

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:

5-17-22

Minimum documents acquired:

5-17-22

LOCAL GOVERNING BODY USE ONLY

City/County name: ASHLAND

Date application received: 09/06/22

Optional: Date Stamp

YES - Recommend this license be granted

☐ Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

Chad M. Gray

Email:

chad.gray@oregon.gov

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:

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):

Business phone number:

Business email:

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

City:

Zip Code:

County:

Business mailing address (where we will send any items by mail as described in [OAR 845-004-0065\[1\]](#)):

City:

State:

Zip Code:

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:

Phone number:

Email:

Mailing address:

City:

Zip Code:

County:

Please note: liquor license applications are public records.

LIQUOR LICENSE APPLICATION

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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 [OAR 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.



_____ 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)



Oregon Liquor Control Commission
CORPORATE QUESTIONNAIRE

Corporation or Foreign Corporation Name _____

Trade Name of Business (Name Customers Will See) _____

LIST OFFICERS (Please follow directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President (if required)	
Secretary (if required)	
Treasurer (list only if have one)	
Vice president with responsibility over the operation of the business (list only if have one)	

LIST BOARD OF DIRECTORS (Please follow directions on page 1. You may include information on a separate sheet.)

Name (please print)	Name (please print)

LIST SHAREHOLDERS (Please follow directions on page 1. You may include information on a separate sheet.)

Name (please print)	Percentage of issued shares held

SERVER EDUCATION DESIGNEE (Please follow directions on page 1)

Name (please print)	Date of Birth

OFFICER'S SIGNATURE (Please follow directions on page 1)

NAME of Signing Officer (please type or print) _____

SIGNATURE of signing officer (may electronically sign) DATE _____

This box OLCC use ONLY

Only for an applicant of record: SOS Number **039789-13 (DNP)** Current at the time of issuing the license (yes/no) **3-2-22**

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

Appendix B – Corporate Questionnaire Oregon Shakespeare Festival

Oregon Shakespeare Festival Association (OSF) is a registered 501(c)(3) organization and therefore does not designate Officers, Board of Directors, or Shareholders as outlined in the OLCC Corporate Questionnaire. Below is a roster of OSF's Board of Directors as of May 2022.

Diane Yu, Chair
Sachta Card, Co-Vice Chair
Mary Wilcox, Co-Vice Chair
Anna Barnsley Werblow, Treasurer
Michelle Branch, Secretary

Members

Patrick Bradford
Peggy Brey
Kelly Bulkeley
Brook Colley
Sidney Cooper
Sam Daiken
Eric Dishman
Tony Drummond
Katie Farewell
Mike Golub
Dave Hitz
Rudd Johnson
Charlotte Lin
David Penilton
Carmen Rubio
Danny Santos
Perry Simon
Octavio Solis
Bob Speltz
Alex Sutton
Nancy Tait
Christine Tervalon-Garrett
Hector Tobar
Paul Westbrook

2022 Endowment Trustees

Eric Johnson, President
M'Liss Moore, Vice President
Philip Paroian, Secretary
Sidney Cooper, Treasurer

Members

Rudd Johnson



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.

Business Trade Name (the name customers see)

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

Business Trade Name (the name customers see)

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.***

Date

If an attorney

(Print Name)

(State of bar licensure)

(Bar number)

If an applicant

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)

Appendix A – Business Information

Oregon Shakespeare Festival

Alcohol sales primarily occur in the lobby areas of Oregon Shakespeare Festival's three theaters, before performances and during intermission. Lobbies are circulation spaces, considered standing room only. The maximum seating capacity for the three theatres is as follows:

Allen Elizabethan Theatre: 1190 seats

Angus Bowmer Theatre: 601 seats

Thomas Theatre: 360 seats

Alcohol sales will also occur in the meeting and lounge spaces detailed below on a less frequent basis than those in the theatre lobbies. The maximum capacity for these spaces is as follows:

Gertrude Bowmer Lounge: 26 persons (indoors)

Carpenter Hall: 141 persons (standing), 120 persons (seated)

New Place: 185 persons (standing), 140 persons (seated)

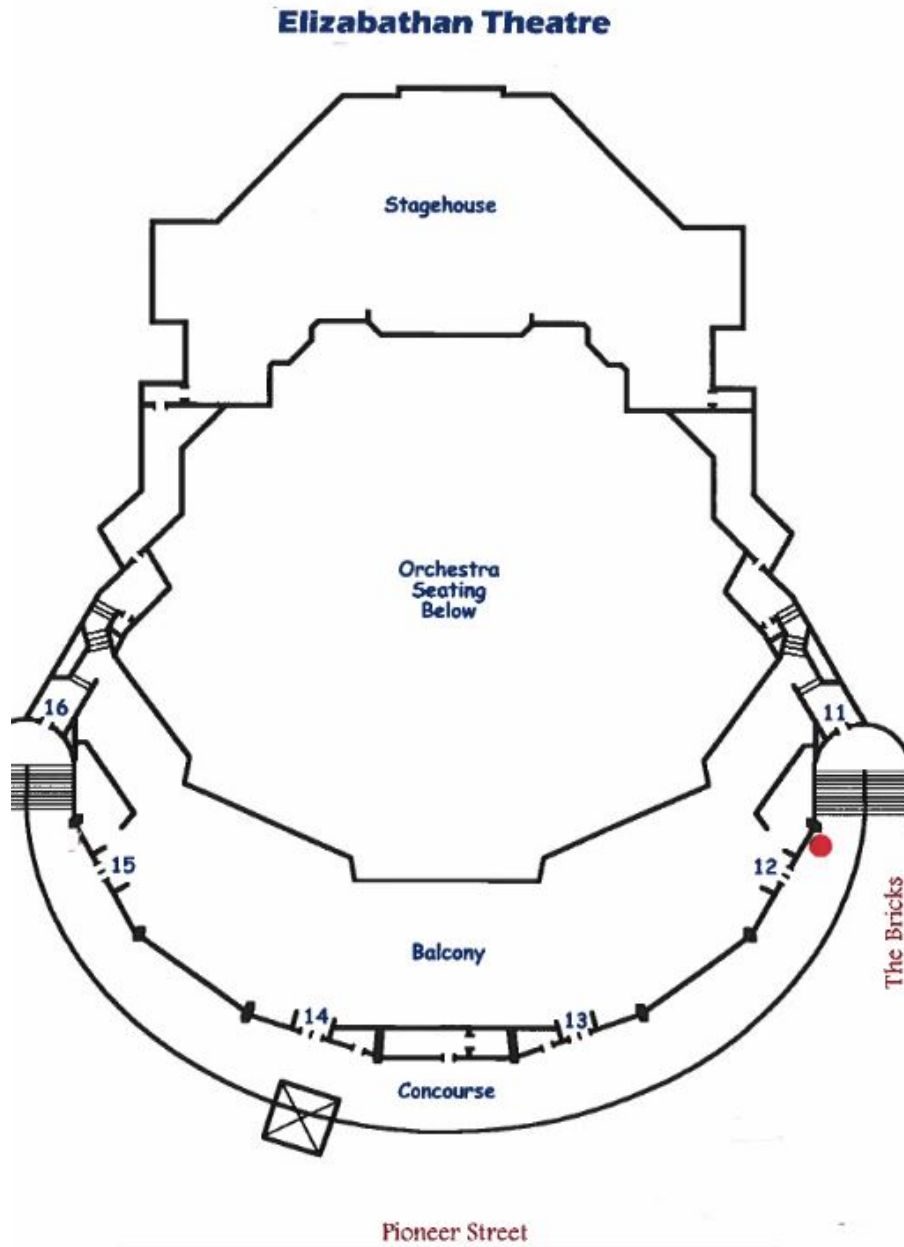


FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____



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

Date: _____ Initials: _____

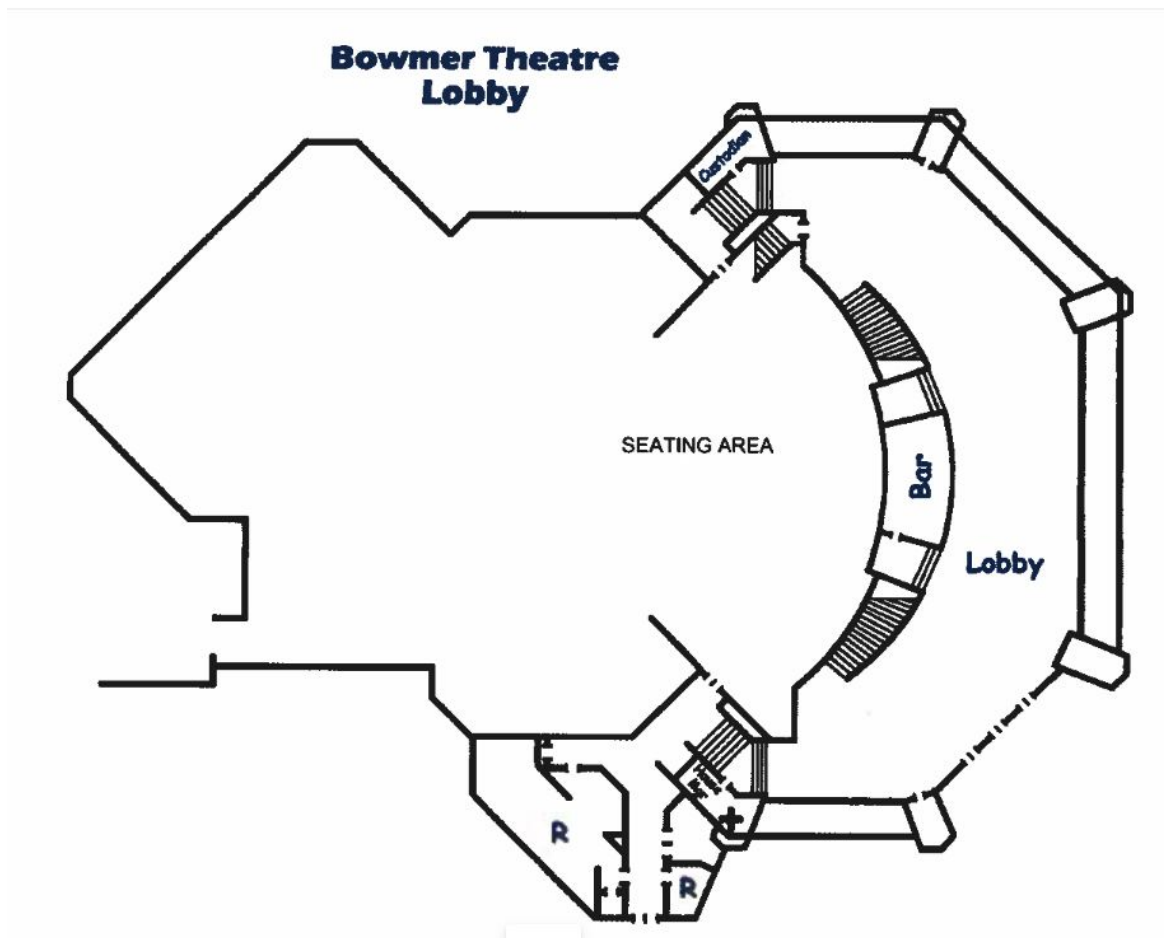


FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____



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

Date: _____ Initials: _____

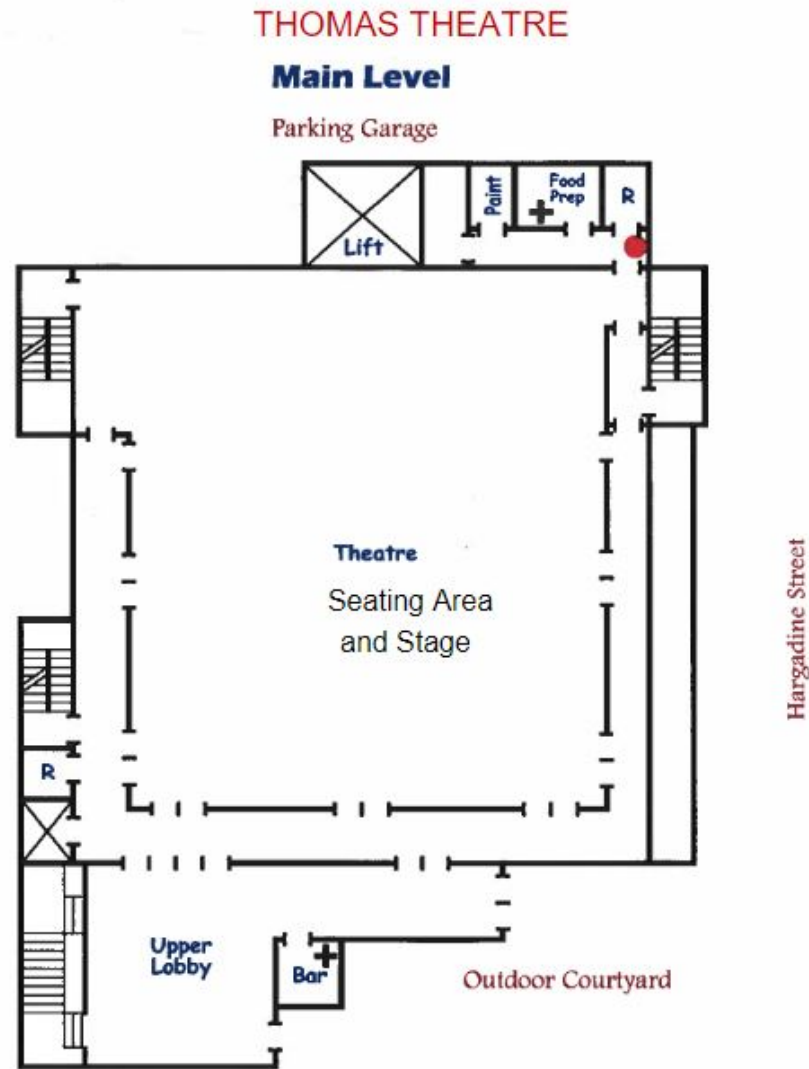


FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____



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

Date: _____ Initials: _____

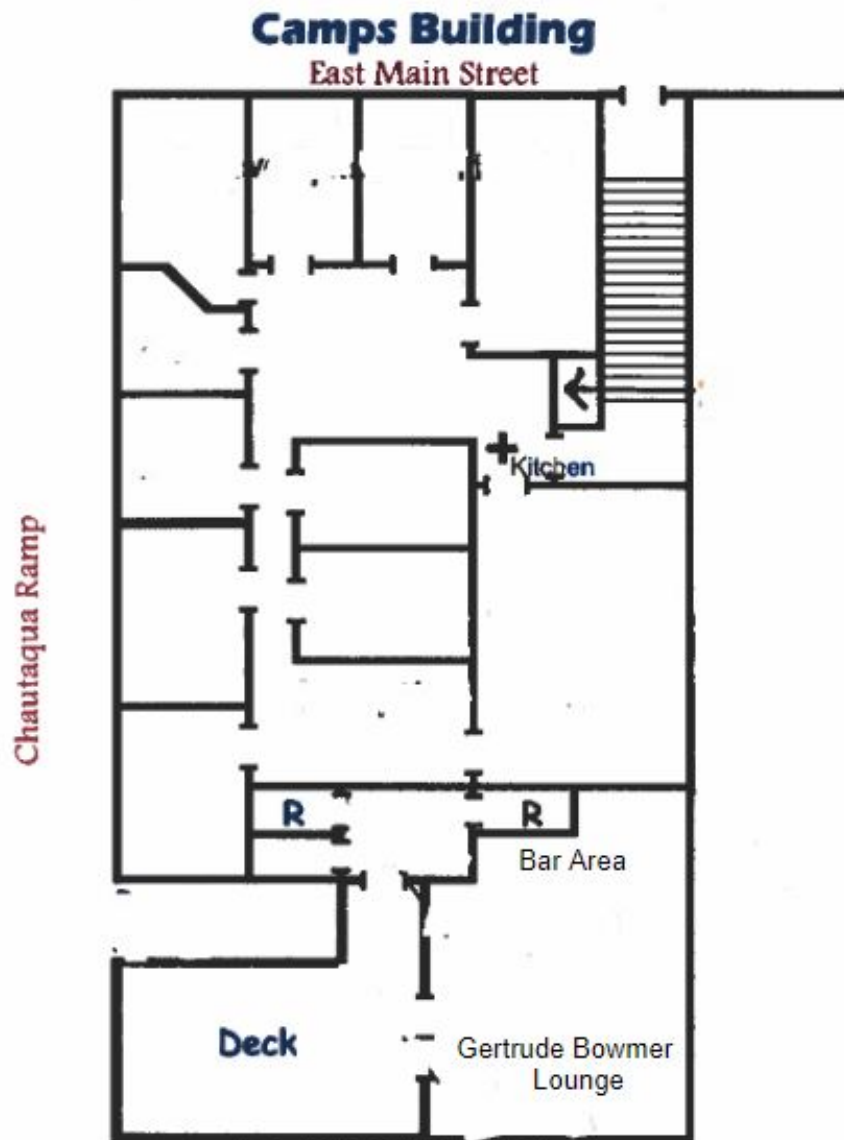


FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____



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

Date: _____ Initials: _____



FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____

Black Swan Complex Courtyard Level



Pioneer Street

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

Date: _____ Initials: _____

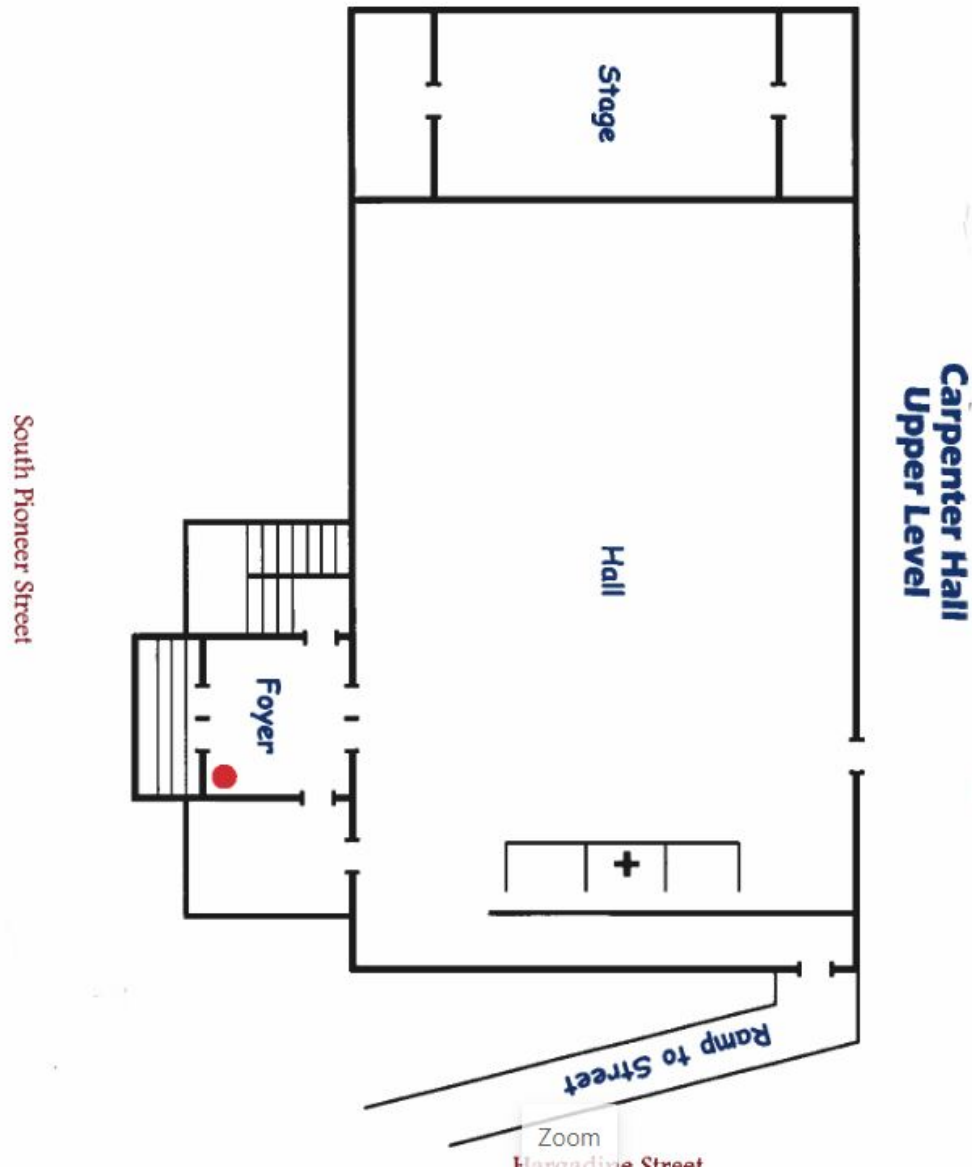


FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____



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

Date: _____ Initials: _____