



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for</p> <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery Public House <input type="checkbox"/> Distillery <input checked="" 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, Nonprofit Private Club <input type="checkbox"/> Full On Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input type="checkbox"/> Limited On Premises <input type="checkbox"/> Off-Premises <input type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> Winery	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received <u>10-12-18</u></p> <p>Name of City or County _____</p> <p>Recommend this license be <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date _____</p>
	<p align="center">OLCC USE</p> <p>Application received by <u>Attorneys</u></p> <p>Date <u>10/10/18</u></p> <p>License Action: <u>Add/Priv</u></p>

<p>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</p> <p>Applicant #1 <u>Sons of Beer LLC</u></p> <p>Applicant #2 _____</p> <p>Applicant #3 _____</p> <p>Applicant #4 _____</p>	<p>RECEIVED</p> <p>OCT 10 2018</p> <p>Oregon Liquor Control Commission Bend, Oregon</p>
<p>2. Trade Name of the Business (the name customers will see): <u>SONS OF BEER</u></p>	
<p>3. Business Location: Number and Street <u>1320 NE 3RD STREET</u> City <u>PRINEVILLE</u> County <u>CLATSOP</u> ZIP <u>97754</u></p>	
<p>4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. Mailing Address (where the OLCC will send your mail): <u>1320 NE 3RD STREET</u> PO Box Number, Street, Rural Route City <u>PRINEVILLE</u> State <u>OR</u> ZIP <u>97754</u></p>	
<p>6. Phone Number of the Business Location: <u>541-416-0137</u></p>	
<p>7. Contact Person for this Application:</p> <p>Name <u>Bryan Soren</u> Phone Number <u>541- [REDACTED]</u> Mailing Address, City, State, ZIP <u>1320 NE 3RD PRINEVILLE, OR 97754</u> Email <u>SONS.OF.BEER@GMAIL.COM</u></p>	
<p>I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.</p>	
<p>Signature of Applicant #1 <u>Bryan Soren</u></p>	<p>Signature of Applicant #2 _____</p>
<p>Signature of Applicant #3 <u>SONS OF BEER LLC</u></p>	<p>Signature of Applicant #4 _____</p>

To Council 11-13-18

(5)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: BRYAN CODY SMITH Phone: 541- [REDACTED]

Trade Name (dba): SOULS OF BEER LLC

Business Location Address: 1320 NE 3RD

City: PRINEVILLE ZIP Code: 97754

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:30 to 7:00
Monday 11:30 to 9:00
Tuesday 11:30 to 9:00
Wednesday 11:30 to 10:00
Thursday 11:30 to 10:00
Friday 11:30 to 10:00
Saturday 11:30 to 10:00

Outdoor Area Hours:

Sunday S to S
Monday A to A
Tuesday A to A
Wednesday M to M
Thursday S to S
Friday C to C
Saturday C to C

The outdoor area is used for

Food service Hours: 11:30 to CL

Alcohol service Hours: 11:30 to CL

Enclosed, how WINDOVS ABLE TO

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: OUT DOOR IF INCLEMENT

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 _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday 6:00 to 10:00

SEATING COUNT

Restaurant: 75 Outdoor: 16
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

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: Bryan Cody Smith Date: 8-15-18

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

(rev. 12/07)