

OREGON LIQUOR & CANNABIS COMMISSION Instructions for Local Government Recommendation — Liquor License

Per OAR 845-005-0304(3): The Commission requires an applicant for issuance of a new license issued under ORS chapter 471, to provide written notice of the application to the local government in the form of a complete, accurate, and legible Commission form.

The local government is as follows:

- (a) If the address of the premises proposed to be licensed is within a city's limits, the local government is the city.
- (b) If the address of the premises proposed to be licensed is not within a city's limits, the local government is the county.

INSTRUCTIONS:

- <u>Section 1:</u> Applicant completes Section 1 of this form and submits it to the appropriate city or county jurisdiction. Applicant verifies with the local government whether additional forms or fees are required. Applicant completes payment to local jurisdiction for processing application if they require fees. This does not include OLCC license fees.
- <u>Section 2:</u> Local government completes Section 2 to prove acceptance of recommendation form and returns form to the applicant. **Applicant** may upload the accepted form with Sections 1 & 2 filled out to CAMP or wait until recommendation is made before submitting to OLCC via CAMP.
- <u>Section 3:</u> Once recommendation is determined, local government completes Section 3 of this form and returns it to the applicant. **Applicant** uploads the complete form and any supporting information provided by the city or county to CAMP.

Annual Liquor License Types		
Off-Premises Sales	Brewery	
Limited On-Premises Sales	Distillery	
Full On-Premises, Commercial Full On-Premises, Caterer	Grower Sales Privilege	
Full On-Premises, Other Public Location Full On-Premises, For Profit Private Club	Winery	
Full On-Premises, Non Profit Private Club Full On-Premises, Public Passenger Carrier	Wholesale Malt Beverage & Wine	
,	Warehouse	
Brewery Public House		



OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Liquor License

Section 1 – Submission - To be completed by Applicant:			
License Information			
Legal Entity/Individual Applicant Name(s): BD REAL LIFE, LLC			
Proposed Trade Name: RIVER LODGE + CABINS			
Premises Address: 6 MARINE DRIVE NE		Ste: OREGON	
City: BOARDMAN	County: MORROW	Zip: 97818	
Application Type: New License Application	Change of Ownership	Change of Location	
License Type: F-COM	Additional Location for an Existing License		
Application Contact Information			
Contact Name: EDEL DONAHOO	Phone: 503-425-1514		
Mailing Address: 12670 SW 68TH AVENUE, SUIT	TE 200		
City: TIGARD	State: OREGON	Zip: 97223	
Email Address: EDEL@NORTHP.COM			
Business Details			
Please check all that apply to your proposed business operations at this location:			
Manufacturing/Production at this location			
Retail Off-Premises Sales at this location			
Retail On-Premises Sales & Consumption at this location			
If there will be On-Premises Consumption at this location:			
✓ Indoor Consumption	Outdoor Consumpt	ion	
Malt Beverage/Wine/Cider Consumption	Distilled Spirits Con	sumption	
Proposing to Allow Minors			
Section 1 Continued on next page			



OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Liquor License

Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): BD REAL LIFE, LLC

Proposed Trade Name: RIVER LODGE + CABINS

After completing section 1, please submit your application to the local government for recommendation

Section 2 – Acceptance - To be completed by Local Government: Local Government Recommendation Proof of Acceptance After accepting this form, please return a copy to the applicant with received and accepted information City or County Name: Optional Date Received Stamp Date Application Received: Received by:

Section 3 – Recommendation - To be completed by Local Government:		
Recommend this license be granted		
Recommend this license be denied (Please include documentation that meets OAR 845-005-0308)		
No Recommendation/Neutral		
Name of Reviewing Official:		
Title:		
Date:		
Signature:		
After providing your recommendation and signature, please return this form to the applicant.		