

# Council Business Meeting

November 5th, 2019

<b>Agenda Item</b>	Approval of Liquor License Request for Bloomsbury Blends 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) 488-2307	

## **SUMMARY**

This is a request for approval of a Liquor License Application from Bloomsbury Blends LLC, located at 290 East Main 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 Limited 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 Bloomsbury Blends LLC.

## **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 <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"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	
<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	
<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 checked="" type="checkbox"/> Limited On-Premises	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Off-Premises	Date application received: <u>7/23/19</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <u>[Signature]</u>
<input type="checkbox"/> Warehouse	Date application accepted/as initially complete: <u>9/23/19</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	By: <u>[Signature]</u>
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	License Action(s): <u>N/D</u>
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

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

Bloomsbury Blends Inc.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY





OREGON LIQUOR CONTROL COMMISSION

**LIQUOR LICENSE APPLICATION**

3. Applicant #1 Bloomsbury Blends Inc.		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Bloomsbury Blends <i>INC.</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 290 East Main Street			
City Ashland	County Jackson	Zip Code 97520	
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) 290 East Main Street			
City Ashland	State OR	Zip Code 97520	
9. Phone Number of the Business Location <i>510-786-7238</i>	Email Contact for this Application bloomsburyblends@gmail.com		
Contact Person for this Application Dharmendra Bengali		Phone Number 510-786-7238	
Mailing Address 347 Meadow Drive	City Ashland	State Or	Zip Code 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.

Dharmendra Bengali Digitally signed by Dharmendra Bengali  
Date: 2019.07.15 17:52:29 -07'00'

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)





# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bloomerbury Blends Inc. Phone: 510-786-7238

Trade Name (dba): Bloomerbury Blends Inc.

Business Location Address: 290 EAST MAIN ST, SE

City: Ashland ZIP Code: 97520

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 5am to 10pm  
Monday 5am to 10pm  
Tuesday 5am to 10pm  
Wednesday 5am to 10pm  
Thursday 5am to 10pm  
Friday 5am to 10pm  
Saturday 5am to 10pm

### Outdoor Area Hours:

Sunday 5am to 10pm  
Monday 5am to 10pm  
Tuesday 5am to 10pm  
Wednesday 5am to 10pm  
Thursday 5am to 10pm  
Friday 5am to 10pm  
Saturday 5am to 10pm

The outdoor area is used for:

☒ Food service Hours: 5am to 10pm

☐ Alcohol service Hours: 5am to 10pm

☒ Enclosed, how Gated fence

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

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations: ☒ Yes ☐ No If yes, explain: Timing may change base on weather.

## 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 7pm to 10pm  
Monday 7pm to 10pm  
Tuesday 7pm to 10pm  
Wednesday 7pm to 10pm  
Thursday 7pm to 10pm  
Friday 7pm to 10pm  
Saturday 7pm to 10pm

## SEATING COUNT

Restaurant: 24

Outdoor: 24

Lounge: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_

Total Seating: 48

### 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: 7/16/19

1-800-452-OLCC (6522)

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

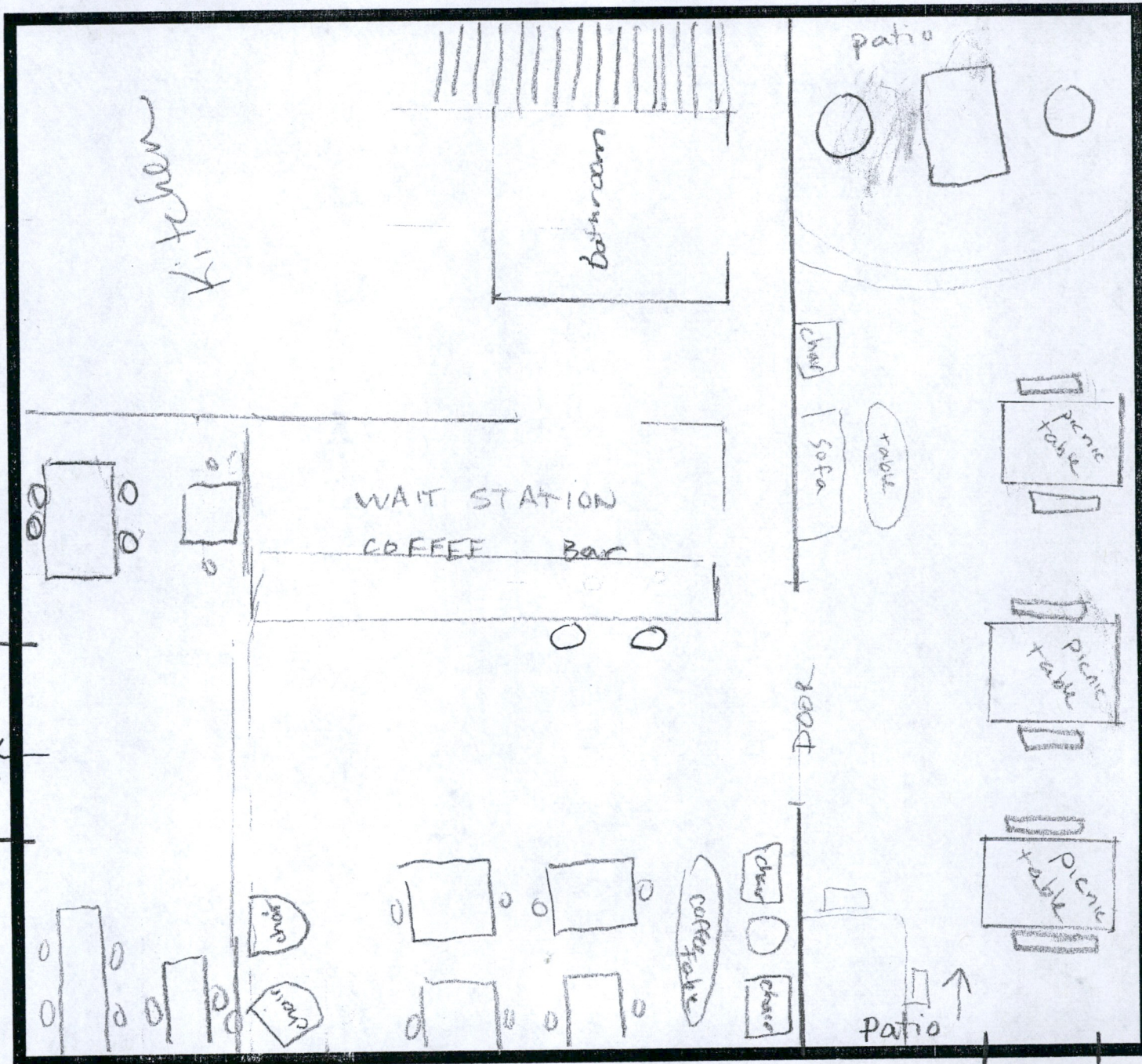
(rev. 12/07)





# 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.



Bloomsbury Blends INC.  
Applicant Name  
Bloomsbury Blends INC.  
Trade Name (dba):  
Ashland 97520  
City and ZIP Code

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

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

1-800-452-OLCC (6522)  
[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 09/12)