

Council Business Meeting

May 5, 2020

Agenda Item	Approval of Liquor License Request for Cravingcave	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us ; (541) 488-5307	

SUMMARY

This is a request for approval of a liquor license application from Cravingcave located at 2345 Ashland 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 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 Cravingcave.

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 1st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	Recommends this license be:
<input checked="" type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<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 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received: <u>3/30/20</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <u>[Signature]</u>
<input type="checkbox"/> Warehouse	License Action(s): <u>N/O</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

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

Cravingcave, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Cravingcave

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

2345 Ashland St #205

City	County	Zip Code
<u>Ashland</u>	<u>Jackson</u>	<u>97520</u>



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Cravingcave			
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) 2345 Ashland St #205			
City Ashland	State OR	Zip Code 97520	
9. Phone Number of the Business Location (51) 944-4354		10. Email Contact for this Application adrian.palomero10@gmail.com	
11. Contact Person for this Application Adrian Gonzalez Hernandez		Phone Number (541) 944-4354	
Contact Person's Mailing Address (if different) 2345 Ashland St #205	City Ashland	State OR	Zip Code 97520

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.


(Applicant#1)

(Applicant#2)

(Applicant#3)

(Applicant#4)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1654839-92

3/12/20 - 3/12/21

Please Print or Type

LLC Name: Cravingcave, LLC Year Filed: 2020

Trade Name (dba): Cravingcave

Business Location Address: 2345 Ashland St #205

City: Ashland ZIP Code: 97520

List Members of LLC:

Percentage of Membership Interest:

1. Adrian Gonzalez Hernandez
(managing member)

100%

2. _____
(members)

3. _____

4. _____

5. _____

6. _____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: Adrian DOB: 04-10-1988

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

Signature: Adrian (name) Owner (title) Date: 03-23-20

1-800-452-OLCC (6522)

www.olcc.state.or.us

(rev. 8/11)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Craving Cave, LLC Phone: 541-944-4354
Trade Name (dba): CRAVINGCAVE
Business Location Address: 2345 Ashland St #205
City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12pm to 12am
Monday 12pm to 12am
Tuesday 12pm to 12am
Wednesday 12pm to 12am
Thursday 12pm to 12am
Friday 12pm to 1am
Saturday 12pm to 1am

Outdoor Area Hours:

Sunday 12pm to 12am
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

The outdoor area is used for:

☒ Food Service Hours: 12pm to 1am
☒ Alcohol Service Hours: 12pm to 1am
☐ 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 checked="" type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input checked="" 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: 70 Outdoor: 16
Lounge: 8 Other (explain): _____
Banquet: _____ Total Seating: 94

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] Date: 03-19-20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



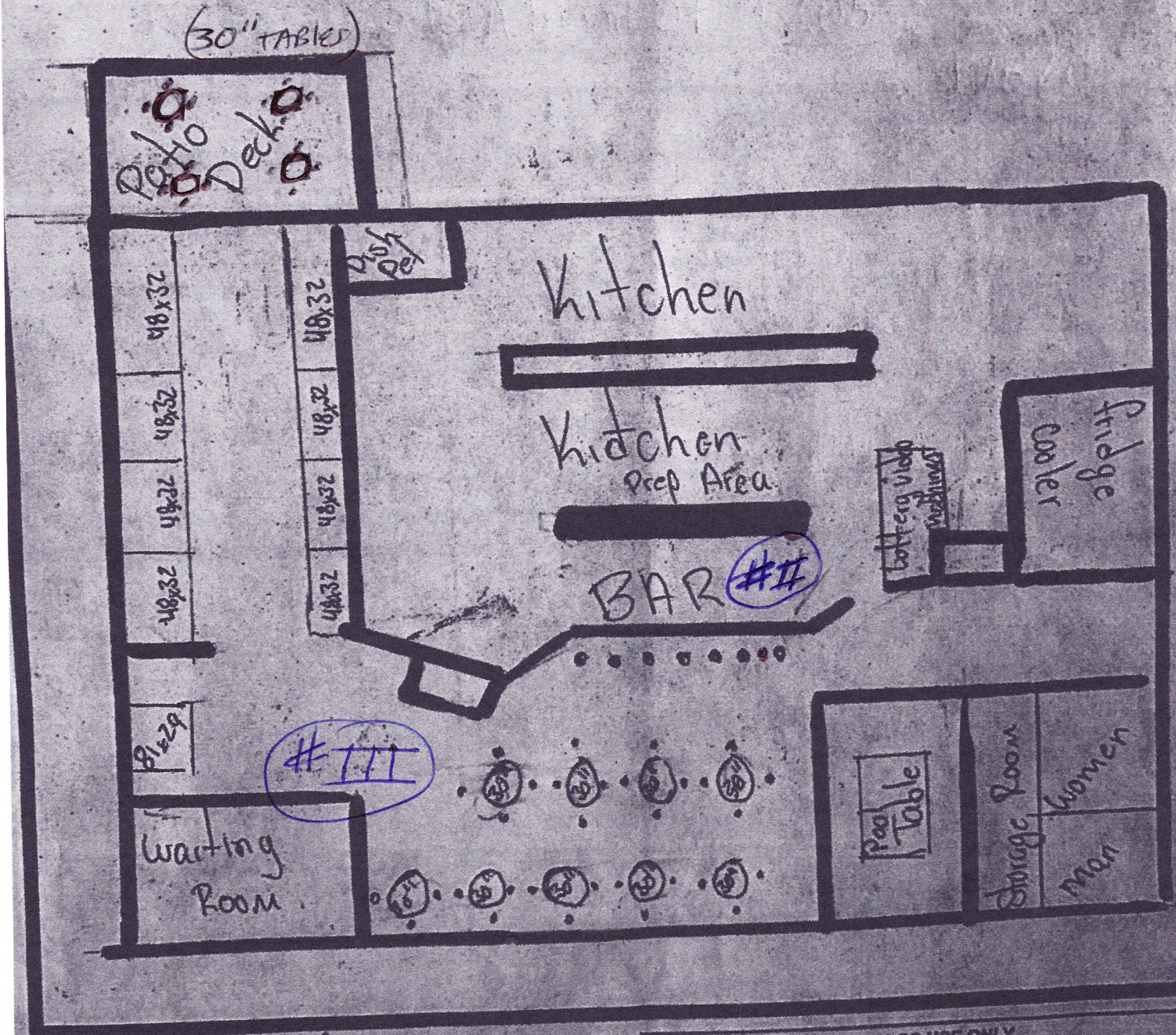
OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

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.



Crawling Cave, LLC
Applicant Name

CRAWNCAVE

Trade Name (dba):

Ashland 97520

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

#II - Bar/Lounge
#III - Remainder of Premises
Date: 4/8/20 Initials: [Signature]