

CITY COUNCIL MEMORANDUM

TO: *City Council*

FROM: *Jesse VanderZanden, City Manager*

PROJECT TEAM: *Anna Ruggles, CMC, City Recorder*

DATE: *May 23, 2022*

SUBJECT TITLE: *New Liquor License Application(s)*

BACKGROUND:

ORS 471.166 establishes the process for local government to make recommendation to the Oregon Liquor Control Commission (OLCC) concerning the suitability of a new liquor license application. The local government is allowed up to 45 days to process the application and provide a recommendation to the OLCC. The OLCC requires posting a public notice of the license application at the proposed business location. The OLCC also conducts its investigation, i.e., if the business location has had problems with OLCC, police or neighbors; the applicant has a criminal history; the applicant has provided false information; and/or the applicant has a history of abusing drugs or alcohol.

City Code, §110.071-110.073, requires any applicant/business requesting City Council endorsement for a new liquor license application or liquor license renewal application to submit to a criminal background check and have a valid City business license in accordance with City Code. The Police Chief has reviewed the applicable criminal records check of the licensee and responsible parties and has made recommendation to forward for Council's consideration the attached new liquor license application, along with one of the following recommendations:

- ***Forward with Approval – No legal basis for denial.***
- ***Forward with Approval, Supporting Documentation.*** A criminal record exists; however, the record does not contain valid basis for denial as provided by Oregon liquor laws (i.e., felony drug or alcohol-related convictions). (*Dissemination of criminal record checks is prohibited by State law and is exempted from public disclosure*).
- ***Reject Application, Memorandum required.*** There is substantial evidence and opposition that warrants a Public Hearing before the City Council to hear testimony and to be used in the City's decision-making process.

STAFF RECOMMENDATION:

Staff recommends City Council authorize endorsement of the attached liquor license application(s). The City's endorsement will be submitted to OLCC and OLCC approves, denies, restricts, or makes recommendations to OLCC Commissioners. If application(s) is approved, the OLCC will issue the license. If application(s) is denied or restricted, there is a process to contest the decision.

- 1) Die The Wolf Distillery, 1835 19th Avenue (Distillery)



A place where families and businesses thrive.

CITY RECORDER USE ONLY:

AGENDA ITEM #:

RECEIVED:

MEETING DATE:

FINAL ACTION:

5/20/22
5/23/22

LIQUOR LICENSE RECOMMENDATION

BUSINESS NAME / INDIVIDUAL: DIE THE WOLF DISTILLERY

BUSINESS LOCATION ADDRESS: 1835 19TH AVENUE, FG

LIQUOR LICENSE TYPE: DISTILLERY

CITY BUSINESS LICENSE:

| 1. TYPE OF LICENSE: | 2. LICENSE FEE: |
|---|---|
| F-COM – Full On-Premises Sales | L – Limited On-Premises Sales |
| F-CAT – Full ON-Premises Sales, Caterer | O – Off-Premises Sales |
| F-FPC/F-CLU – Full On-Premises, Private | SEW – Special Event Winery |
| F-PL – Full On-Premises Public Location | SEG – Special Event Grower |
| TSL – Temporary Sales License | SED – Special Event Distillery |
| BP – Brewery Public House | X Distillery |
| FULL ON-PREMISES SALES | LIMITED ON-PREMISES SALES |
| Allows sale and service of distilled spirits, malt beverages, wine and cider for consumption on licensed premises and required to have dining seating. Allows sale of malt beverages, wine and cider in securely covered container (growler) for consumption off licensed premises. Also allows applying for temporary use of annual license for special events off-premises. | OFF-PREMISES SALES |
| | Allows the sale of malt beverages, wine and cider in factory sealed containers for consumption off licensed premises. Also allows applying for sample tasting on premises. |
| | BREWERY – PUBLIC |
| | Allows manufacturing malt beverages and to sell and distribute to patrons and wholesalers. Allows sale of malt beverages, wine and cider in securely covered container (growler) for consumption off licensed premises. |

APPLICABLE CRIMINAL RECORDS CHECK:

☐

NONE

☒

SUPPORTING DOCUMENTATION ATTACHED

RECOMMENDED ACTION:

☒

FORWARD WITH APPROVAL

☐

REJECT APPLICATION (Memorandum Required)

Chief of Police/Designee

Date

5.20.22



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

Espinosa

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

| License Applied For: | CITY AND COUNTY USE ONLY |
|---|--|
| <input type="checkbox"/> Brewery 1 st Location | Date application received and/or date stamp: |
| Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | 05/20/2022 |
| <input type="checkbox"/> Brewery-Public House (BPH) 1 st location | Name of City or County: |
| BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | City of Forest Grove |
| <input checked="" type="checkbox"/> Distillery | Recommends this license be: |
| <input type="checkbox"/> Full On-Premises, Commercial | <input type="checkbox"/> Granted <input type="checkbox"/> Denied |
| <input type="checkbox"/> Full On-Premises, Caterer | By: _____ |
| <input type="checkbox"/> Full On-Premises, Passenger Carrier | Date: _____ |
| <input type="checkbox"/> Full On-Premises, Other Public Location | |
| <input type="checkbox"/> Full On-Premises, For Profit Private Club | |
| <input type="checkbox"/> Full On-Premises, Nonprofit Private Club | |
| <input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location | |
| GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | |
| <input type="checkbox"/> Limited On-Premises | OLCC USE ONLY |
| <input type="checkbox"/> Off-Premises | Date application received: 3-7-22 |
| <input type="checkbox"/> Warehouse | Date application accepted: 4-11-22 |
| <input type="checkbox"/> Wholesale Malt Beverage & Wine | |
| <input type="checkbox"/> Winery 1 st Location | License Action(s): |
| Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> | N/O |
| (4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/> | |

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**¹ applying for the license(s):

Die The Wolf, LLC

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

| | | |
|---|------------|----------|
| 3. Trade Name of the Business (Name Customers Will See) | | |
| Die The Wolf Distillery 4-12-22 RE | | |
| 4. Business Address (Number and Street Address of the Location that will have the liquor license) | | |
| 1835 19th Ave | | |
| City | County | Zip Code |
| Forest Grove | Washington | 97116 |

¹ Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

| | | | |
|--|-----------------------------|--|--------------------------|
| 5. Trade Name of the Business (Name Customers Will See) Die The Wolf Distillery 4-12-22 RE | | | |
| 6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4-12-22 RE | | | |
| 7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in <u>OAR 845-004-0065(1)</u>.) 1835 19th Ave | | | |
| City Forest Grove | State Oregon | Zip Code 97116 | |
| 9. Phone Number of the Business Location 503-572-8907 | | 10. Email Contact for this Application and for the Business [REDACTED] | |
| 11. Contact Person for this Application James Anderson | | Phone Number [REDACTED] | |
| Contact Person's Mailing Address (if different) [REDACTED] | City Forest Grove | State OR | Zip Code 97116 |

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

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 wavalable 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 unwalvable 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.

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

James Anderson

04/10/22

App. #1: (PRINT NAME)

App. #1: (SIGNATURE)

App. #1: Signature Date

Atty. Bar Information (if applicable)

App. #2: (PRINT NAME)

App. #2: (SIGNATURE)

App. #2: Signature Date

Atty. Bar Information (if applicable)

App. #3: (PRINT NAME)

App. #3: (SIGNATURE)

App. #3: Signature Date

Atty. Bar Information (if applicable)

App. #4: (PRINT NAME)

App. #4: (SIGNATURE)

App. #4: Signature Date

Atty. Bar Information (if applicable)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Die The Wolf Phone: 503-572-8907

Trade Name (dba): Die The Wolf Distillery

Business Location Address: 1835 19th Avenue

City: Forest Grove, OR

ZIP Code: 97116

DAYS AND HOURS OF OPERATION

Business Hours:

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

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)

Will give tastes to "Trade Visitors." 4-12-22 RE

Seasonal Variations: ☐ Yes ☒ No If yes, explain: _____

This is a production only facility. There are no public spaces and no hours of operation.

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: _____ Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ 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: _____

Date: 3/7/22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)