



Local Government Recommendation – Liquor License

Section 1 – Submission - To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): FARM FANCY, LLC

Proposed Trade Name:

Premises Address: 91109 N WILLAMETTE

Ste: OREGON

City: EUGENE

County: LANE

Zip: 97408

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

License Type: OFF PREMISE SALES

Additional Location for an Existing License

Application Contact Information

Contact Name: JENNIFER EGGE

Phone: 541

Mailing Address: 30991 CROSSROADS LN

City: EUGENE

State: OREGON

Zip: 97408

Email Address: JENNIFEREGGE72@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



Local Government Recommendation – Liquor License

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

Legal Entity/Individual Applicant Name(s): FARM FANCY, LLC

Proposed Trade Name:

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: *City of Coburg*

Optional Date Received Stamp

Date Application Received: *November 11, 2024*

Received by: *Sammy L. Egbert*

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

City Council 12/10/2024
Name of Reviewing Official: *Sammy L. Egbert*

Title: *City Recorder*

Date: *12/10/2024*

Signature:

After providing your recommendation and signature, please return this form to the applicant.



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: _____

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: 6-14-17

The City Council or County Commission:

City of Coburg
(name of city or county)

recommends that this license be:

Granted Denied 6-22-17

By: Sammy L. Egger
(signature) (date)

Name: Sammy L. Egger

Title: City Recorder

OLCC USE ONLY

Application Rec'd by: J. Smother

Date: 6/13/17

90-day authority: Yes No

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

① Farmfancy, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Farm Fancy

3. Business Location: 91109 N. Willamette Coburg, Lane, OR, 97408
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 30991 Crossroads Ln. Eugene, OR 97408
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-501-7137 541-344-5682
(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: Chad Egge
(manager must fill out an Individual History form)

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

11. Contact person for this application: Chad Egge 541-_____
(name) (phone number(s))
30873 Crossroads Ln. Eugene, OR 97408 541 344 5682 egge.seed@gmail.com
(address) (fax number) (e-mail address)

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 12-19-16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Farmfancy, LLC

Applicant Name:

Chad Egge

Phone:

541

Trade Name (dba):

Farm FancY

Business Location Address:

91109 N. Willamette St.

City:

Coburg

ZIP Code:

97408

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11</u>	to	<u>5</u>
Monday	<u>closed</u>		
Tuesday	<u>9</u>	to	<u>6</u>
Wednesday	<u>9</u>	to	<u>10</u>
Thursday	<u>9</u>	to	<u>6</u>
Friday	<u>9</u>	to	<u>6</u>
Saturday	<u>9</u>	to	<u>6</u>

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: _____ to _____
- Alcohol service Hours: _____ to _____
- Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations:

Yes

No

If yes, explain:

June 1st - Sept 1st

Friday & Saturday 9am - 8pm (Summer hrs)

ENTERTAINMENT

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

Check all that apply:

- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: _____

Lounge: _____

Banquet: _____

Outdoor: _____

Other (explain): _____

Total Seating: _____

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:

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)