



# 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 \_\_\_\_\_

RECEIVED

SEP 15 2016

Oregon Liquor Control Commission  
Bend, Oregon

### 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: Crowley

Date: 9/15/16

90-day authority:  Yes  No

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

① Crooked River Brewing LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Crooked River Brewing LLC

3. Business Location: 420 N Main Street, Prineville, Crook, OR, 97754  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: \_\_\_\_\_ Prineville OR 97754  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 362 6617  
(phone) (fax)

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

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

8. Former Business Name: NA

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

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

11. Contact person for this application: Jesse Toomey 541-362-6617  
(name) (phone number(s))  
Prineville OR 97754 jesse@toomeyconsultinggroup.com  
(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 09/12/16 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION  
INDIVIDUAL HISTORY

1. Trade Name Crooked River Brewing LLC 2. City Prineville

3. Name Saxbury Joshua David  
(Last) (First) (Middle)

4. Other names used (maiden, other) \_\_\_\_\_

5. \*SSN [REDACTED] 6. Place of Birth CO 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 CO

11. Residence Address [REDACTED] [REDACTED] [REDACTED]  
(number and street) (city) (state) (zip code)

12. Mailing Address (if different) \_\_\_\_\_  
(number and street) (city) (state) (zip code)

13. Contact Phone [REDACTED] 14. E-Mail address (optional) [REDACTED]

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

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:  
Colorado. Hawaii

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.  
NA

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.  
NA

(7)

20. Trade Name Crooked River Brewing LLC 21. City Prineville

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.  
NA

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.  
NA

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.  
NA

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.  
NA

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.  
NA

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:  
NA

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:  
NA

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: [Redacted Signature] Date: September 11, 2016

(8)



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY**

1. Trade Name Crooked River Brewing LLC 2. City Prineville  
 3. Name Toomey Jesse James  
 (Last) (First) (Middle)  
 4. Other names used (maiden, other) Miller (lastname)  
 5. \*SSN [REDACTED] 6. Place of Birth California 7. DOB [REDACTED] 8. Sex  M  F  O  
 (State or Country) (mm) (dd) (yyyy)

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Applicant Signature: \_\_\_\_\_

9. Driver License or State ID # [REDACTED] 10. State Oregon  
 11. Residence Address [REDACTED] Prineville OR 97754  
 (city) (state) (zip code)  
 12. Mailing Address (if different) \_\_\_\_\_  
 (number and street) (city) (state) (zip code)  
 13. Contact Phone 541.362.6617 14. E-Mail address (optional) \_\_\_\_\_

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

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:  
NA

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?  
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(9)

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NA

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.  
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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.  
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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.  
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NA

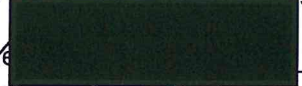
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Applicant Signature  Date: 09/12/2016

(10)



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Crooked River Brewing LLC Phone: 5413626617

Trade Name (dba): Crooked River Brewing LLC

Business Location Address: 420 N Main Street

City: Prineville ZIP Code: 97754

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday 11 AM to 9 PM  
Monday 11 AM to 9 PM  
Tuesday 11 AM to 9 PM  
Wednesday 11 AM to 9 PM  
Thursday 11 AM to 9 PM  
Friday 11 AM to 9 PM  
Saturday 11 AM to 9 PM

**Outdoor Area Hours:**

Sunday 11 AM to 9 PM  
Monday 11 AM to 9 PM  
Tuesday 11 AM to 9 PM  
Wednesday 11 AM to 9 PM  
Thursday 11 AM to 9 PM  
Friday 11 AM to 9 PM  
Saturday 11 AM to 9 PM

The outdoor area is used for:

- Food service Hours: \_\_\_\_\_ to \_\_\_\_\_
- Alcohol service Hours: 11 AM to 9 PM
- Enclosed, how \_\_\_\_\_

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

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: Outdoor seating will be closed during 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 5 pm to 9 pm  
Saturday \_\_\_\_\_ to \_\_\_\_\_

**SEATING COUNT**

Restaurant: \_\_\_\_\_ Outdoor: 10  
Lounge: 40 Other (explain): \_\_\_\_\_  
Banquet: 12 Total Seating: 62

**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: \_\_\_\_\_ Date: 09/12/2016

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

(rev. 12/07)