



OREGON LIQUOR CONTROL COMMISSION

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 st Location	Date application received:
<input type="checkbox"/> Brewery 2 nd Location	01-18-19
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	City of Prineville
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input checked="" 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 1 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: _____
<input type="checkbox"/> Warehouse	Date application accepted as initially complete:
<input type="checkbox"/> Wholesale Malt Beverage & Wine	01/14/2019
<input type="checkbox"/> Winery 1 st Location	By: <u>Atugis</u>
<input type="checkbox"/> Winery 2 nd Location	License Action(s): N/O
<input type="checkbox"/> Winery 3 rd Location	

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

The Waterhole Tavern LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY RECEIVED JAN 14 2019 Oregon Liquor Control Commission Bend, Oregon	OLCC FINANCIAL SERVICES USE ONLY
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LIQUOR LICENSE APPLICATION

3. Applicant #1 The Waterhole Tavern LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) The Waterhole Tavern			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1265 NW Lamonta Road			
City Prineville	County Crook	Zip Code 97754	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) [Redacted]			
City Prineville	State OR	Zip Code 97754	
9. Phone Number of the Business Location 323-333-9653		Email Contact for this Application thewaterholetavern@gmail.com	
Contact Person for this Application McGeorge Robinson		Phone Number 323-333-9653	
Mailing Address [Redacted]	City Prineville	State OR	Zip Code 97754

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

(6)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: THE WATERHOLE TAVERN LLC Phone: 323-333-9653

Trade Name (dba): THE WATERHOLE TAVERN

Business Location Address: 1265 NW LAMONTA ROAD

City: PRINEVILLE ZIP Code: 97754

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11AM</u>	to	<u>9PM</u>
Monday	<u>11AM</u>	to	<u>9PM</u>
Tuesday	<u>11AM</u>	to	<u>9PM</u>
Wednesday	<u>11AM</u>	to	<u>9PM</u>
Thursday	<u>11AM</u>	to	<u>1AM</u>
Friday	<u>11AM</u>	to	<u>2:30AM</u>
Saturday	<u>11AM</u>	to	<u>2:30AM</u>

Outdoor Area Hours:

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

The outdoor area is used for:

Food service Hours: _____ to _____

Alcohol service Hours: _____ to _____

Enclosed, how _____

The interior 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: 48 Outdoor: 0

Lounge: _____ Other explain: BAR STOOLS 18

Banquet: _____ Total Seating: 48

OLCC USE ONLY

Investigator Verified Entry: _____

Investigator Initials: _____

Date: _____

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

Applicant Signature: [Signature] Date: 1/9/19

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

(rev 12/07)



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

1. Name: (LAST) Robinson		(FIRST) McGeorge	(MIDDLE) Anthony
2. Other Names Used (Maiden, Etc.):			
3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your SSN: _____			
<p>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.</p> <p>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).</p> <p>Do you voluntarily consent to the OLCC's use of your SSN as just described? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
4. Date of Birth (MM/DD/YYYY): 02 / 11 / _____		5. Contact Phone: 323-333-9653	
6. Driver License or State ID #: _____		7. State: CA	
8. Residence Address: _____ Los Angeles, CA 90005			
9. Mailing Address (if different): _____ Prineville, OR 97754			
10. E-Mail (optional): _____			
11. Do you have a spouse or domestic partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list his/her full name:			
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input type="checkbox"/> No <input type="checkbox"/> Yes			
13. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of driving a car with a suspended driver license or driving a car with no insurance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			
14. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of a <u>FELONY</u> ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			
15. Have you ever been in a drug or alcohol <u>diversion program</u> in Oregon or another U.S. 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			

(8)

16. Do you, or any legal entity that you are a part of, currently hold or have previously held a liquor license or a recreational marijuana license in Oregon or another U.S. state? (Note: alcohol service permits and marijuana worker permits are not liquor licenses).

No Yes (Please include explanation below) Unsure (Please include explanation below)

17. 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 U.S.?

No Yes (Please include explanation below) Unsure (Please include explanation below)

18. Are you applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No Please skip questions 19 & 20. Go directly to question 21.

Yes Please answer questions 19, 20, and 21.

19. Do you or will you have any ownership interest in a business that manufactures, wholesales, or distributes alcohol in Oregon or another U.S. state?

No Yes (Please include explanation below) Unsure (Please include explanation below)

20. Does or will an alcohol manufacturer, wholesaler, or distributor in Oregon or another U.S. state have any ownership interest in your business?


No Yes (Please include explanation below) Unsure (Please include explanation below)

21. Do you currently have, or will you have, any ownership interest in any business in Oregon with a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No Yes (Please include explanation below) Unsure (Please include explanation below)

I will have ownership of the business with which this application refers, but other than that, no other ownership interest.

You must sign your own form. Another person, like your attorney or a person with power of attorney, may not 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.

Name: (LAST) ROBINSON	(FIRST) McGEORGE	(MIDDLE) ANTHONY
Signature: 		Date: 1/9/19