



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 <sup>st</sup> Location	Date application received:
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	_____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	
<input checked="" type="checkbox"/> Limited On-Premises <i>(44) 3/15, per applicant</i>	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

  

OLCC USE ONLY	
Date application received:	_____
By: _____	
Date application accepted as initially complete:	<i>03/15/2019</i>
By: <i>Utterberg</i>	
License Action(s):	<i>N/D</i>

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

*Angelina's Coffee Company LLC* *(44) 3/15/19 per applicant*

(Applicant #1) \_\_\_\_\_ (Applicant #2)

(Applicant #3)

(Applicant #4)

<b>OLCC USE ONLY</b> <b>RECEIVED</b> <b>MAR 15 2019</b> Oregon Liquor Control Commission Bend, Oregon	<b>OLCC FINANCIAL SERVICES USE ONLY</b>
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OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Angelina's Coffee Company LLC</i>		Applicant #2	
Applicant #3 <i>(Add) 3/15/19 per applicant</i>		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Angelina's Coffee Company</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>995 N. Main Street</i>			
City <i>Prineville</i>	County <i>Crook</i>	Zip Code <i>97754</i>	
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] <i>Prineville, OR 97754</i>			
City <i>Prineville</i>	State <i>Oregon</i>	Zip Code <i>97754</i>	
9. Phone Number of the Business Location <i>541-905-4377</i>		Email Contact for this Application <i>coffeeshulange@gmail.com</i>	
Contact Person for this Application <del>Robert Michael Smith</del> <i>Angelina Marie Smith</i>		Phone Number <i>541-</i> [Redacted]	
Mailing Address [Redacted]	City <i>Prineville</i>	State <i>OR</i>	Zip Code <i>97754</i>

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.

*Angelina Marie Smith*  
\_\_\_\_\_  
(Applicant #1)

\_\_\_\_\_  
(Applicant #2)

\_\_\_\_\_  
(Applicant #3)

\_\_\_\_\_  
(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

1. Name: (LAST) <u>Smith</u>	(FIRST) <u>Angelina</u>	(MIDDLE) <u>Mare</u>
2. Other Names Used (Maiden, Etc.): <u>Carpenter, Jones, Lynn</u>		
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: <u>[REDACTED]</u>		
<p><b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> 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) &amp; 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): <u>[REDACTED]</u>	5. Contact Phone: <u>541-[REDACTED]</u>	
6. Driver License or State ID #: <u>[REDACTED]</u>	7. State: <u>Oregon</u>	
8. Residence Address: <u>[REDACTED] Prineville Oregon 97754</u>		
9. Mailing Address: <u>[REDACTED]</u>		
10. E-Mail (optional): <u>coffeehallange@gmail.com</u>		
11. Do you have a spouse or domestic partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list his/her full name: <u>Robert Michael Smith</u>		
12. If yes to #11, will this person be involved in the management of or have control over the business? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>3/4/19 - per applicant (MA)</u>		
13. In the past 10 years, have you been <b>convicted</b> ("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 <b>convicted</b> ("convicted" includes paying a fine) in Oregon or another U.S. state of a <b>FELONY</b> ? <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 <b>diversion program</b> 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)		

(6)

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)

applying for F-com  
(NH) 3/15/19 per applicant

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) <i>Smith</i>	(FIRST) <i>Angelina</i>	(MIDDLE) <i>Marie</i>
Signature: <i>Angelina Marie Smith</i>		Date: <i>2/20/19</i>



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

3/15/19 per applicant

Applicant Name: Angelina's Coffee Company LLC Phone: 541- [redacted]

Trade Name (dba): Angelina's Coffee Company

Business Location Address: 995 N. Main Street

City: Prineville, Oregon ZIP Code: 97754

DAYS AND HOURS OF OPERATION

Table with 2 columns: Day, Business Hours. Rows: Sunday (7am to 7pm), Monday (6 to 9), Tuesday (6 to 9), Wednesday (6 to 9), Thursday (6 to 9), Friday (6 to 9), Saturday (6 to 9).

Table with 2 columns: Day, Outdoor Area Hours. Rows: Sunday (7am to Dark), Monday (7 to Dark), Tuesday (7 to Dark), Wednesday (7 to Dark), Thursday (7 to Dark), Friday (7 to Dark), Saturday (7 to Dark).

The outdoor area is used for:
[ ] Food service Hours: 7am to Dark
[ ] Alcohol service Hours: 7am to Dark
[ ] Enclosed, how
The exterior area is adequately viewed and/or supervised by Service Permittees.
(Investigator's Initials)

Seasonal Variations: [x] Yes [ ] No If yes, explain: Winter hours, Summer hours
May close earlier in winter

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 LIVE OR DJ MUSIC

Table with 2 columns: Day, Hours. Rows: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday.

SEATING COUNT

Restaurant: 23 Outdoor: 6
Lounge: Other (explain):
Banquet: Total Seating: 29

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: 2/20/19

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

(rev. 12/07)