



City Council

- Mayor
Brian Dalton
- Council President
LaVonne Wilson
- Councilor
Jim Brown
- Councilor
Jim Fairchild
- Councilor
Kelly Gabliks
- Councilor
Beth Jones
- Councilor
Jackie Lawson
- Councilor
Kevin Marshall
- Councilor
Murray Stewart
- Councilor
Ken Woods, Jr.

City Staff

- City Manager
Ron Foggin
- City Attorney
Lane Shetterly
- Community Development/
Operations Director
Jason Locke
- Finance Director
Cecilia Ward
- Fire Chief
Bill Hahn
- Interim Chief of Police
Tom Simpson
- Engineering Director
Fred Braun
- City Recorder
Emily Gagner
- Recording Secretary
Jeremy Teal

Dallas City Council Agenda

Mayor Brian Dalton, Presiding

Wednesday, December 11

4:00 pm

Dallas City Hall, Upstairs Conference Room

187 SE Court St.

Dallas, OR 97338

All persons addressing the Council will please use the table at the front of the Council. All testimony is electronically recorded. If you wish to speak on any agenda item, please sign in on the provided card.

AGENDA ITEM	RECOMMENDED ACTION
1. ROLL CALL	
2. PLEDGE OF ALLEGIANCE	
3. REPORTS FROM CITY MANAGER AND STAFF	
a. Recommend OLCC approve change of ownership application for North Dallas Bar and Grill	Motion PG . 2
b. Recommend OLCC approve license for new business Pressed Coffee & Wine Bar	Motion PG . 11
c. Other	
4. ADJOURNMENT	

Dallas City Hall is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to the City Manager's Office, 503-831-3502 or TDD 503-623-7355.



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PRIORS ___ RAIN ___ COP ___
DMV-w ___ DL ___ CCH ___
N-DEx ___ OJIN ___ Oth ___
By: ___ Date ___

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
- Passenger Carrier
- Other Public Location
- Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other CLTV

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by OLCC

Date: 12/3/13

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① North Dallas Investments LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): North Dallas Grill + Sports Bar

3. Business Location: 170 E. Ellendale Ave. Dallas, OR 97338
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-623-4494 503-387-3410
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: North Dallas Bar+Grill Inc Type of License: Full on premises

8. Former Business Name: North Dallas Bar + Grill

9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Dallas
(name of city or county)

11. Contact person for this application: Don Shaeley _____
(name) (phone number(s))

(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① _____ Date 11-21-13 ③ _____ Date _____

② Dalbie Boone Date 11-21-13 ④ _____ Date _____

DEC 05 2013

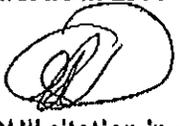
#18)

- 2 driving suspended citations approximately Nov. 2005 or 2006 (convicted for both)

#19)

- DUII in approximately Sept. of 1997 (diversion)
- DUII in approximately Oct. of 2005 (conviction)
- Criminal Mischief #3 in 1977 for riding motorcycle in a public park

#23)

- Conviction* 
- ~~Conviction~~ for DUII citation in approximately 2005

#24)

- Current OLCC for:
 - Scio Hometown Market
 - Jefferson Hometown Market
- Past OLCC for:
 - Cloverdale Hometown Market (sold in 2006)
 - PC Hometown Market (sold in 2012)
 - Jersey Lilly Tavern (sold in 2007)
 - *The Oak House Bar & Grill*

Attention: Carolot

FAX TO: 503-623-7352



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

1. Trade Name North Dallas Grill & Sports Bar 2. City Dallas
 3. Name Sheeley Donald W
 (Last) (First) (Middle)
 4. Other names used (maiden, other) _____
 5. *SSN [REDACTED] 6. Place of Birth [REDACTED] 7. DOB [REDACTED] 8. Sex M F
 (State or Country) (mm) (dd) (yyyy)

*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 sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent 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)). If you consent to these uses, please sign here:

Applicant Signature: _____

9. Driver License or State ID # [REDACTED] 10. State TX
 11. Residence Address [REDACTED]
 (number and street) (city) (state) (zip code)
 12. Mailing Address (if different) Same
 (number and street) (city) (state) (zip code)
 13. Contact Phone [REDACTED] 14. E-Mail address (optional) _____

15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: [REDACTED]

16. If yes to #15, will this person work at or be involved in the operation or management of the business?
 Yes No

17. List all states, other than Oregon, where you have lived during the past ten years:
None

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?
 Yes No Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.
 If unsure, explain. You may include the information on a separate sheet.
See attached form

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony? Yes No Unsure
 If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.
See attached forms

20. Trade Name North Dallas Grill + Sports Bar 21. City Dallas

22. Do you have any arrests or citations that have not been resolved? Yes No Unsure
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) Yes No Unsure
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

See attached

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) Yes No Unsure
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

See attached

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?
 Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? N/A Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?
 N/A Yes No Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? N/A Yes No Unsure If yes or unsure, explain:

Retail Grocery stores listed on next page

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 11-21-13



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

1. Trade Name North Dallas Grill & Sports Bar 2. City Dallas
 3. Name Boone Debra Sue
 (Last) (First) (Middle)
 4. Other names used (maiden, other) _____
 5. *SSN _____ Place of Birth _____ 7. DOB _____ 8. Sex M F
 (State or Country) (mm) (dd) (yyyy)

*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 sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent 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). If you consent to these uses, please sign here:

Applicant Signature: _____

9. Driver License or State ID # _____ 10. State OR
 11. Residence Address _____
 (number and street) (city) (state) (zip code)
 12. Mailing Address (if different) Same
 (number and street) (city) (state) (zip code)
 13. Contact Phone _____ 14. E-Mail address (optional) _____

15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: Don Sheekey

16. If yes to #15, will this person work at or be involved in the operation or management of the business?
 Yes No

17. List all states, other than Oregon, where you have lived during the past ten years:
None

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?
 Yes No Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.
 If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony? Yes No Unsure
 If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

20. Trade Name North Dallas Grill & Sports Bar 21. City Dallas

22. Do you have any arrests or citations that have not been resolved? Yes No Unsure
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) Yes No Unsure
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) Yes No Unsure
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

PC Riverside Mkt - Cloverdale Hometown Mkt - Jefferson Hometown Mkt
The Jersey Lilly Tavern - The Car House Bar & Grill

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?
 Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? N/A Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?
 N/A Yes No Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? N/A Yes No Unsure If yes or unsure, explain:

Retail Grocery Stores listed above

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: X Debra Beem Date: 11-21-13



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: North Dallas Investment LLC Phone: 503-623-4494

Trade Name (dba): North Dallas Grill & Sports Bar

Business Location Address: 170 E. Ellendale Ave.

City: Dallas or ZIP Code: 97338

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7 am to 10 pm
Monday 7 '' to 11 PM
Tuesday 7 '' to 11 ''
Wednesday 7 '' to 11 ''
Thursday 7 '' to 11 ''
Friday 7 '' to 1 AM
Saturday 7 '' to 1 AM

Outdoor Area Hours:

Sunday 7 AM to 10 PM
Monday '' to ''
Tuesday '' to ''
Wednesday '' to ''
Thursday '' to ''
Friday '' to ''
Saturday '' to ''

The outdoor area is used for:

- Food service Hours: 7 am to 11 PM
Alcohol service Hours: 10 AM to 11 PM
Enclosed, how Fenced

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 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

SEATING COUNT

Restaurant: 88 Outdoor: 42
Lounge: 46 Other (explain):
Banquet: NA Total Seating: 172

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials: SP
Date: 12/3/13

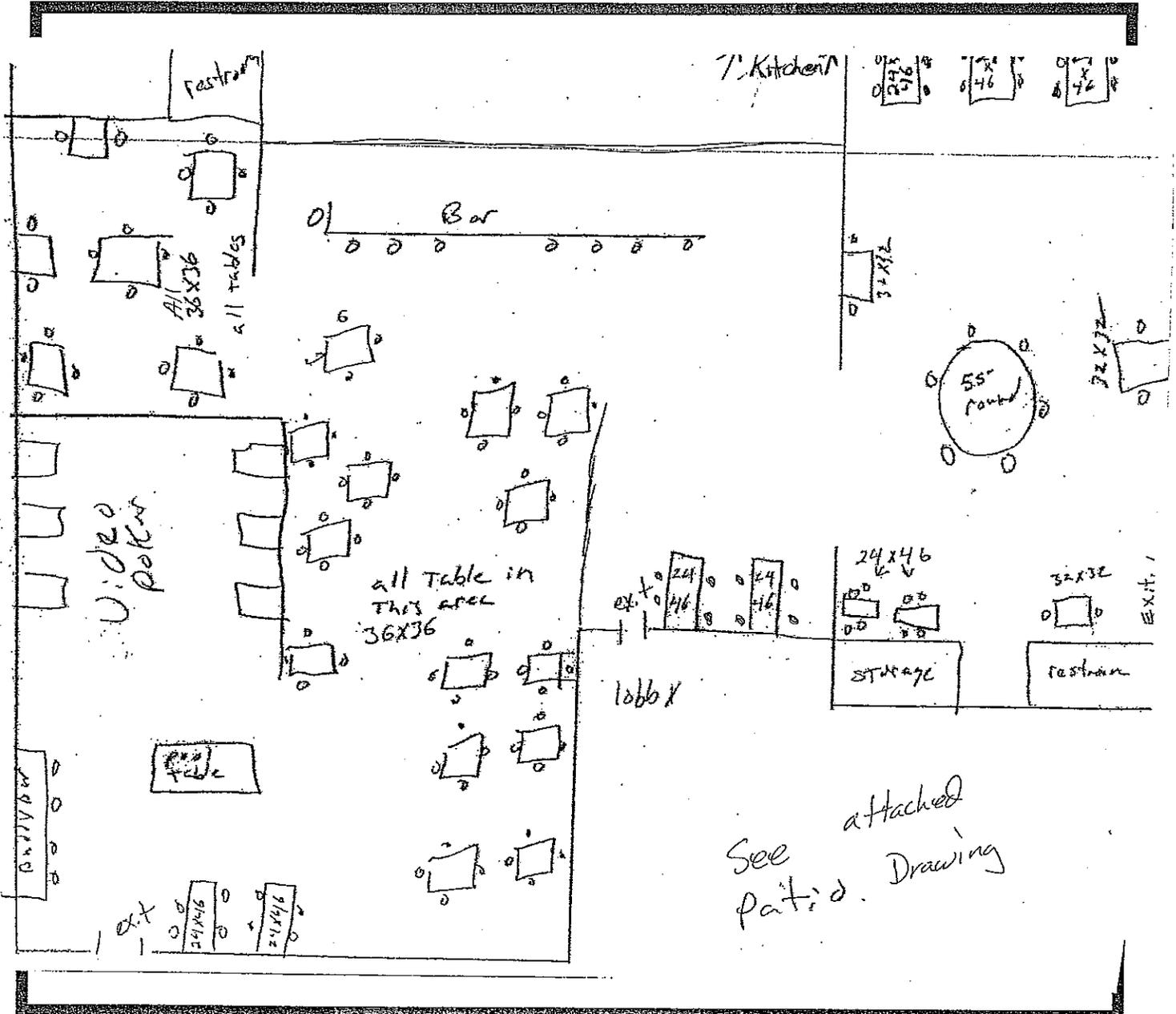
I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Date: 11-21-13



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.



See attached
patio Drawing

North Dallas Investments LLC
Applicant Name

North Dallas Grill & Sports Bar
Trade Name (dba):

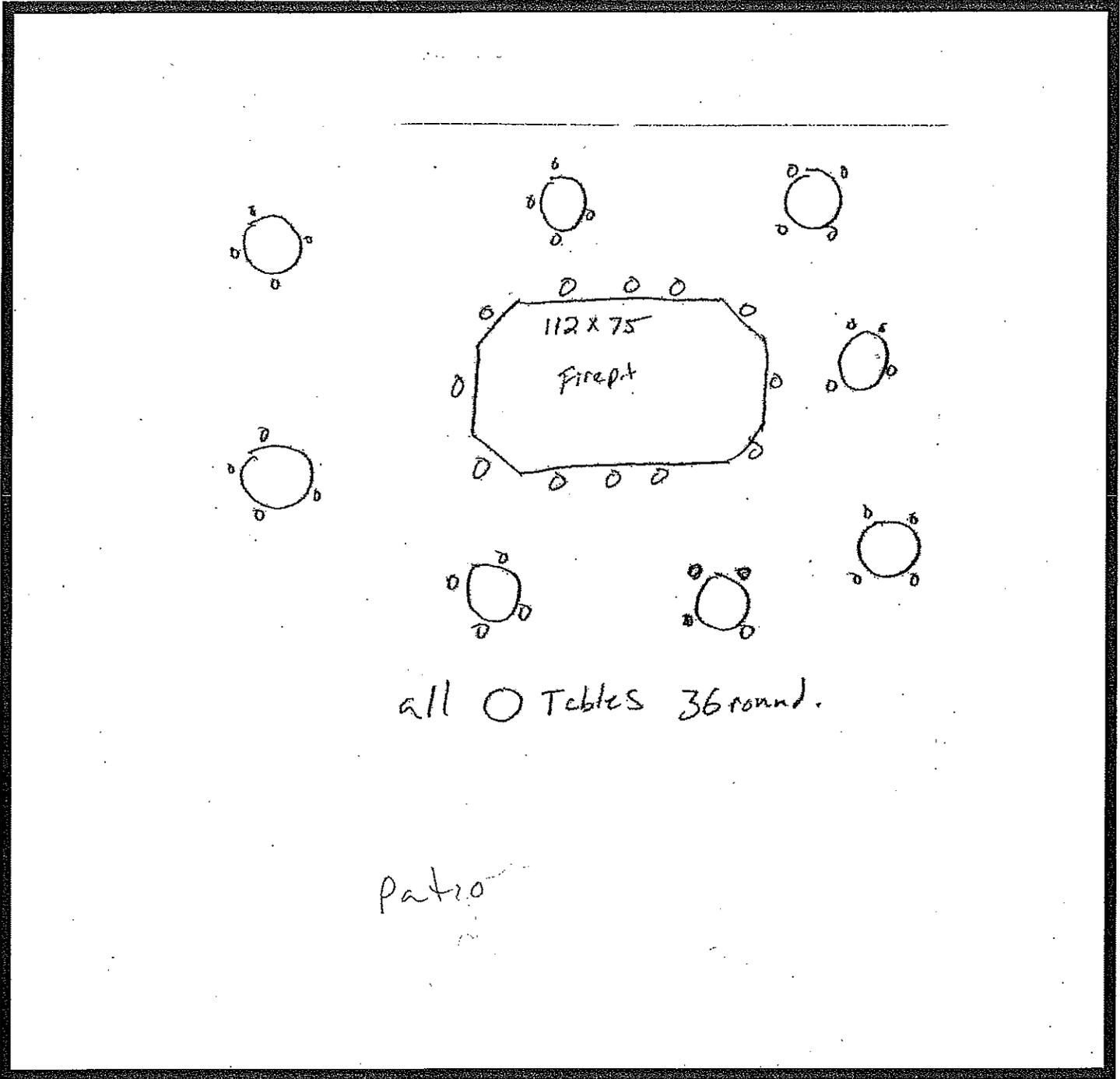
Dallas, or 97338
City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)
#1-Inside, Outside
Date: 12/3/2013 Initials: SD



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.
- Applicants must provide a sketch that shows the specific area of the premises (e.g. dining area, bar, lounge, kitchen and restrooms). Full On-Premises (commercial establishments) applicants must also show dining tables. See example on back.



North Dallas Investments LLC
Applicant Name
North Dallas Grill & Sports Bar
Trade Name (dba);
Dallas, OR 97338
City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)
#1 - outside
Date: 12/3/2013 Initials: SP



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: SP

Date: 11/13/2013

90-day authority: Yes No

RECEIVED

OREGON LIQUOR CONTROL COMMISSION

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① PRESSED COFFEE AND WINE, LLC ③ _____
② _____ ④ _____

NOV 12 2013

2. Trade Name (dba): PRESSED COFFEE & WINE BAR

SALIM REGIONAL OFFICE

3. Business Location: 788 MAIN STREET, DALLAS, POLK, OREGON, 97338
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 788 MAIN STREET, DALLAS, POLK, OREGON, 97338
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 877-4140
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? CITY OF DALLAS
(name of city or county)

11. Contact person for this application: RACHEL PHELPS

(address) (phone number(s)) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11/6/13 ③ [Signature] Date 10/6/13
② [Signature] Date 11/6/13 ④ _____ Date _____

20. Trade Name PRESSED COFFEE AND WINE,

21. City DALLAS

22. Do you have any arrests or citations that have not been resolved? Yes No Unsure
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) Yes No Unsure
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) Yes No Unsure
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?
 Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? N/A Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

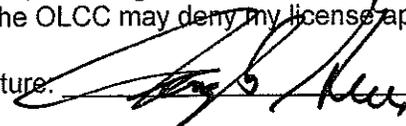
27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?
 N/A Yes No Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? N/A Yes No Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: 

Date: 11/6/13



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

PRIORS RAIN COP
DMV-w DL CCH
N-DEX OJIN Oth
By: JW Date 12/3/13

- 1. Trade Name PRESSED COFFEE AND WINE 2. City DALLAS
- 3. Name PHELPS RACHEL
(Last) (First) (Middle)
- 4. Other names used (maiden, other) [REDACTED]
- 5. *SSN [REDACTED] 6. Place of Birth [REDACTED] 7. DOB [REDACTED] 8. Sex M F
(State or Country) (mm) (dd) (yyyy)

*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 sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent 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). If you consent to these uses, please sign here:

OSP/DMV
Records Completed
NOV 19 2013

Applicant Signature: [Signature]

- 9. Driver License or State ID # [REDACTED] 10. State [REDACTED]
- 11. Residence Address [REDACTED]
(number and street) (city) (state) (zip code)
- 12. Mailing Address (if different) [REDACTED]
(number and street) (city) (state) (zip code)
- 13. Contact Phone [REDACTED] 14. E-Mail address (optional) _____

15. Do you have a spouse or domestic partner? Yes No
If yes, list his/her full name: JAMES PHELPS

16. If yes to #15, will this person work at or be involved in the operation or management of the business?
 Yes No

17. List all states, other than Oregon, where you have lived during the past ten years:

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?
 Yes No Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.
If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony? Yes No Unsure
If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

20. Trade Name PRESSED COFFEE AND WINE, 21. City DALLAS

22. Do you have any arrests or citations that have not been resolved? Yes No Unsure
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) Yes No Unsure
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) Yes No Unsure
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

Tater's Cafe application Pending

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?
 Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? N/A Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?
 N/A Yes No Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? N/A Yes No Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Date: 11/6/13



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: PRESSED COFFEE AND WINE, LLC Phone: (503) 877-4140

Trade Name (dba): PRESSED COFFEE & WINE BAR

Business Location Address: 788 MAIN STREET

City: DALLAS, OREGON ZIP Code: 97338

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 6am to 2:00am, Monday to Saturday (handwritten scribbles)

Outdoor Area Hours: N/A Sunday to Saturday

The outdoor area is used for: [] Food service, [] Alcohol service, [] Enclosed, how. The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: [] Yes [X] No If yes, explain:

ENTERTAINMENT

Check all that apply: [X] 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 6am to 2am, Monday to Saturday (handwritten scribbles)

SEATING COUNT

Restaurant: Outdoor: Lounge: Other (explain): Espresso Bar 59 Banquet: Total Seating: 59

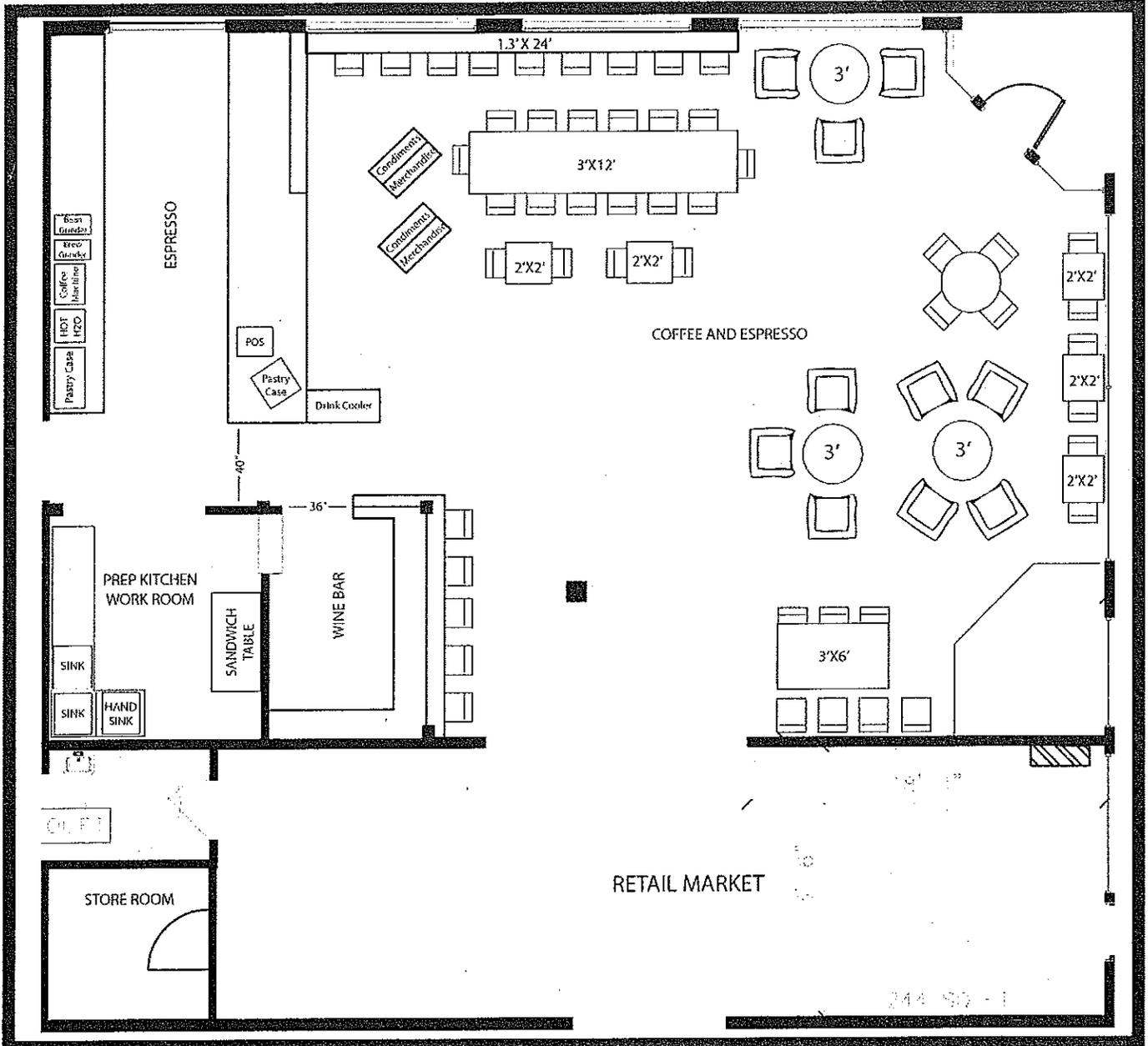
OLCC USE ONLY Investigator Verified Seating: (Y) (N) Investigator Initials: Date:

I understand if my answers are not true and complete, the OLCC may deny my license application. Applicant Signature: [Signature] Date: 4/6/13



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.



Pressed Coffee and Wine, LLC
Applicant Name
Pressed Coffee & Wine Bar
Trade Name (dpa):
Dallas, OR 97338
City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)
Date: _____ Initials: _____

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 09/12)