

Council Business Meeting

January 21, 2020

Agenda Item	Approval of Liquor License Request For Voris Enterprises, Inc. (Ashland Liquor Store)	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us ; (541) 488-2307	

SUMMARY

This is a request for approval of a Liquor License Application from Ashland Liquor Store. Located at 40 Lithia Way, 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 an off premises 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 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 Ashland Liquor Store.

REFERENCES & ATTACHMENTS

Attachment 1: Application



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

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 st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2 nd Location	Name of City or County:
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	Date: _____
<input type="checkbox"/> Distillery	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Commercial	Date application received:
<input type="checkbox"/> Full On-Premises, Caterer	11/13/19
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: <i>[Signature]</i>
<input type="checkbox"/> Full On-Premises, Other Public Location	License Action(s):
<input type="checkbox"/> Full On-Premises, For Profit Private Club	N/O
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

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

VORIS ENTERPRISES INC.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Ashland Liquor Store

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

40 Lithia Way

City

Ashland

County

T Jackson

Zip Code

97520



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>Abkhaz Liquor Store</i>			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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 mail) <i>40 Little Way</i>			
City <i>Abkhaz</i>		State <i>Oregon</i>	Zip Code <i>97520</i>
9. Phone Number of the Business Location <i>541-482-4258</i>		10. Email Contact for this Application <i>gpdowntownliquor@gmail.com</i>	
11. Contact Person for this Application <i>Patrick Voels</i>		Phone Number <i>541-218-6370</i>	
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.

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

Patrick Voels
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION

PUBLIC NOTICE

Voris Enterprises Inc.

Applicant

Has applied for a **OFF-PREMISES SALES**

License type

At **40 Lithia Way, Ashland, Oregon 97520**

Premises street address, city, zip code

If you have questions for the applicant you may contact:

Patrick Voris

Name of contact person

40 Lithia Way, Ashland, Oregon 97520

Contact person's mailing address

If you would like to contact the OLCC regarding this application:

855 Medford Center Drive, Medford, Oregon 97504

Mailing address of the local OLCC office



OREGON LIQUOR CONTROL COMMISSION
PUBLIC NOTICE CONFIRMATION

Voris Enterprises Inc.

Applicant

At 40 Lithia Way, Ashland, Oregon 97520

Premises street address, city, zip code

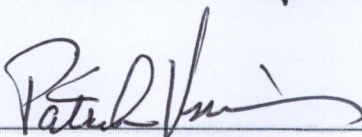
I conspicuously posted the PUBLIC NOTICE at the address listed above in a manner that allows the public to read it on:

DECEMBER 03, 2019

Date

I affirm that I am authorized to sign on behalf of the applicant.

Name (print) PATRICK VORIS

Signature 

Oregon Liquor Control Commission
AUTHORITY TO OPERATE

License Heading:

LICENSEE: Voris Enterprises Inc.

DATE: 12/3/19

FEE PAID: \$200.00

RECEIPT #: 700201 **DATE:** 12/2/19

TRADENAME: Ashland Liquor Store

ADDRESS: 40 Lithia Way

Ashland, OR 97520

MAILING ADDRESS

(IF DIFFERENT)

Type of License: OFF-PREMISES SALES

Authority to operate pending receipt of formal license certificate effective:

90 Day Temporary Authority From: 12/3/19 To 3/2/20

For 90 Day Temporary Authorities:

- Granting an authority does not obligate the OLCC to issue an annual license.
- Applicants who spend or commit money with only this authority do so at their own risk.
- The OLCC may revoke this authority without prior administrative proceedings for cause.

Important Notice:

This notice is intended to inform you that as a licensee of the OLCC, your business is subject to a minor decoy visit without further notice. If you and your staff would like training on checking ID, please call the OLCC at 1-800-452-6522 or your local OLCC field office.

RESTRICTIONS: ☒ NO ☐ YES

IF YES, SEE ATTACHED RESTRICTION DOCUMENT DATED

For the Director of Statewide Licensing

By 

Name: Eddie Gonzalez

Copies:

- One to applicant/licensee.
- One to file.
- If money collected: one to HQ cashier.
- If temp or final ATO with money collected earlier in process (no money collected with temp or final ATO): one to Application Coordinator.
- Optional: Regional Inspector.



Oregon

Kate Brown, Governor

Liquor Control Commission

November 21, 2019

Patrick Voris
40 Lithia Way
Ashland, OR 97520

**RE: Voris Enterprises Inc.
ASHLAND LIQUOR STORE
40 Lithia Way
Ashland, Oregon 97520**

Dear Patrick:

In order to issue the **ANNUAL LIQUOR LICENSE**, the following documentation is required:

1. **LIQUOR LICENSE APPLICATION** to be endorsed by City of Ashland located at the Ashland City Recorder, 20 East Main Street, Ashland, Oregon. Their telephone number is (541)488-5307.
2. Post **PUBLIC NOTICE** at the premises 40 Lithia Way in Ashland, Oregon in a manner that allows the public to read it for 10 days. After 10 days, you may remove the notice.
3. Provide signed and dated **PUBLIC NOTICE CONFIRMATION FORM**.

If you have any question or concerns, please give me a call to discuss.

I thank you in advance for your prompt attention in this matter.

Sincerely,

Eddie Gonzalez
License/Regulatory Specialist
855 Medford Center Drive
Medford, Oregon 97504
(541)776-6192 – telephone
(541)776-6188 – fax
eddie.gonzalez@oregon.gov