

# Council Business Meeting

November 2, 2021

<b>Agenda Item</b>	Approval of Liquor License Request for Garden of Being 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) 552-2084	

## **SUMMARY**

This is a request for approval of a liquor license application for Garden of Being LLC located at 5 North 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. The applicant has a Business License and has registered as a restaurant.

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

I move to approve the liquor license for Garden of Being 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 and/or date stamp:
Brewery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Name of City or County:
<input type="checkbox"/> Brewery-Public House (BPH) 1 <sup>st</sup> location	Recommends this license be:
BPH Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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 (GSP) 1 <sup>st</sup> location	
GSP Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	<b>OLCC USE ONLY</b>
<input checked="" type="checkbox"/> Limited On-Premises	Date application received: <u>10/4/21</u>
<input type="checkbox"/> Off-Premises	Date application accepted: <u>10/4/21</u>
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	License Action(s): <u>N/O</u>
Winery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	
(4 <sup>th</sup> ) <input type="checkbox"/> (5 <sup>th</sup> ) <input type="checkbox"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY** (example: corporation or LLC) or **INDIVIDUAL(S)**<sup>1</sup> applying for the license(s):

~~Lauren Silva~~      ~~William Holladay~~

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT      App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

Garden of Being LLC

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT      App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

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

Elder Apothecary

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

5 North Main Street #2

City	County	Zip Code
<u>Ashland Oregon</u>	<u>Jackson</u>	<u>97520</u>

<sup>1</sup> Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.

B#  
22314



**OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Garden of Being Phone: 541-708-6951

Trade Name (dba): Elder Apothecary

Business Location Address: 5 North Main Suite #2

City: Ashland Oregon ZIP Code: 97520

**REGULAR OPERATION**

**Business Hours:**

Sunday 12:30 am to 2:30 pm  
 Monday closed to 2 pm  
 Tuesday 11 am to 2 pm  
 Wednesday 11 am to 2 pm  
 Thursday 11 am to 2 pm  
 Friday 11 am to 2 pm  
 Saturday 11 am to 2 pm

**Outdoor Area Hours:**

Sunday 12:30 pm to 2:30 pm  
 Monday closed to 2 pm  
 Tuesday 11 am to 2 pm  
 Wednesday 11 am to 2 pm  
 Thursday 11 am to 2 pm  
 Friday 11 am to 2 pm  
 Saturday 11 am to 2 pm

The outdoor area is used for:

- Food service Hours: 11 am to 2 pm  
 Alcohol service Hours: 1 pm to 2 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: We might not be open so late in the winter time.

**ENTERTAINMENT**

Check all that apply:

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

**DAYS & HOURS OF SERVICE**

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday 1 pm to 2 pm  
 Saturday 1 pm to 2 pm

**SEATING COUNT**

Restaurant: \_\_\_\_\_ Outdoor: 8  
 Lounge: 15 Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 15

**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: 10-1-2026