



# 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: 3rd Location

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 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: Jah

Date: 10-8-13

90-day authority:  Yes  No

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

- ① J. SCOTT CELLARS, LLC ③ \_\_\_\_\_
- ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): J. SCOTT CELLARS

3. Business Location: 504 Hwy 101 N. Suite B Yachats, OR 97498  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: P.O. Box 22333 Eugene, OR 97402  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-514-5497 541-~~0111~~ 345-1522  
(phone) (fax)

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

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

9. Will you have a manager?  Yes  No Name: Jonathan Oberlander  
(individual MUST fill out an individual history form)

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

11. Contact person for this application: Jonathan Oberlander  
(name) (phone number(s))  
85532 Appletree Dr. Eugene, OR 97405 541-345-1522 J.ScottWines@  
(address) (fax number) (e-mail address) hotmail.com

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 [Signature] Date 9/2/13 ③ \_\_\_\_\_ Date \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: J. Scott Cellars, LLC Phone: 541-574-5497

Trade Name (dba): J. Scott Cellars

Business Location Address: 504 Hwy 101 N. Suite B

City: Yachats, OR ZIP Code: 97498

DAYS AND HOURS OF OPERATION

Business Hours:

Table with 2 columns: Day (Sunday-Saturday) and Hours (12 to 9)

Outdoor Area Hours:

Table with 2 columns: Day (Sunday-Saturday) and Hours (12 to 9)

The outdoor area is used for:

- Food service
Alcohol service (checked)
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: Yes (checked) No If yes, explain: In winter we will reduce hours + possibly days Thu-Sun 11am to 6pm Oct-Mar

ENTERTAINMENT

Check all that apply:

- Live Music (checked)
Recorded Music (checked)
DJ Music
Dancing
Nude Entertainers
Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Table with 2 columns: Day (Sunday-Saturday) and Hours (1 pm to 8 pm)

SEATING COUNT

Restaurant: Outdoor: 4
Lounge: 12 Other (explain):
Banquet: Total Seating: 16

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials:
Date:

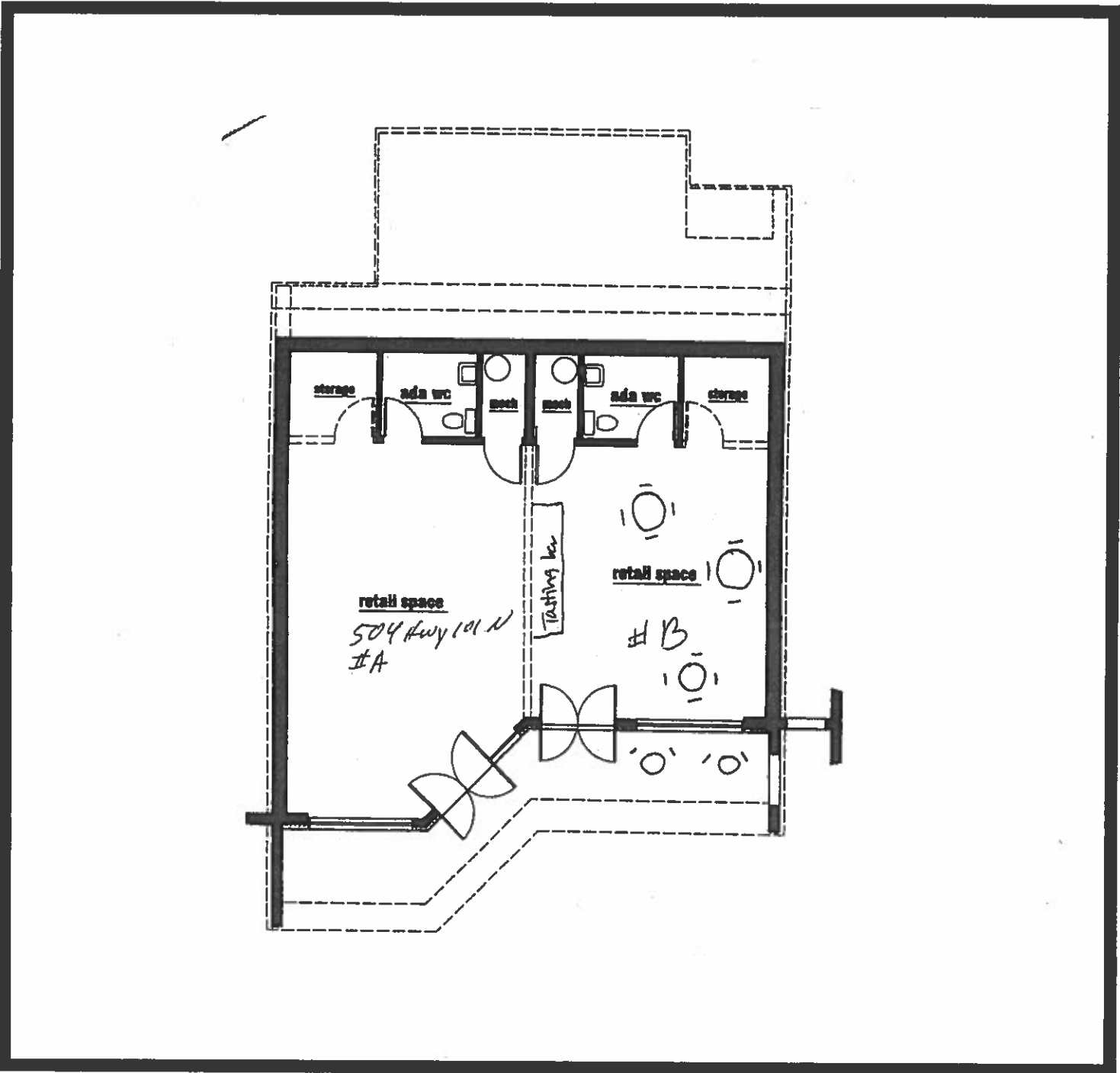
I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 9/6/13



# OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

- **Your floor plan must be submitted on this form.**
- Use a separate Floor Plan Form for each level or floor of the building.
- Applicants must provide a sketch that shows the specific area of the premises (e.g. dining area, bar, lounge, kitchen and restrooms). Full On-Premises (commercial establishments) applicants must also show dining tables. See example on back.



J. Scott Cellars, LLC  
 Applicant Name  
J. Scott Cellars  
 Trade Name (dba):  
Yachats - 97498  
 City and ZIP Code

.....OLCC USE ONLY.....  
 MINOR POSTING ASSIGNMENT(S)  
 Date: \_\_\_\_\_ initials: \_\_\_\_\_