

# Council Business Meeting

January 19, 2021

<b>Agenda Item</b>	Approval of Liquor License Request for BEAUX	
<b>From</b>	Melissa Huhtala	City Recorder
<b>Contact</b>	<a href="mailto:Melissa.huhtala@ashland.or.us">Melissa.huhtala@ashland.or.us</a> ; (541) 552-2084	

## **SUMMARY**

This is a request for approval of a liquor license application for BEAUX, located at 347 East 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 Full-On Premises Commercial.

## **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 BEAUX.

## **REFERENCES & ATTACHMENTS**

Attachment 1: Application



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

RECEIVED

DEC 29 2020

1. Application. Do not include any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 <sup>st</sup> Location Brewery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Date application received and/or date stamp:
<input type="checkbox"/> Brewery-Public House (BPH) 1 <sup>st</sup> location BPH Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Name of City or County:
<input type="checkbox"/> Distillery	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 <sup>st</sup> location GSP Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	<b>OLCC USE ONLY</b> Date application received: <u>11/30/20</u>
<input type="checkbox"/> Limited On-Premises	Date application accepted: <u>11/30/20</u>
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location Winery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/> (4 <sup>th</sup> ) <input type="checkbox"/> (5 <sup>th</sup> ) <input type="checkbox"/>	License Action(s): <u>c/o, c/TN, Add Privilege</u>

2. Identify the applicant(s) applying for the license(s). **ENTITY** (example: corporation or LLC) or **INDIVIDUAL(S)** applying for the license(s):

BEAUX, LLC

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT      App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT      App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

3. Trade Name of the Business (Name Customers Will See)

BEAUX

4. Business Address (Number and Street Address of the Location that will have the liquor license)

347 EAST MAIN ST

City <u>ASHLAND</u>	County <u>JACKSON</u>	Zip Code <u>97520</u>
------------------------	--------------------------	--------------------------

Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



# LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <b>BEAUX</b>			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in OAR 845-004-0065(1).) <b>347 EAST MAIN ST</b>			
City <b>ASTLAND</b>	State <b>OR</b>	Zip Code <b>97520</b>	
9. Phone Number of the Business Location <b>541-941-9944</b>		10. Email Contact for this Application and for the Business <b>peter.hunkeler@gmail.com</b>	
11. Contact Person for this Application <b>PETER HUNKELER</b>		Phone Number <b>541-941-9944</b>	
Contact Person's Mailing Address (if different)	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

**ATTESTATION: \*\*READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM\*\***

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 unwaivable 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.

**Applicant(s) Signature**

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- 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 the application.
- 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 the application. If an individual other than an applicant signs the application, 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.**

**PETER HUNKELER**

App. #1: (PRINT NAME)	App #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
App. #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App. #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App. #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)