

OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

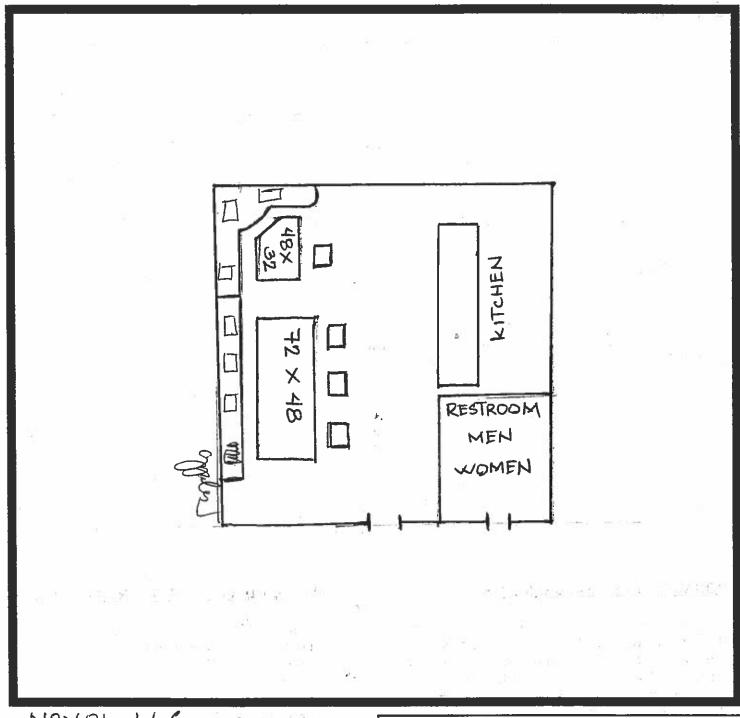
ACTIONS Commercial Establishment Commercial Establishment Commercial Establishment Contract Commercial Establishment Contract Commercial Establishment Contract Commercial Establishment Contract Co						
Carmeroial Establishment	Application is being made for:	CITY AND COUNTY USE ONLY				
Commercial Establishment Caterer		Date application received:				
Caterer Passenger Carrier Additional Privilege Additional Privilege Additional Privilege Additional Privilege Additional Privilege Additional Privilege Other Public Location Privilege Other Public Location Privilege Other Public Location Privilege Other						
Passenger Carrier Other Public Location Other		The City Council or County Commission:				
Private Club	☐ Passenger Carrier ☐ Additional Privilege	(name of city or county)				
Caranted						
By: Gispature	I 7	☐ Granted ☐ Denied				
With Fuel Pumps Gignature Catale Name: Name: Title: Name: Na	Off-Premises Sales (\$100/yr)	Bv:				
□ Other: □ Other: □ Other: □ Other: □ Other bere 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-bay Authority APPLYING AS: □ Limited □ Corporation □ Limited Liability □ Individuals □ Partnership: □ Other: □ Other ounbeg(s) □ Other numbeg(s)		(signature) (date)				
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 Date: \$8-7-13 Date: \$8-7-13 90-day authority: Yes No		Name:				
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 ☐ Corporation		Title:				
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 Application Rec'd by: Applic	90-DAY ALITHORITY					
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		OLCC USE ONLY				
APPLYING AS: Company	that has a current liquor license, or if you are applying for an Off-Premises	Application Rec'd by				
Company	Sales license and are requesting a 90-Day Temporary Authority					
1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide] NOYP		Date: 8 - 7 - 1 - 3				
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DOYPI, LLC * ** ** ** ** ** ** ** ** *						
2. Trade Name (dba): OISHDA SUSHI 3. Business Location: 373 Hwy 101 NORTH YACHATS LINCOLN OR 97498 (number, street, rural route) (city) (county) (state) (ZIP code) 4. Business Mailing Address: 373 Hwy 101 NORTH YACHATS OR 97498 (PO box, number, street, rural route) (city) (state) (ZIP code) 5. Business Numbers: 911-270-5126 (phone) (fax) 6. Is the business at this location currently licensed by OLCC? Tyes INO 7. If yes to whom: Type of License: 8. Former Business Name: 9. Will you have a manager? Tyes INO Name: JASON GONZAUS (manager must fill out an Individual History form) 10. What is the local governing body where your business is located? LINCOLN COUNTY 11. Contact person for this application: JASON GONZAUTS (name of city or county) 12. Contact person for this application: JASON GONZAUTS SHI-270-5126 (phone number(s)) OISH 426 (live: Commanderstand that if my answers are not true and complete, the OLCC may deny my license application. Applicant(s) Signature(s) and Date: Date 8813 3 Date	1. Entity or Individuals applying for the license: [See SECTION 1 of the G	uide]				
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4. Business Mailing Address: 373 HWY 101 NORTH YACHUTS OR 97478 (PO box, number, street, rural route) (city) (state) (ZIP code) 5. Business Numbers: 941-270-5/26 (phone) (fax) 6. Is the business at this location currently licensed by OLCC? Yes No 7. If yes to whom: Type of License: 9. Will you have a manager? Yes No (manager must fill out an Individual History form) (name of city or county) 11. Contact person for this application: 1450N GON 2AUTS (name) (phone number(s)) (name) (phone number(s)) (address) ON 97498 (fax number) (e-mail address) understand that if my answers are not true and complete, the OLCC may deny my license application. Date 8813 3 Date	2. Trade Name (dba): 015 HVA SUS H1					
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7. If yes to whom: [Note that is the local governing body where your business is located? [Note that is application: [Note that is applicat		(fax)				
7. If yes to whom: [Note that is the local governing body where your business is located? [Note that is application: [Note that is applicat						
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9. Will you have a manager? Described Name: JASON GONZALES (manager must fill out an Individual History form) 10. What is the local governing body where your business is located? 11. Cort County (name of city or county) 11. Contact person for this application: JASON GONZALES (phone number(s)) (phone number(s)) (address) OR 97498 (fax number) (e-mail address) understand that if my answers are not true and complete, the OLCC may deny my license application. Applicant(s) Signature(s) and Date: Date 8 8 13 3 Date						
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(Iname of city or county) (Iname of city or cou	9. Will you have a manager? Ayes Mo Name:	GONZALES				
1. Contact person for this application: JASON GON 2ALES SHI-270-5/26	(manage	er must fill out an Individual History form)				
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Applicant(s) Signature(s) and Date: Date 8 8 13 3 Date	(address) OR 97498 (fax number)	(e-mail address)				
Date 8 8 13 3 Date Date						
	D	Date				
	© Date	Date				

Please Print or Type				
Applicant Name:	104PI,LL	C	<u> </u>	Phone: <u>841-270-5126</u>
Trade Name (dba):	DISHDA	SUSH	1	
Business Location Add	ress: <u>373</u>	HWY	101	NORTH
City: YACHA				ZIP Code: 97498
DAYS AND HOURS OF	OPERATION			
Thursday //am to E Friday //am to E Saturday //am to E Seasonal Variations: D	Sunday Monday Tuesday Wednesd Thursday Friday Saturday	If yes, exp y: Games Machines	to	DAYS & HOURS OF LIVE OR DJ MUSIC Sunday to Monday Thursday to Monday to Monday to Monday Thursday Thursday Thursday Thursday Thursday Monday To Monday Thursday Monday To Monda
Nude Entertainers	Pool Tables Other:		_	Friday to Saturday to
SEATING COUNT			· · · <u> </u>	
E.	Outdoor:			OLCC USE ONLY Investigator Verified Seating:(Y)(N)
-	Other (explain):	-		Investigator Initials:
Banquet:	Total Seating:			Date:
l understand if my answer	rs are not true and	complete,	the OLC	C may deny my license application.
Applicant Signature:	Sega	le		Date: 8/8/2013

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



- 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. dlning area, bar, lounge, kitchen and
 restrooms). Full On-Premises (commercial establishments) applicants must also show dining tables. See example on back.



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NOYPI LLC	OLCC USE ONLY
Applicant Name	MINOR POSTING ASSIGNMENT(S)
OISHDA SYSHI	
Trade Name (dba):	
YACHATS 97498	Date:Initials:
City and ZID Code	

City and ZIP Code