

Oregon Liquor Control Commission
 PO Box 22297, Milwaukie, OR 97269 1-800-452-6522
License Renewal Application

YOUR DUE DATE FOR RENEWAL IS *September 10, 2009.*

License Type: FULL ON-PREMISES SALES	District: 4	License: 113256	Premises: 22523	Code: 225
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CITY OF PRINEVILLE
300 MEADOW LAKES DR
PRINEVILLE, OR 97754

Licensee(s) **CITY OF PRINEVILLE**

Server Education Designee(s)
VAN MATRE, WAYNE 08/10/2010

Tradename **MEADOW LAKES RESTAURANT & GOLF COURSE**
300 MEADOW LAKES DR
PRINEVILLE OR 97754

Instructions: -

1. Answer all questions completely on the renewal application.
2. Each licensee listed above must sign the renewal application. If any licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.
3. Submit annual processing fee to your local governing body.
4. Return completed renewal application along with the appropriate license fee *by September 10, 2009 to avoid late fees.*

IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. YOUR LICENSE EXPIRES ON **09/30/2009. If you do not renew before this date, you must stop selling or serving alcohol immediately. NO EXCEPTIONS! Selling or serving alcohol with an expired license is a crime.**

Operational Questions:	Responses:										
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth.	Name <u>Jennifer Miller 10/27/64</u> DOB										
(2) Please list a daytime phone number.	Phone Number: <u>447-7640</u>										
(3) Please list all <u>arrests or convictions</u> for any crime, violation, or infraction of any law during the last 18 months even if they are not liquor related for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 15%;">Offense</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">City/State</th> <th style="width: 40%;">Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result					
Name	Offense	Date	City/State	Result							
(4) Under ORS 471.295 (2), you are required to maintain a Liquor Liability policy of NO LESS THAN \$300,000 . Please list Insurance/Bonding Company, Policy/ID # and Insurance agent's phone number. <u>(Ins. Agent: Beecher Carlson)</u>	Insurance/Bonding Company <u>General Star Indemnity Company</u> Policy # <u>1MA776535B</u> Insurance Agent's Phone # <u>503-222-1831</u>										
(5) Will anyone share in the profits that is not a licensee of this business? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										
(6) Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										
(7) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										



Please proceed to back side.

License Fees - Please make check or money order to OLCC. Do not mail cash. Send payment to OLCC.	Dollar Amount (\$)
If completed renewal application is postmarked by 09/10/2009 please pay this amount.	\$402.60
If completed renewal application is postmarked after 09/10/2009 but on or before 09/30/2009 please pay this amount.	\$502.60
If completed renewal application is postmarked after 09/30/2009 please pay this amount.	\$562.60

Local Government- Send Payment to local government listed below.

Local government **City of Prineville, Lisa Morgan** located at **387 NE Third St ; Prineville, OR 97754** requires a **\$35.00** processing fee. Have you paid this processing fee? **We will not process your application until this has been paid.** NO YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).


The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above.

You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Signature – Please have each licensee sign below. An authorized officer with a corporation, a member of an LLC, or a partner of a limited partnership must sign for a legal entity.

Print Name	Social Security Number	Date of Birth	Sex M/F	Today's date	Signature	SSN Authorization
City of Prineville by Steven Porrester		7/12/60	M	7/22/09		<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES

