (Signature)

Applicant #2 (Print Name)

Applicant #2 (Signature)

Applicant #3 (Print Name)

Applicant #3 (Signature)

Applicant #4 (Print Name)

Applicant #4 (Signature)



OREGON LIQUOR CONTROL COMMISSION

WRITTEN PROPOSAL FOR A FULL ON-PREMISES SALES LICENSE,
COMMERCIAL ESTABLISHMENT

Please Print or Type

Applicant / Licensee Blue Toba LLC

Trade Name of the Business (Name Customers Will See)
Blue Toba

Business Address 145 Main St. Ashland, OR, 97520
(Number, Street Address, City, and Zip Code)

I certify that I have read and will follow OAR 845-006-0459, 845-006-0460, and 845-006-0466.

I will offer at least five different meals during my regular meal period. My regular meal period will last at least three hours if my business is open after 5:00 pm and will last at least two hours if my business is not open after 5:00 pm.

My regular meal period will be from 5:00pm to 9:00pm
(Start Time) (End Time)

During my regular meal period I will have a minimum of 30 indoor dining seats located in areas of the licensed premises regularly open to the public where each table top or seating area provides a minimum space that will accommodate a place setting consisting of a plate or dish, glassware, napkin and utensils for each seat. I understand that seats at counters in entertainment areas, seats at bars, and seats in outdoor areas do not qualify as dining seating.

At times other than my regular meal period I will make at least five different substantial food items available in all areas where alcohol service is available. Substantial food items are food items that are typically served as a main course or entrée.

I understand that discouraging food service is a violation of OAR 845-006-0466. Examples of discouraging food service include not taking, preparing, or delivering a food order in a timely manner; over-pricing food for the clientele of my business; offering or serving unpalatable food; failing to provide required food service; and failing to provide a food service menu in a timely manner when requested by the patron.

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

Name (Print) Blue Toba LLC (member: Djunias Hutabarat)

Signature [Handwritten Signature] (MEMBER) Date 7/01/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/05/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hart Insurance Agency - Medford PO Box 1240 Grants Pass OR 97526	CONTACT NAME: Michelle L Ely PHONE (A/C No. Ext): (541) 779-4232 E-MAIL ADDRESS: mely@hartinsurance.com	FAX (A/C No.): (541) 772-3963
	INSURER(S) AFFORDING COVERAGE	
INSURED Blue Toba LLC 1774 Homes Ave Ashland OR 97520	INSURER A: Nationwide Mutual Insurance Co	NAIC # 23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: Cert ID 23397** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTH	TYPE OF INSURANCE	ADDL SUBR INSR RVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT AMOUNT PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ACBPBO13200918183	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (La occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & AUTO INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Liquor Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE (LTD) RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH OCCURRENCE \$ E.L. DISEASE - FA FMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Reg: 145 Main St, Ashland, OR 97520

CERTIFICATE HOLDER Oregon Liquor and Cannabis Commission PO Box 22297 Milwaukee OR 97269	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Blue Toba LLC Phone: 541-708-6214

Trade Name (dba): Blue Toba

Business Location Address: 145 Main St

City: Ashland, OR ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	<u>4:00pm</u>	to	<u>11:00pm</u>
Wednesday	<u>4:00pm</u>	to	<u>11:00pm</u>
Thursday	<u>4:00pm</u>	to	<u>11:00pm</u>
Friday	<u>4:00pm</u>	to	<u>12:00am</u>
Saturday	<u>4:00pm</u>	to	<u>12:00am</u>

Outdoor Area Hours:

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

The outdoor area is used for:

- 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 checked="" 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: 26 Outdoor: _____

Lounge: 29 Other (explain): _____

Banquet: _____ Total Seating: 65

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] (MEMBER) Date: _____

1-800-452-OLCC (6522)

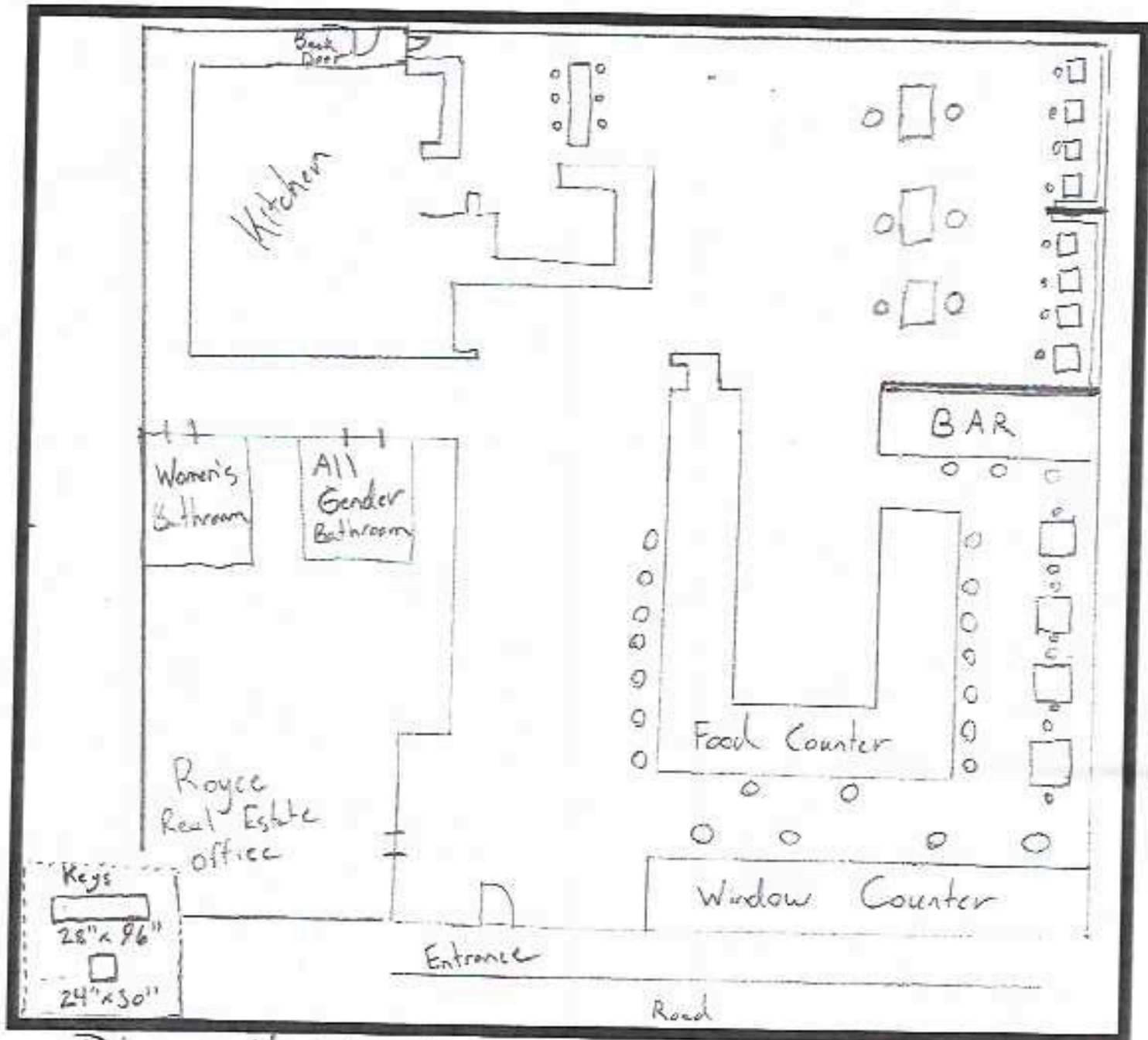
www.oregon.gov/olcc

(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.



Applicant Name: Djunias Hutabarat
 Trade Name (dba): Blue Toba
 City and ZIP Code: Ashland, OR, 97520

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

Date: _____ Initials: _____

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