

Council Business Meeting

June 16, 2020

Agenda Item	Approval of Liquor License Request for Saltworks, LLC dba Eleven on the Creek	
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 Eleven on the Creek located at 18 Calle Guanajuato Way #5 & #6, 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 Saltworks, LLC dba Eleven on the Creek.

REFERENCES & ATTACHMENTS

Attachment 1: Application



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: Name of City or County: Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____	
<input type="checkbox"/> Brewery 2 nd Location		
<input type="checkbox"/> Brewery 3 rd Location		
<input type="checkbox"/> Brewery-Public House 1 st location		
<input type="checkbox"/> Brewery-Public House 2 nd location		
<input type="checkbox"/> Brewery-Public House 3 rd location		
<input type="checkbox"/> Distillery		
<input checked="" 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		
<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		OLCC USE ONLY Date application received: <u>1/27/20</u> By: <u>[Signature]</u> License Action(s): <u>C/O, C/TN</u>
<input 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):

Saltworks LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
18 Calle Garguaboway #5 + #6

City <u>Ashland</u>	County <u>Jackson</u>	Zip Code <u>97520</u>
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LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>Elevation on the Creek</i>			
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 mail) <i>18 Calle Guanajuato Way #5</i>			
City <i>Newland</i>	State <i>OR</i>	Zip Code <i>97520</i>	
9. Phone Number of the Business Location <i>541 905 1092</i>		10. Email Contact for this Application <i>elevationonthecreek@gmail.com</i>	
11. Contact Person for this Application <i>Kevin Broaddo</i>		Phone Number <i>541 905 1092</i>	
Contact Person's Mailing Address (if different) <i>154 5th ST</i>	City <i>Newland</i>	State <i>OR</i>	Zip Code <i>97520</i>

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



1007526-90
3/27/14 - 3/27/20

Please Print or Type

LLC Name: Saltwork LLC Year Filed: 2014

Trade Name (dba): Elevation on The Creek

Business Location Address: 18 Calle Guanajuato way #516

City: Ashland ZIP Code: 97520

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|------------|
| 1. <u>Kerrin Broadie</u>
(managing member) | <u>99%</u> |
| 2. <u>Andrea Broadie</u>
(members) | <u>1%</u> |
| 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 ED: 8/15/19

Server Education Designee: Kerrin Broadie DOB: 12/2/1963

SP# 2KU725

Exp: 8/14/24

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

Signature: [Signature] Date: 1/18/20
(name) (title)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Saltworks LLC Phone: 541 965 1092
 Trade Name (dba): Eleven on the Creek #5¢
 Business Location Address: 18 Calle Guanajuato Way #6
 City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:30 to 9:00
 Monday X to X
 Tuesday 11:30 to 9:00
 Wednesday 11:30 to 9:00
 Thursday 11:30 to 9:00
 Friday 11:30 to 9:00
 Saturday 11:30 to 9:00

Outdoor Area Hours:

Sunday 11:30 to 9:00
 Monday X to X
 Tuesday 11:30 to 9:00
 Wednesday 11:30 to 9:00
 Thursday 11:30 to 9:00
 Friday 11:30 to 9:00
 Saturday 11:30 to 9:00

The outdoor area is used for:

- Food service Hours: 11:30 to 9:00
 Alcohol service Hours: 11:30 to 9:00
 Enclosed, how Enclosed Patio

The exterior area is adequately viewed and/or supervised by Service Permittees.

[Signature] (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday 5:30 to 8:00
 Monday X to X
 Tuesday X to X
 Wednesday 5:30 to 8:00
 Thursday 5:30 to 8:00
 Friday 5:30 to 8:00
 Saturday 5:30 to 8:00

SEATING COUNT

Restaurant: 42 Outdoor: 46
 Lounge: 12 (Bar) Other (explain): _____
 Banquet: _____ Total Seating: 100

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: 1/22/20

1-800-452-OLCC (6522)

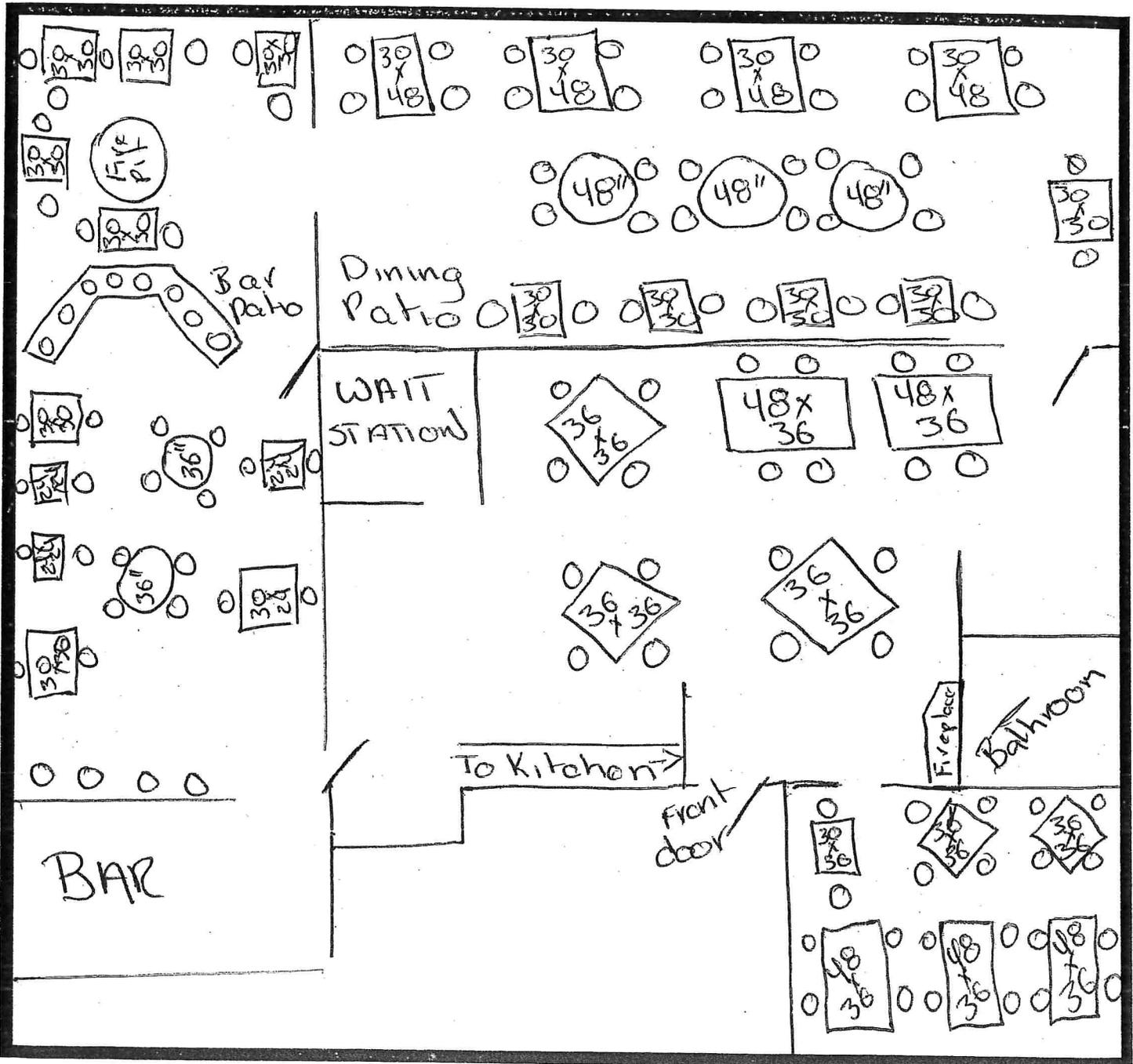
www.oregon.gov/olcc

(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.



Applicant Name: Saltworks LLC
 Trade Name (dba): Eleven on the Creek
 City and ZIP Code: Ashland 97520

.....OLCC USE ONLY.....
 MINOR POSTING ASSIGNMENT(S)
 Date: _____ Initials: _____