



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): Mimosas, LLC

Proposed Trade Name: Mimosas

Premises Address: 91115 N Willamette St

Ste:

City: Coburg

County: Lane

Zip: 97408

Application Type: New License Application Change of Ownership Change of Location

License Type: Full On-Premises Sales

Additional Location for an Existing License

Application Contact Information

Contact Name: Tamara Cook

Phone:

Mailing Address: 91115 N Willamette St

City: Coburg

State: OR

Zip: 97408

Email Address: mimosascoburg@gmail.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 Consumption
- Malt Beverage/Wine/Cider Consumption
- Distilled Spirits Consumption
- 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:

Applicant Name/Legal Entity Name: Mimosas, LLC

Proposed Trade Name: Mimosas

IMPORTANT: You **MUST** submit this form to the local government **PRIOR** to submitting to OLCC.
Section 2 must be completed for this form to be accepted with your **CAMP** application.

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: City of Coburg

Optional Date Received Stamp

Date Application Received: 10/31/24

OCT 31 2024

Received by: Sara Athey

Received by
City of Coburg

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.



OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION – LIQUOR LICENSE

Applicant Name	Mimosas, LLC
Trade Name	Mimosas
Premises Street Address	91115 N Willamette St Coburg OR, 97408
License Type	Full On-Premises Sales, Commercial

Business Contact	Tamara Cook
Mailing Address	91115 N Willamette St Coburg OR, 97408
Phone Number	
Email Address	

Operating Hours

<u>Day of Week</u>	<u>Open Time</u>	<u>Closed Time</u>	<u>Seasonal Variation</u>	<u>Explanation</u>
Monday	7:00am	7:00pm	Yes <input type="checkbox"/>	
Tuesday	closed	closed		
Wednesday	closed	closed		
Thursday	7:00am	3:00pm	<input type="checkbox"/>	Not open to the public or by appointment only
Friday	7:00am	3:00pm		
Saturday	8:00am	4:00pm		
Sunday	8:00am	4:00pm		

Seating

Restaurant Seating: 40 Outdoor Seating: 30 Other Seating: _____

No On-Premises Consumption

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Video Lottery Machines |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Nude Dancing |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Live Entertainment |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Minor Entertainers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Minor Entertainers in an Area Prohibited to Minors
**Need prior OLCC approval |
| <input type="checkbox"/> Coin-operated Games | |
| <input type="checkbox"/> Social Gaming | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pool Tables | |



OREGON LIQUOR & CANNABIS COMMISSION
ENTITY STRUCTURE REQUEST FORM

Application Information:

Applicant Name (Entity) Mimosas, LLC	Entity Type (LLC, Corp, LP, LLP) Limited Liability Company (LLC) <input checked="" type="checkbox"/>
Business Tradename Mimosas	

Limited Liability Company: Please list contact information for all 20% or more members and any managers of the entity below.

Corporation: Please list contact information for all officers, directors with 3% or more voting stock and individuals or entities holding 20% or more of the issued stock below.

*If an entity has 20% or more membership, or owns 20% or more stock in an entity applicant, they must submit an additional form with their entity structure information.

Entity Structure & Contact Information:

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
Tamara Cook	Member (20% or more ownership) <input checked="" type="checkbox"/>	100%	
Mailing Address: 91115 N Willamette St	City: Coburg	State: OR	Zip: 97408
Email: mimosascoburg@gmail.com	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Title(s)		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager, or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

If you need additional space for your entity structure, please attach additional documentation with the membership and contact information of the persons/entities we are requesting.



OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN FORM

Your floor plan must be submitted on this form

Mimosas, LLC

Mimosas

Applicant Name

Trade Name (dba)



OLCC USE ONLY
 MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

LIQUOR LICENSE APPLICATION

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APPLICANT INFORMATION	
Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.	
Name of entity or individual applicant #1: Mimosas, LLC	Name of entity or individual applicant #2:
Name of entity or individual applicant #3:	Name of entity or individual applicant #4:

BUSINESS INFORMATION		
Trade Name of the Business (name customers will see): Mimosas		
Premises street address (The physical location of the business and where the liquor license will be posted): 91115 N Willamette St		
City: Coburg	Zip Code: 97408	County: Lane
Business phone number: 541 632-8880	Business email: mimosascoburg@gmail.com	
Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1]): 91115 N Willamette St		
City: Coburg	State: Oregon	Zip Code: 97408
Does the business address currently have an OLCC liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICATION CONTACT INFORMATION – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative Form must be completed and submitted with this application.	
Application Contact Name: Tamara Cook	
Phone number:	Email: mimosascoburg@gmail.com

LIQUOR LICENSE APPLICATION

Mimosas

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Applicant Signature(s): Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

• Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-006-0362 and attests that:

1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application, are true and complete.

Tamara Cook

10/30/2024

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant/Licensee Representative(s): If you would like to designate a person/entity to act on your behalf you must complete the Authorized Representative Form. You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.