

Council Business Meeting

June 7, 2022

Agenda Item	Approval of Liquor License Request for Ashland Wine Cellar	
From	Melissa Huhtala	City Recorder
Contact	Melissa.huhtala@ashland.or.us ; (541) 552-2084	

SUMMARY

This is a request for approval of a liquor license application for Ashland Wine Cellar 357 East Main 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 Limited 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. 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 Wine Cellar.

REFERENCES & ATTACHMENTS

Attachment 1: Application



OREGON LIQUOR CONTROL COMMISSION

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 st Location	Date application received and/or date stamp: _____
Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Brewery-Public House (BPH) 1 st location	
BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	
<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	Name of City or County: _____
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location	Recommends this license be:
GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Limited On-Premises	By: _____
<input checked="" type="checkbox"/> Off-Premises per email 2-27-22 RE	Date: _____
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
(4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/>	
	OLCC USE ONLY Date application received: <u>2-7-22</u> Date application accepted: <u>2-7-22</u>
	License Action(s): N/O

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

James P. Winters 2-24-22 RE

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

Ashland Wine Celler LLC

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) Ashland Wine Celler		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 357 East Main Street		
City Ashland	County Jackson	Zip Code 97520

¹ 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) Ashland Wine Cellar			
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)) PO Bpx 276			
City Ashland	State Oregon	Zip Code 97520	
9. Phone Number of the Business Location 541-488-2111		10. Email Contact for this Application and for the Business jim@ashlandwinecellar.com	
11. Contact Person for this Application James Whitaker		Phone Number [REDACTED]	
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.**

James Whitaker

1/31/2022

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)



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	Whitaker	James	P.
	Last	First	Middle
2. Other names used (maiden, other):			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If yes, you must list your SSN: [REDACTED]			
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below.			
Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a)).			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED]	[REDACTED]	[REDACTED]
	(mm)	(dd)	(yyyy)
6. Driver License or State ID #	[REDACTED]	7. State [REDACTED]	
8. Contact Phone: [REDACTED]			
9. E-mail Address: jim@ashlandwinecellar.com			
10. Mailing Address:	[REDACTED]	[REDACTED]	[REDACTED]
	(Number and Street)	(City)	(State) (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?			
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.			



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Ashland Wine Cellar LLC 2-24-22 RE

541-488-2111 2-24-22 RE

Applicant Name: James P Whitaker

Phone: [REDACTED]

Trade Name (dba): Ashland Wine Cellar

Business Location Address: 357 East Main St.

City: Ashland

ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday closed to
 Monday closed to
 Tuesday 12pm to 5pm
 Wednesday 12pm to 5pm
 Thursday 12pm to 5pm
 Friday 12pm to 5pm
 Saturday 12pm to 5pm

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: Hours and days may expand for certain events and seasonally depending on tourist volume.

ENTERTAINMENT

Check all that apply:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- 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: Outdoor:
 Lounge: Other (explain): shop area: 25
 Banquet: Total Seating: 25

OLCC USE ONLY
 Investigator Verified Seating: (Y) (N)
 Investigator Initials: RE
 Date: 2-24-22

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

Applicant Signature:

Date: 1/31/2022

1-800-452-OLCC (6522)
 www.oregon.gov/olcc

(rev. 12/07)