

# Council Business Meeting

July 8, 2019

<b>Agenda Item</b>	Approval of Liquor License Request for Saltworks, LLC	
<b>From</b>	Melissa Huhtala	City Recorder
<b>Contact</b>	<a href="mailto:Melissa.huhtala@ashland.or.us">Melissa.huhtala@ashland.or.us</a> 541-488-5307	

## **SUMMARY**

This is a request for approval of a Liquor License Application from Saltworks, LLC located at 14 Calle Guanajuato Way #100, 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 Full On-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 Saltworks, LLC.

## **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 <sup>st</sup> Location	Date application received: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	Date: _____
<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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	
<input type="checkbox"/> Limited On-Premises	
<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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

OLCC USE ONLY
Date application received: <u>6/21/19</u>
By: <u>[Signature]</u>
Date application accepted as initially complete: <u>6/25/19</u>
By: <u>[Signature]</u>
License Action(s): <u>N/O</u>

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)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY





OREGON LIQUOR CONTROL COMMISSION

**LIQUOR LICENSE APPLICATION**

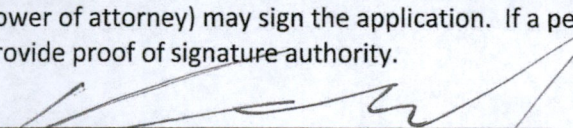
<b>3. Applicant #1</b> Saltworks LLC		<b>Applicant #2</b>	
<b>Applicant #3</b>		<b>Applicant #4</b>	
<b>4. Trade Name of the Business (Name Customers Will See)</b> Eleven on the Creek			
<b>5. Business Address (Number and Street Address of the Location that will have the liquor license)</b> 14 Calle Guanajuato Way #100			
<b>City</b> Ashland	<b>County</b> Jackson	<b>Zip Code</b> 97520	
<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 mail)</b> 14 Calle Guanajuato Way #100			
<b>City</b> Ashland	<b>State</b> OR	<b>Zip Code</b> 97520	
<b>9. Phone Number of the Business Location</b> 541 905 1092		<b>Email Contact for this Application</b> elevenonthecreek@gmail.com	
<b>Contact Person for this Application</b> Kevin Broadie		<b>Phone Number</b> 541 905 1092	
<b>Mailing Address</b> 14 Calle Guanajuato Way #100	<b>City</b> Ashland	<b>State</b> OR	<b>Zip Code</b> 97520

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

Please Print or Type

3/27/14 - 3/27/20

LLC Name: Saltworks LLC Year Filed: 2014

Trade Name (dba): ELEVEN ON the CREEK

Business Location Address: 14 Calle Guanajuato Way

City: Ashland, OR ZIP Code: 97520

List Members of LLC:

Percentage of Membership Interest:

1. Kevin Broadie  
(managing member)

99%

2. ANDI BROADIE  
(members)

1%

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: Kevin Broadie DOB: 12/2/1963

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

Signature: [Signature]  
(name) (title)

Date: 6/6/19





# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Saltworks, LLC Phone: 541 905 1092  
Trade Name (dba): Eleven on the creek  
Business Location Address: 14 Calle Guanajuato Way #100  
City: Astoria ZIP Code: 97103

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 6am to 12am  
Monday 6am to 12am  
Tuesday 6am to 12am  
Wednesday 6am to 12am  
Thursday 6am to 12am  
Friday 6am to 12am  
Saturday 6am to 12am

### Outdoor Area Hours:

Sunday 6am to 12am  
Monday 6am to 12am  
Tuesday 6am to 12am  
Wednesday 6am to 12am  
Thursday 6am to 12am  
Friday 6am to 12am  
Saturday 6am to 12am

The outdoor area is used for:

☒ Food service Hours: 6am to 12am  
☒ Alcohol service Hours: 6am to 12am  
☒ Enclosed, how Menu Permitted

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

[Signature] (Investigator's Initials)

Seasonal Variations: ☒ Yes ☐ No If yes, explain: in the off season we may reduce hours

## ENTERTAINMENT

Check all that apply:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Live Music     | <input checked="" type="checkbox"/> Karaoke     |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games    |
| <input checked="" 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 6am to 12am  
Monday 6am to 12am  
Tuesday 6am to 12am  
Wednesday 6am to 12am  
Thursday 6am to 12am  
Friday 6am to 12am  
Saturday 6am to 12am

undecided as plan on offering music during pre theatre and possibly brunch

## SEATING COUNT

Restaurant: 34 Outdoor: 28  
Lounge: 4 (BAR) Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: 66

### OLCC USE ONLY

Investigator Verified Seating: ☒ (Y) ☐ (N)

Investigator Initials: [Signature]

Date: 6/28/19

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

Applicant Signature: [Signature] Date: 5/28/19

1-800-452-OLCC (6522)

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

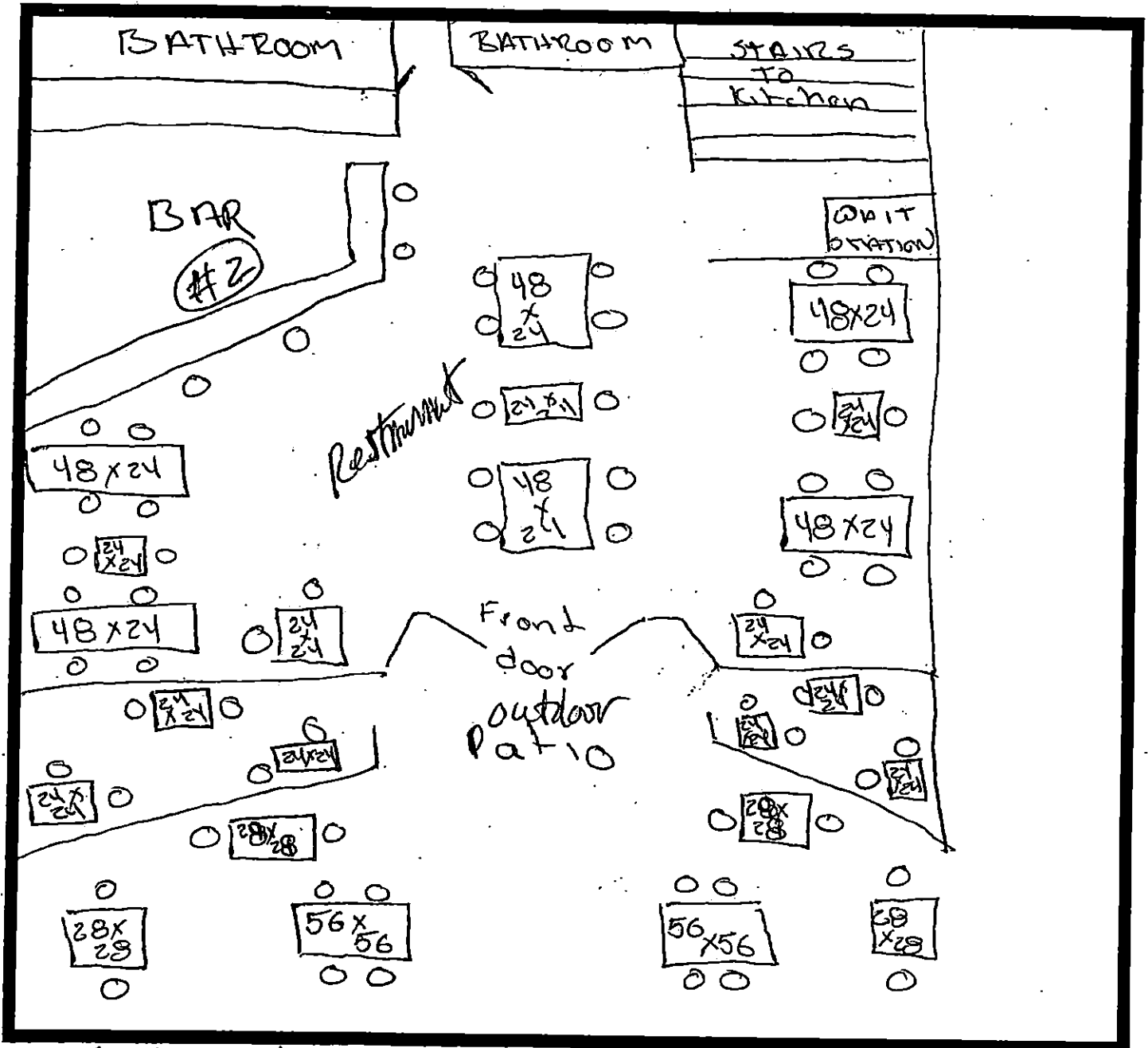
(rev. 12/07)





# 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.



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

.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)  
#11 - BAR / BAR COUNTER  
Date: 6/25/19 Initials: ES

1-800-452-OLCC (6522)

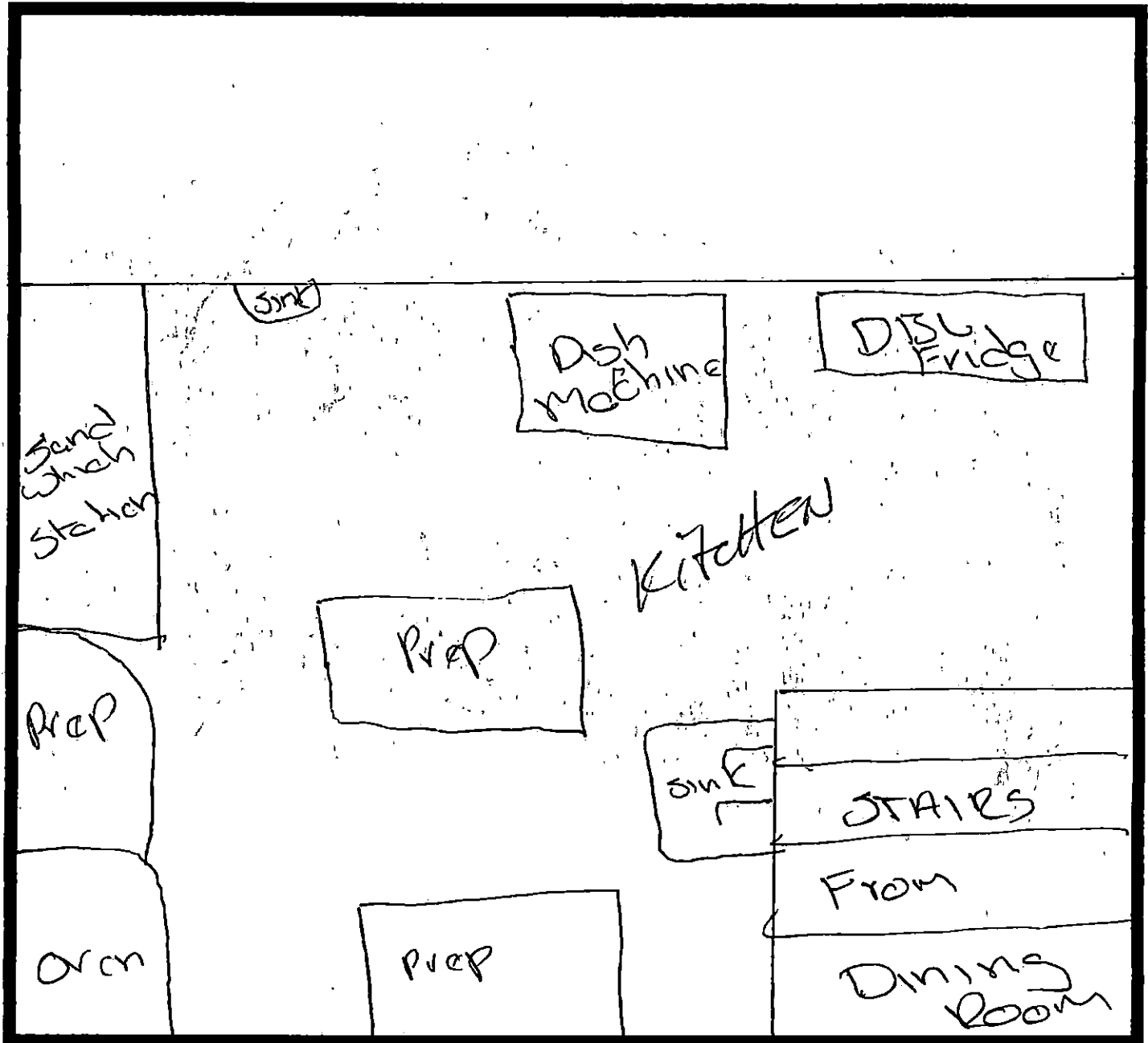
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(rev. 09/12)



# OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

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

.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)  
# 11 - BAR / BAR Counter  
Date: 6/25/19 Initials: EL

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

(rev. 09/12)