

Council Business Meeting

July 21 , 2020

| | | |
|--------------------|---------------------------------------------------------------------------------------------------|---------------|
| Agenda Item | Approval of Liquor License Request for Agave | |
| 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 Agave, located at 5 Granite Street, 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 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 Agave.

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 1st Location | Date application received and/or date stamp: |
| <input type="checkbox"/> Brewery 2nd Location | |
| <input type="checkbox"/> Brewery 3rd Location | Name of City or County: |
| <input type="checkbox"/> Brewery-Public House 1st Location | |
| <input type="checkbox"/> Brewery-Public House 2nd Location | Recommends this license be: |
| <input type="checkbox"/> Brewery-Public House 3rd Location | |
| <input type="checkbox"/> Distillery | <input type="checkbox"/> Granted <input type="checkbox"/> Denied |
| <input type="checkbox"/> Full On-Premises, Commercial | By: _____ |
| <input type="checkbox"/> Full On-Premises, Caterer | |
| <input type="checkbox"/> Full On-Premises, Passenger Carrier | Date: _____ |
| <input type="checkbox"/> Full On-Premises, Other Public Location | OLCC USE ONLY |
| <input type="checkbox"/> Full On-Premises, For Profit Private Club | |
| <input type="checkbox"/> Full On-Premises, Nonprofit Private Club | Date application received: <u>4/29/20</u> |
| <input type="checkbox"/> Grower Sales Privilege 1st Location | By: <u>[Signature]</u> |
| <input type="checkbox"/> Grower Sales Privilege 2nd Location | License Action(s): <u>A/P</u> |
| <input type="checkbox"/> Grower Sales Privilege 3rd Location | |
| <input type="checkbox"/> Limited On-Premises | |
| <input checked="" 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 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):

OCAT Inc _____ (Applicant #1) _____ (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)

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

AGAVE

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

5 Granite St.

| 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) AGAVE | | | |
| 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) 5 Granite St. | | | |
| City Ashland | State Oregon | Zip Code 97520 | |
| 9. Phone Number of the Business Location 541-488-1770 | | 10. Email Contact for this Application Agaveashland@gmail.com | |
| 11. Contact Person for this Application Juniper Brown | | Phone Number 541-282-4589 | |
| Contact Person's Mailing Address (if different) 380 Avery St. | 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
CORPORATION QUESTIONNAIRE

340634-95
 2/13/06 - 2/13/21
 Year Incorporated: 2006

Please Print or Type

Corporation Name: OCAT Inc.
 Trade Name (dba): Agave
 Business Location Address: 5 Granite St.
 City: Ashland ZIP Code: 97520

List Corporate Officers:

| | |
|--------------------------------------|---------------------------------------|
| <u>Juniper Jacob Brown</u> (NAME) | <u>SECRETARY/TREASURER</u> (TITLE) |
| <u>Kathryn G. Maloof</u> | <u>PRESIDENT</u> |
| _____ | _____ |
| _____ | _____ |

List Board of Directors:

Juniper Brown
(NAME)
Kathryn Maloof

List Stockholders: Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.

| Stockholders: | Number of Shares Held: | Number of Stock Shares: |
|----------------------------|------------------------|----------------------------------------------|
| <u>Juniper Jacob Brown</u> | <u>40</u> | Issued: <u>100</u> |
| <u>Kathryn G. Maloof</u> | <u>60</u> | Unissued: <u>0</u> |
| _____ | _____ | Total shares authorized to issue: <u>100</u> |
| _____ | _____ | |

Server Education Designee: Juniper Brown DOB: 4-1-85

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

Officer's Signature: [Signature] Date: 4-20-20
 (Name) (Title) (Owner)

Oregon Liquor Control Commission
SAME-DAY DELIVERY OF MALT BEVERAGES, WINE, OR CIDER FOR OREGON LICENSEES



"Same-day delivery" means you cause a resident of Oregon to receive malt beverages, wine, or cider on the same day you receive the order from the customer.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|------------------|
| Applicant Name (entity or individuals): <u>O CAT INC.</u> | | | |
| Trade Name of Business: <u>AGAVE</u> | | | |
| Premises Location Address: <u>5 Granite St.</u> | | City: <u>Ashland</u> | State: <u>OR</u> |
| | | Zip: <u>97520</u> | Phone: |
| Email(s): <u>Agaveashland@gmail.com</u> | | | |
| <input checked="" type="checkbox"/> I have an Oregon OFF-PREMISES SALES license and I'm applying to make same-day delivery of: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Malt Beverages <input checked="" type="checkbox"/> Wine and/or Cider | | | |
| <input type="checkbox"/> I have an Oregon BREWERY license and I'm applying to make same-day delivery of: <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverages <input type="checkbox"/> Wine and/or Cider | | | |
| <input type="checkbox"/> I have an Oregon BREWERY PUBLIC-HOUSE license and I'm applying to make same-day delivery of: <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverages <input type="checkbox"/> Wine and/or Cider | | | |
| <input type="checkbox"/> I have an Oregon GROWER SALES PRIVILEGE license and I'm applying to make same-day delivery of only wine or cider where all of the fruit or grapes used to make the wine or cider are grown in Oregon under my control. | | | |
| <input type="checkbox"/> I have an Oregon WINERY license with a valid TTB <u>Producer and Blender Basic Permit</u> and I'm applying to make same-day delivery of: <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverages <input type="checkbox"/> Wine and/or Cider | | | |
| <input type="checkbox"/> I have an Oregon WINERY license with a valid TTB <u>Wholesaler Basic Permit</u> and I'm applying to make same-day delivery of: <ul style="list-style-type: none"> <input type="checkbox"/> Malt Beverages <input type="checkbox"/> Wine and/or Cider brands under my control | | | |

I understand I may make same-day deliveries of malt beverages, wine, or cider to an Oregon resident only as allowed by OAR 845-006-0392 and 845-006-0396.

I certify that I have read and will follow OAR 845-006-0392 and 845-006-0396. I affirm that I am authorized to sign this application on behalf of the applicant.

Print Name Juniper Brown
 Signature *Juniper Brown* Date 4-20-20

| | |
|----------------------|---------------------------|
| OLCC USE ONLY | |
| License Number | <u><i>[Signature]</i></u> |
| Approved by | Date <u>4/21/20</u> |