



# Council Business Meeting

June 20, 2023

<b>Agenda Item</b>	Approval of Liquor License Request for MAM’S Happy Thai Express	
<b>From</b>	Melissa Huhtala	City Recorder
<b>Contact</b>	<a href="mailto:recorder@ashland.or.us">recorder@ashland.or.us</a> ; 541-488-5307	
<b>Item Type</b>	Requested by Council <input type="checkbox"/> Update <input type="checkbox"/> Request for Direction <input type="checkbox"/> Presentation <input type="checkbox"/>	

## **SUMMARY**

This is a request for approval of a liquor license application for MAMS’s Happy Thai Express, 165 E. Main St., Ashland, OR 97520.

## **POLICIES, PLANS & GOALS SUPPORTED**

AMC Chapter 6.32 Liquor License Review

## **BACKGROUND AND ADDITIONAL INFORMATION**

This is a liquor license 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. The applicant has a Business License and has registered as a restaurant.

## **ACTIONS, OPTIONS & POTENTIAL MOTIONS**

I move to approve the liquor license for MAMS’s Happy Thai Express, 165 E. Main St., Ashland, OR 97520.

## **REFERENCES & ATTACHMENTS**

Attachment 1: Application





OREGON LIQUOR & CANNABIS COMMISSION  
**LIQUOR LICENSE APPLICATION**

**Instructions**

1. **Complete and sign** this application.
2. Prior to submitting this application to the OLCC, send the completed application to **the local government for the premises address** to obtain a recommendation.
  - If the premises street address is within a city's limits, the local government is the city.
  - If the premises street address is not within a city's limits, the local government is the county.
3. Collect the application from the local government **after** the recommendation has been provided.
4. **Email the application that contains the local government recommendation** to [OLCC.LiquorLicenseApplication@Oregon.Gov](mailto:OLCC.LiquorLicenseApplication@Oregon.Gov).
5. **Do not** include any license fees with your application packet (fees will be collected at a later time). *When it's time to pay the license fee you must pay the full yearly fee for the current license year (the license fee will not be prorated). If you pay in the last quarter of your license year you must also pay the yearly fee for the next license year.*

**License Request Options** - Please see the general definitions of the license request options below:

- **New Outlet:** The licensing of a business that does not currently hold an active liquor license.
- **Change of Ownership:** The request to completely change the licensee of record at a licensed business.
- **Greater Privilege:** The request to replace a Limited On-Premises sales license with a Full On-Premises sales license.
- **Lesser Privilege:** The request to replace a Full On-Premises sales license with a Limited On-Premises sales license.
- **Additional Privilege:** The licensee currently holds an active liquor license at the premises and that same licensee would like to request to add an **additional** different liquor license type at that same premises location.

**Additional Information**

**Applicant Identification:** Please review [OAR 845-006-0301](#) for the definitions of "applicant" and "licensee" and [OAR 845-005-0311](#) to confirm that all individuals or entities with an ownership interest (other than a waivable ownership interest, per OAR 845-005-0311[6]) in the business have been identified as license applicants on this document. If you have a question about whether an individual or entity needs to be listed as an applicant for the license, discuss this with the OLCC staff person assigned to your application.

**Premises Address:** This is the physical location of the business and where the liquor license will be posted.

**Applicant Signature(s):** Each individual listed in the [applicant information box](#) on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one individual who is authorized to sign for the entity must sign the application.

**Applicant/Licensee Representative(s):** In order to make changes to a license or application or to receive information about a license or application by someone other than the applicant/licensee you must:

- Complete the below [Authorized Representative](#) area on page 2 as the applicant/licensee and/or
- Provide a Power of Attorney document showing the permissions allowable on the behalf of the applicant/licensee with this submission

*Please note that applicants/licensees are responsible for all information provided on this form, even if an authorized representative or individual with authority signs on behalf of the applicant.*

For help with this application or any related documents or processes, email [olcc.alcohollicensing@oregon.gov](mailto:olcc.alcohollicensing@oregon.gov).

# LIQUOR LICENSE APPLICATION

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Check the appropriate license request option:

New Outlet |  Change of Ownership |  Greater Privilege |  Lesser Privilege |  Additional Privilege

Select the license type you are applying for.

More information about all license types is available [online](#).

## Full On-Premises

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

## Winery

- Primary location
- Additional locations:  2nd  3rd  4th  5th

## Brewery

- Primary location
- Additional locations:  2nd  3rd

## Brewery-Public House

- Primary location
- Additional locations:  2nd  3rd

## Grower Sales Privilege

- Primary location
- Additional locations:  2nd  3rd

## Distillery

- Primary location
- Additional tasting locations:  2nd  3rd  4th  5th  6th

## Limited On-Premises

- Off Premises
- Warehouse
- Wholesale Malt Beverage and Wine

## INTERNAL USE ONLY

**Local Governing Body:** After providing your recommendation, return this application to the applicant.

## LOCAL GOVERNING BODY USE ONLY

City/County name:

Date application received:

Optional: Date Stamp

- Recommend this license be granted
- Recommend this license be denied

Printed Name

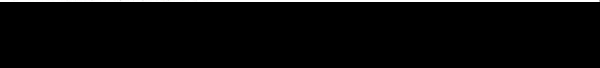
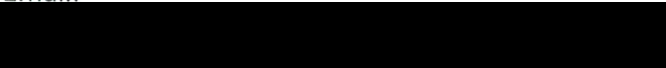




Date

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APPLICANT INFORMATION	
<b>Identify</b> the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.	
Name of entity or individual applicant #1: <b>AI YAH LLC</b>	Name of entity or individual applicant #2: <b>PETER HUSMAN</b>
Name of entity or individual applicant #3: <b>SUKJAI HUSMAN</b>	Name of entity or individual applicant #4:

BUSINESS INFORMATION		
Trade Name of the Business (name customers will see): <b>MAM'S HAPPY THAI EXPRESS</b>		
Premises street address (The physical location of the business and where the liquor license will be posted): <b>165 E. MAIN ST.</b>		
City: <b>ASHLAND</b>	Zip Code: <b>97520</b>	County: <b>JACKSON</b>
Business phone number: <b>510-395-4502</b>		Business email: <b>p.husman@comcast.net</b>
Business mailing address (where we will send any items by mail as described in <a href="#">OAR 845-004-0065[1]</a> ): <b>165 E. MAIN ST.</b>		
City: <b>ASHLAND</b>	State: <b>OR</b>	Zip Code: <b>97520</b>
Does the business address currently have an OLCC liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

AUTHORIZED REPRESENTATIVE – A liquor applicant or licensee may give a representative authorization to make changes to the license or application on behalf of the licensee or to receive information about a license or application.		
<b>I give permission for the below named representative to:</b> <input checked="" type="checkbox"/> Make changes regarding this license/application on my behalf. <input checked="" type="checkbox"/> Receive information about the status of this application, including information about pending compliance action or communications between OLCC and the licensee/applicant.		
Representative Name: <b>PETER HUSMAN, MANAGER</b>		
Phone number:	Email:	
		
Mailing address: 		
City:	State:	Zip Code:
		

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**APPLICATION CONTACT INFORMATION** – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative section must be filled in and the appropriate permission(s) must be selected.

**Application Contact Name:**

PETER HUSMAN

Phone number:

Email:

## TERMS

- “Real property” means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- “Common area” is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area’s designation as a “common area” is typically identified in the lease or rental agreement.

## ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the “Application Information” section of this form has read and understands [OAR 845-005-0311](#) and attests that:
  1. At least one applicant listed in the “Application Information” section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
  2. No person not listed as an applicant in the “Application Information” section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
  3. The licensed premises at the premises street address proposed to be licensed either:
    - a. Does not include any common areas; or
    - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
      - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in “common areas” and that this requirement applies at all times, even when the business is closed.
  4. The licensed premises at the premises street address either:
    - a. Has no area on property controlled by a public entity (like a city, county, or state); or
    - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

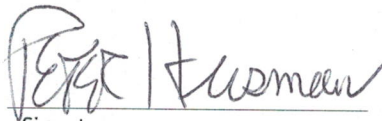
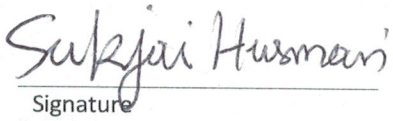
# LIQUOR LICENSE APPLICATION

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• Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-006-0362 and attests that:

1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

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.

PETER HUSMAN, Manager		04/24/23	
_____ Print name	_____ Signature	_____ Date	_____ Atty. Bar Info (if applicable)
SUKJAI HUSMAN, Member		04/24/23	
_____ Print name	_____ Signature	_____ Date	_____ Atty. Bar Info (if applicable)
_____ Print name	_____ Signature	_____ Date	_____ Atty. Bar Info (if applicable)
_____ Print name	_____ Signature	_____ Date	_____ Atty. Bar Info (if applicable)