

SEP 09 2022

LIQUOR LICENSE APPLICATION

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Check the appropriate license request option:

☒ New Outlet | ☐ Change of Ownership | ☐ Greater Privilege | ☐ Lesser Privilege

Select the license type you are applying for.

More information about all license types is available [online](#).

Full On-Premises

☒ Commercial

☐ Caterer

☐ Public Passenger Carrier

☐ Other Public Location

☐ For Profit Private Club

☐ Nonprofit Private Club

Winery

☐ Primary location

Additional locations: ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Brewery

☐ Primary location

Additional locations: ☐ 2nd ☐ 3rd

Brewery-Public House

☐ Primary location

Additional locations: ☐ 2nd ☐ 3rd

Grower Sales Privilege

☐ Primary location

Additional locations: ☐ 2nd ☐ 3rd

Distillery

☐ Primary location

Additional tasting locations: ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

☐ Limited On-Premises

☐ Off Premises

☐ Warehouse

☐ Wholesale Malt Beverage and Wine

INTERNAL USE ONLY

Application received:

6/1/22

Minimum documents acquired:

6/1/22

LOCAL GOVERNING BODY USE ONLY

City/County name:

Date application received:

Optional: Date Stamp

Received by
City of Coburg

SEP 09 2022

☐ Recommend this license be granted

☐ Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

Heidi Smothers

Email:

heidi.smothers@oregon.gov

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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:

Name of entity or individual applicant #2:

The Hoggsboard Company

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):

Brave Bull

Business phone number:

Business email:

whosthechief@gmail.com

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 mailing address (where we will send any items by mail as described in OAR 845-004-0065(1).):

PO Box 8379

City:

Coburg

State:

OR

Zip Code:

97408

Does the business address currently have an OLCC liquor license? ☐ Yes ☒ No

Does the business address currently have an OLCC marijuana license? ☐ Yes ☒ No

APPLICATION CONTACT INFORMATION

Contact Name:

Rachelle Hogan

Phone number:

Email:

whosthechief@gmail.com

Mailing address:

PO Box 8379

City:

Coburg

Zip Code:

97408

County:

Lane

Please note: liquor license applications are public records.

LIQUOR LICENSE APPLICATION

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ATTESTATIONS

By signing this form, you attest that each of the following statements are true. I understand the Commission may require a licensee to provide proof of any of the below or below referenced documents at any time.

I understand that marijuana is **prohibited** on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. 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.

I affirm that I have read OAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311[6]) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an un-waivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

<u>Matthew S. Hogan</u> Print name	<u>[Signature]</u> Signature	<u>1/11/11</u> Date	<u> </u> Atty. Bar Info (if applicable)
<u>Rachelle L. Hogan</u> Print name	<u>[Signature]</u> Signature	<u>1/11/11</u> Date	<u> </u> Atty. Bar Info (if applicable)
<u> </u> Print name	<u> </u> Signature	<u> </u> Date	<u> </u> Atty. Bar Info (if applicable)
<u> </u> Print name	<u> </u> Signature	<u> </u> Date	<u> </u> Atty. Bar Info (if applicable)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Hoggboard Company Phone: _____

Trade Name (dba): Brave Bull

Business Location Address: 9115 N. Willamette St.

City: Coburg ZIP Code: 97408

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	_____	to	_____
Monday	11A	to	9P
Tuesday	11	to	9
Wednesday	11	to	9
Thursday	11	to	9
Friday	11	to	9
Saturday	11	to	9

Outdoor Area Hours:

Sunday	_____	to	_____
Monday	11A	to	9P
Tuesday	11	to	9
Wednesday	11	to	9
Thursday	11	to	9
Friday	11	to	9
Saturday	11	to	9

The outdoor area is used for:

☒ Food service Hours: 11A to 9 pm
☒ Alcohol service Hours: 11 to 9 pm
☒ Enclosed, how Fenced w/ cameras

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

(Investigator's Initials)

cameras

Seasonal Variations: ☒ Yes ☐ No If yes, explain: outside patio closed during bad weather (winter)

ENTERTAINMENT

Check all that apply:

- ☐ Live Music
- ☐ Recorded Music
- ☐ DJ Music
- ☐ Dancing
- ☐ Nude Entertainers

- ☐ Karaoke
- ☐ Coin-operated Games
- ☒ Video Lottery Machines when it comes avail.
- ☐ Social Gaming
- ☐ Pool Tables
- ☐ Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

SEATING COUNT

Restaurant: 44
Lounge: —
Banquet: —

Outdoor: 20-30
Other (explain): —
Total Seating: 44

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: 8/30/22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)