



Council Business Meeting

December 5, 2023

Agenda Item	Approval of Liquor License Request for Brother’s Restaurant	
From	Alissa Kolodzinski	City Recorder
Contact	recorder@ashland.or.us ; 541-488-5307	
Item Type	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 Brother’s Restaurant, 95 N. 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 use of a 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. The applicant has a Business License and has registered as a restaurant.

ACTIONS, OPTIONS & POTENTIAL MOTIONS

I move to approve the liquor license for Brother’s Restaurant located at 95 N. Main St., Ashland, OR 97520.

REFERENCES & ATTACHMENTS

Attachment 1: Application



LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

New Outlet | Change of Ownership | Greater 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: (Use the DISTT form [HERE](#))

Limited On-Premises

Off Premises

Warehouse

Wholesale Malt Beverage and Wine

LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT
After providing your recommendation, return this form to the applicant **WITH** the recommendation marked below

Name of City OR County (not both)

Please make sure the name of the Local Government is printed legibly or stamped below

Date application received:

Optional: Date Stamp Received Below

- Recommend this license be granted
- Recommend this license be denied
- No Recommendation/Neutral

Printed Name

Date

Signature

Brother's Restaurant

Trade Name

LIQUOR LICENSE APPLICATION

Page 2 of 4

APPLICANT INFORMATION

Identify 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:

De La Cruz Brothers, Inc.

Name of entity or individual applicant #2:

Name of entity or individual applicant #3:

Name of entity or individual applicant #4:

BUSINESS INFORMATION

Trade Name of the Business (name customers will see):

Brother's Restaurant

Premises street address (The physical location of the business and where the liquor license will be posted):

95 N Main St

City:

Ashland

Zip Code:

97520

County:

Jackson

Business phone number:

541-944-2268

Business email:

delacruz89jose@icloud.com

Business mailing address (where we will send any items by mail as described in [OAR 845-004-0065\(11\)](#)):

95 N Main St

City:

Ashand

State:

OR

Zip Code:

97520

Does the business address currently have an OLCC liquor license? Yes No

Does the business address currently have an OLCC marijuana license? Yes No

APPLICATION CONTACT INFORMATON – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative Form must be completed and submitted with this application.

Application Contact Name:

Jose De La Cruz

Phone number:

Email:

delacruz89jose@icloud.com

LIQUOR LICENSE APPLICATION

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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.

Brother's Restaurant

LIQUOR LICENSE APPLICATION

Brother's Restaurant

Page 4 of 4

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 member or officer of the entity must sign the application.

• 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.

Jose De La Cruz



11/27/23

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant/Licensee Representative(s): If you would like to designate a person/entity to act on your behalf you must complete the Authorized Representative Form. You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.



OREGON LIQUOR & CANNABIS COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	De La Cruz	Jose		
	Last	First	Middle	
2. Other names used (maiden, other):				
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]				
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below. Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC§ 552(a)).				
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>				
5. Date of Birth (DOB):	[REDACTED]			
	(mm)	(dd)	(yyyy)	
6. Driver License or State ID #:	[REDACTED]			
8. Contact Phone:	[REDACTED]			
9. E-mail Address: delacruz89jose@icloud.com				
10. Mailing Address:	95 N Main St	Ashland	OR	97520
	(Number and Street)	(City)	(State)	(Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.				



OREGON LIQUOR & CANNABIS COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, **currently hold** or **have you previously held** a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	De La Cruz Last	Jose First	Middle
Signature:			Date: 11/27/23

This box for OLCC use ONLY

_____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



**FULL ON-PREMISES, COMMERCIAL (F-COM)
 FULL ON-PREMISES, FOR-PROFIT PRIVATE CLUB (F-FPC)
 FOOD SERVICE AFFIRMATION**

Applicant / Licensee De La Cruz Brothers, Inc

Trade Name of the Business (Name Customers Will See)

Brother's Restaurant

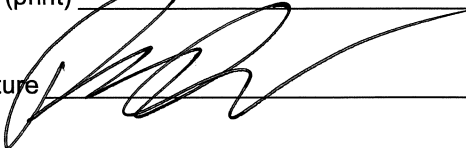
Business Address 95 N Main St, Ashland, 97520
 (Number, Street Address, City, and Zip Code)

I affirm that I have read OAR 845-006-0459, OAR 845-006-0460, and OAR 845-006-0466 and

I affirm:

- I understand that "meal" means a food item, or combination of food items, prepared or cooked on the licensed premises that the Commission determines is a main course and is a serving of food sufficient to satisfy the appetite of one individual. Food items that are appetizers, snacks, and desserts do not qualify as a meal. Examples include, but are not limited to, popcorn, peanuts, chips, a serving of food that is not sufficient to satisfy the appetite of one individual, and food items offered by the licensee as other than a meal.
- I understand that "dining seats" means seating at tables or food counters as defined in OAR 845-006-0340(2)(j) located in areas of the licensed premises regularly open to the public where the Commission determines that each table top or seating area provides a minimum space that will accommodate a place setting consisting of a plate or dish, glassware, napkin and utensils for each seat. Seats at counters in entertainment areas and at bars as defined in OAR 845-006-0340 do not qualify as dining seating.
- I will have at least 30 dining seats during a time period which must last at least two hours prior to 10:00 p.m.
- I will make at least five different meals available at all times and in all areas where alcohol service is available. However, I may make fewer than five different meals available if the OLCC has determined that the clearly dominant emphasis in the areas with alcoholic beverage service is food service.
- I will always have a food preparation area and equipment on my licensed premises that are adequate to meet the food service requirements of this license.
- I am authorized to sign this form on behalf of the applicant or licensee.

Name (print) Jose De La Cruz Date 11/27/23

Signature 



Oregon Liquor & Cannabis Commission
CORPORATE QUESTIONNAIRE

PRINT FORM
RESET FORM

Corporation or Foreign Corporation Name De La Cruz Brothers, Inc

Trade Name of Business (Name Customers Will See) Brother's Restaurant

LIST OFFICERS (Please follow directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President (if required)	Jose De La Cruz
Secretary (if required)	
Treasurer (list only if have one)	
Vice president with responsibility over the operation of the business (list only if have one)	

LIST BOARD OF DIRECTORS (Please follow directions on page 1. You may include information on a separate sheet.)

Name (please print)	Name (please print)
Jose De La Cruz	

LIST SHAREHOLDERS (Please follow directions on page 1. You may include information on a separate sheet.)

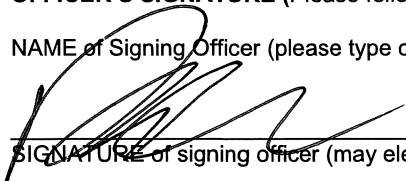
Name (please print)	Percentage of issued shares held
Jose De La Cruz	100%

SERVER EDUCATION DESIGNEE (Please follow directions on page 1)

Name (please print)	Date of Birth
Jose De La Cruz	05/03/1989

OFFICER'S SIGNATURE (Please follow directions on page 1)

NAME of Signing Officer (please type or print) Jose De La Cruz

 DATE 11/27/23
 SIGNATURE of signing officer (may electronically sign)

This box OLCC use ONLY
 Does the entity hold, or has it ever held, an OLCC-issued liquor license? _____



LAW ORIENTATION AFFIRMATION

Trade Name of Business Brothers Restaurant

Business Location 95 N Main st Ashland 97520
(number, street) (city) (zip code)

I have read the Commission's "Law Orientation for Retailers" booklet.

Today's Date 11/27/23

Jose de la Cruz
Name (print)

[Signature]
Signature

Name (print)

Signature

Name (print)

Signature

Name (print)

Signature



OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: De La Cruz Brothers, Inc. Phone: [REDACTED]

Trade Name (dba): Brother's Restaurant

Business Location Address: 95 N Main St

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7am to 10 pm
 Monday 7am to 10 pm
 Tuesday 7am to 10 pm
 Wednesday 7am to 10 pm
 Thursday 7am to 10 pm
 Friday 7am to 10 pm
 Saturday 7am to 10 pm

Outdoor Area Hours:

Sunday 8am to 8 pm
 Monday 8am to 8 pm
 Tuesday 8am to 8 pm
 Wednesday 8am to 8 pm
 Thursday 8am to 8 pm
 Friday 8am to 8 pm
 Saturday 8am to 8 pm

The outdoor area is used for:

Food service Hours: 9am to 8pm
 Alcohol service Hours: 9am to 8 pm
 Enclosed, how _____
 The exterior area is adequately viewed and/or supervised by Service Permittees.
 _____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check ALL that apply:

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

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

SEATING COUNT

Restaurant: 60 Outdoor: 8 Lounge: _____
 Banquet: _____ Other (explain): _____ Total Seating: 68

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: 11-27-23
www.oregon.gov/olcc
 Rev. 2.1.23



OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

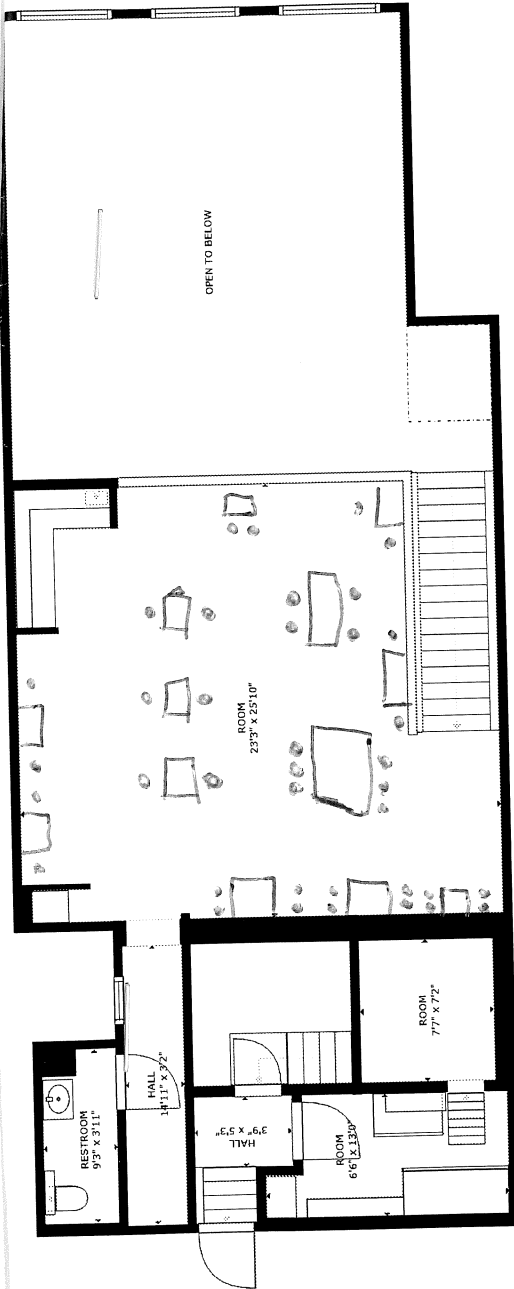
Your floor plan must be submitted on this form

De La Cruz Brothers Inc.

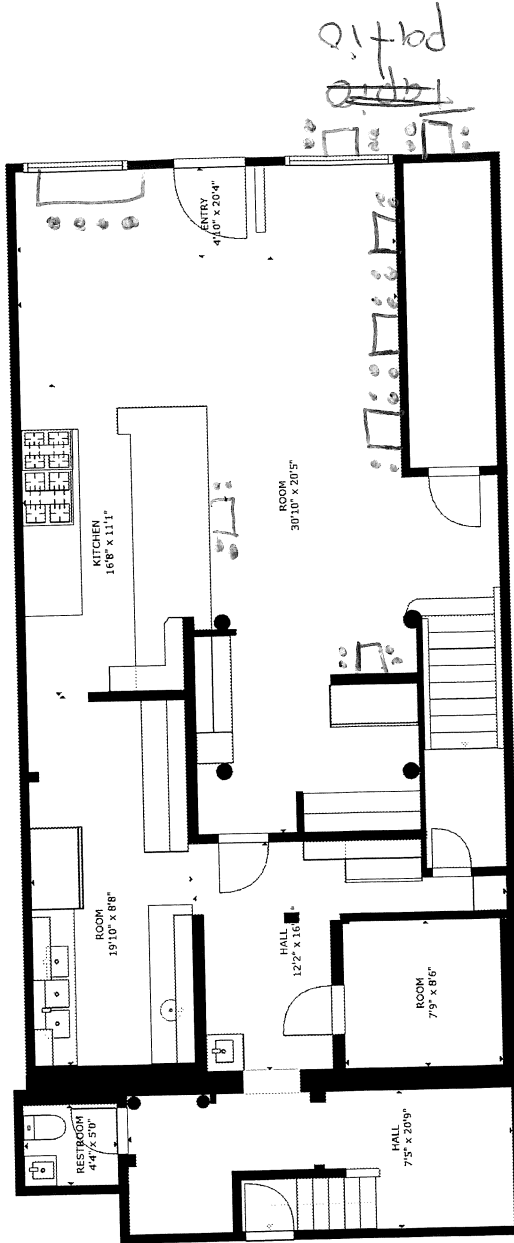
Brother's Restaurant

Applicant Name

Trade Name (dba)



FLOOR 2



FLOOR 1

GROSS INTERNAL AREA
 FLOOR 1: 1451 sq. ft. FLOOR 2: 981 sq. ft.
 EXCLUDED AREAS: REDUCED HEADROOM BELOW 1.5M: 23 sq. ft.
 TOTAL: 2431 sq. ft.
 SIZES AND DIMENSIONS ARE APPROXIMATE. ACTUAL MAY VARY.

INTERNAL USE ONLY ASSIGNMENT(S)

Date: _____ Initials: _____