

# Council Business Meeting

March 1, 2022

<b>Agenda Item</b>	Approval of Liquor License Request for Stop n Shop	
<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 Stop n Shop, 110 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. The applicant has a Business License and has registered as a restaurant.

## **ACTIONS, OPTIONS & POTENTIAL MOTIONS**

I move to approve the liquor license for Stop n Shop

## **REFERENCES & ATTACHMENTS**

Attachment 1: Application

**LIQUOR LICENSE APPLICATION****PRINT FORM****RESET FORM**

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	Date application received and/or date stamp:
Brewery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Name of City or County:
<input type="checkbox"/> Brewery-Public House (BPH) 1 <sup>st</sup> location	Recommends this license be:
BPH Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	
<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>
<input type="checkbox"/> Limited On-Premises	Date application received: <u>01/04/2022</u>
<input checked="" type="checkbox"/> Off-Premises	Date application accepted: <u>01/04/2022</u>
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	License Action(s): <u>C/O</u>
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"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)<sup>1</sup>** applying for the license(s):

M & J 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

<b>3. Trade Name of the Business (Name Customers Will See)</b> Stop n Shop		
<b>4. Business Address (Number and Street Address of the Location that will have the liquor license)</b> 110 Lithia Way		
City Ashland	County Jackson	Zip Code 97520

<sup>1</sup> 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

<b>5. Trade Name of the Business (Name Customers Will See)</b> Stop n Shop			
<b>6. Does the business address currently have an OLCC liquor license?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>7. Does the business address currently have an OLCC marijuana license?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>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 <a href="#">OAR 845-004-0065[1]</a>.)</b> 110 Lithia Way			
<b>City</b> Ashland	<b>State</b> OR	<b>Zip Code</b> 97520	
<b>9. Phone Number of the Business Location</b> 541-488-9550		<b>10. Email Contact for this Application and for the Business</b> nicole@burchsbookkeeping.com	
<b>11. Contact Person for this Application</b> Nicole Stanislawski		<b>Phone Number</b> [REDACTED]	
<b>Contact Person's Mailing Address (if different)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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.**

Jiwan Singh

App. #1: (PRINT NAME)

App. #1: (SIGNATURE)

App. #1: Signature Date

Atty. Bar Information (if applicable)

Mukesh Sharma

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)



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: M & J LLC Phone: 541-488-9550

Trade Name (dba): Stop n Shop

Business Location Address: 110 Lithia Way

City: Ashland ZIP Code: 97520

## DAYS AND HOURS OF OPERATION

no outdoor seating

### Business Hours:

Sunday	6 am	to	10 pm
Monday	6 am	to	10 pm
Tuesday	6 am	to	10 pm
Wednesday	6 am	to	10 pm
Thursday	6 am	to	10 pm
Friday	6 am	to	10 pm
Saturday	6 am	to	10 pm

### Outdoor Area Hours:

Sunday		to	
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		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 none apply     |
| <input 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	

\*No Consumption

## SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_ no seating  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

### OLCC USE ONLY

Investigator Verified Seating: \_\_\_\_\_ (Y) ☒ (N)

Investigator Initials: LT

Date: 01/25/22

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

Applicant Signature: [Signature] Date: 1/4/2021

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 12/07)