



HERMISTON POLICE DEPARTMENT



330 S. First Street
Hermiston, Oregon 97838
www.hermiston.or.us/police/home

Sine Metu Sine Gratia

Phone: 541-567-5519

Fax: 541-567-8469

Email: records@hermiston.or.us

Without Fear Without Favor

TO: City Manager Byron Smith
FROM: Chief Jason Edmiston 
DATE: February 21st, 2023
SUBJECT: Liquor License Application – Trina’s Mexican Food

After review of the liquor license application for “New Outlet” for Trina’s Mexican Food located at 415 W Hermiston Avenue, Hermiston, I find nothing of substance after performing a criminal history check consistent with established parameters utilized by the city, to deny the application submitted by Hernestina Anguiano.

It is my recommendation this information/request be presented to the City Council.

CC: City Recorder Lilly Alarcon-Strong

LIQUOR LICENSE APPLICATION

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Check the appropriate license request option:

via email 2/21/2023- LA

New Outlet | Change of Ownership | Greater Privilege | Lesser Privilege | Additional 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

Local Governing Body: After providing your recommendation, return this application to the applicant.

LOCAL GOVERNING BODY USE ONLY

City/County name:

City of Hermiston

Optional: Date Stamp

02/21/2023

- Recommend this license be granted
- Recommend this license be denied

Printed Name

Date

LIQUOR LICENSE APPLICATION

| APPLICANT INFORMATION | |
|--|--|
| <p>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.</p> | |
| Name of entity or individual applicant #1: HERNESTINA ANGUIANO MEJIA | Name of entity or individual applicant #2: |
| Name of entity or individual applicant #3: | Name of entity or individual applicant #4: |

| BUSINESS INFORMATION | | |
|--|---|---------------------|
| <p>Trade Name of the Business (name customers will see): TRINA'S MEXICAN FOOD</p> | | |
| <p>Premises street address (The physical location of the business and where the liquor license will be posted): 415 W HERMISTON AVE</p> | | |
| City: HERMISTON | Zip Code: 97838 | County: UMATILLA |
| Business phone number: 541-289-8888 | Business email: TINAYVICTOR31@HOTMAIL.COM | |
| <p>Business mailing address (where we will send any items by mail as described in <u>OAR 845-004-0065[1]</u>): 415 W HERMISTON AVE</p> | | |
| City: HERMISTON | State: OREGON | Zip Code: 97838 |
| 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 | |

| | | |
|---|--------|-----------|
| <p>AUTHORIZED REPRESENTATIVE – A liquor applicant or licensee may give a representative authorization to make changes to the license or application on behalf of the licensee or to receive information about a license or application.</p> | | |
| <p>I give permission for the below named representative to:</p> <p><input type="checkbox"/> Make changes regarding this license/application on my behalf.</p> <p><input type="checkbox"/> Receive information about the status of this application, including information about pending compliance action or communications between OLCC and the licensee/applicant.</p> | | |
| <p>Representative Name:</p> | | |
| Phone number: | Email: | |
| <p>Mailing address:</p> | | |
| City: | State: | Zip Code: |

LIQUOR LICENSE APPLICATION

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APPLICATION CONTACT INFORMATION – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative section must be filled in and the appropriate permission(s) must be selected.

Application Contact Name:

HERNESTINA ANGUIANO MEJIA

Phone number:

541-289-8888

Email:

TINAYVICTOR31@HOTMAIL.COM

TERMS

- “Real property” means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- “Common area” is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area’s designation as a “common area” is typically identified in the lease or rental agreement.

ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the “Application Information” section of this form has read and understands OAR 845-005-0311 and attests that:
 1. At least one applicant listed in the “Application Information” section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
 2. No person not listed as an applicant in the “Application Information” section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
 3. The licensed premises at the premises street address proposed to be licensed either:
 - a. Does not include any common areas; or
 - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
 - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in “common areas” and that this requirement applies at all times, even when the business is closed.
 4. The licensed premises at the premises street address either:
 - a. Has no area on property controlled by a public entity (like a city, county, or state); or
 - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

LIQUOR LICENSE APPLICATION

Page 4 of 4

• 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.

| | | | |
|--|---------------------------------|--------------------------|--|
| <u>Vanessa Anguano Mejia</u> Print name | <u>[Signature]</u> Signature | <u>1-24-2023</u> Date | <u>[Signature]</u> Atty. Bar Info (if applicable) |
|--|---------------------------------|--------------------------|--|

| | | | |
|---------------------|--------------------|---------------|---|
| _____ Print name | _____ Signature | _____ Date | _____ Atty. Bar Info (if applicable) |
|---------------------|--------------------|---------------|---|

| | | | |
|---------------------|--------------------|---------------|---|
| _____ Print name | _____ Signature | _____ Date | _____ Atty. Bar Info (if applicable) |
|---------------------|--------------------|---------------|---|

| | | | |
|---------------------|--------------------|---------------|---|
| _____ Print name | _____ Signature | _____ Date | _____ Atty. Bar Info (if applicable) |
|---------------------|--------------------|---------------|---|



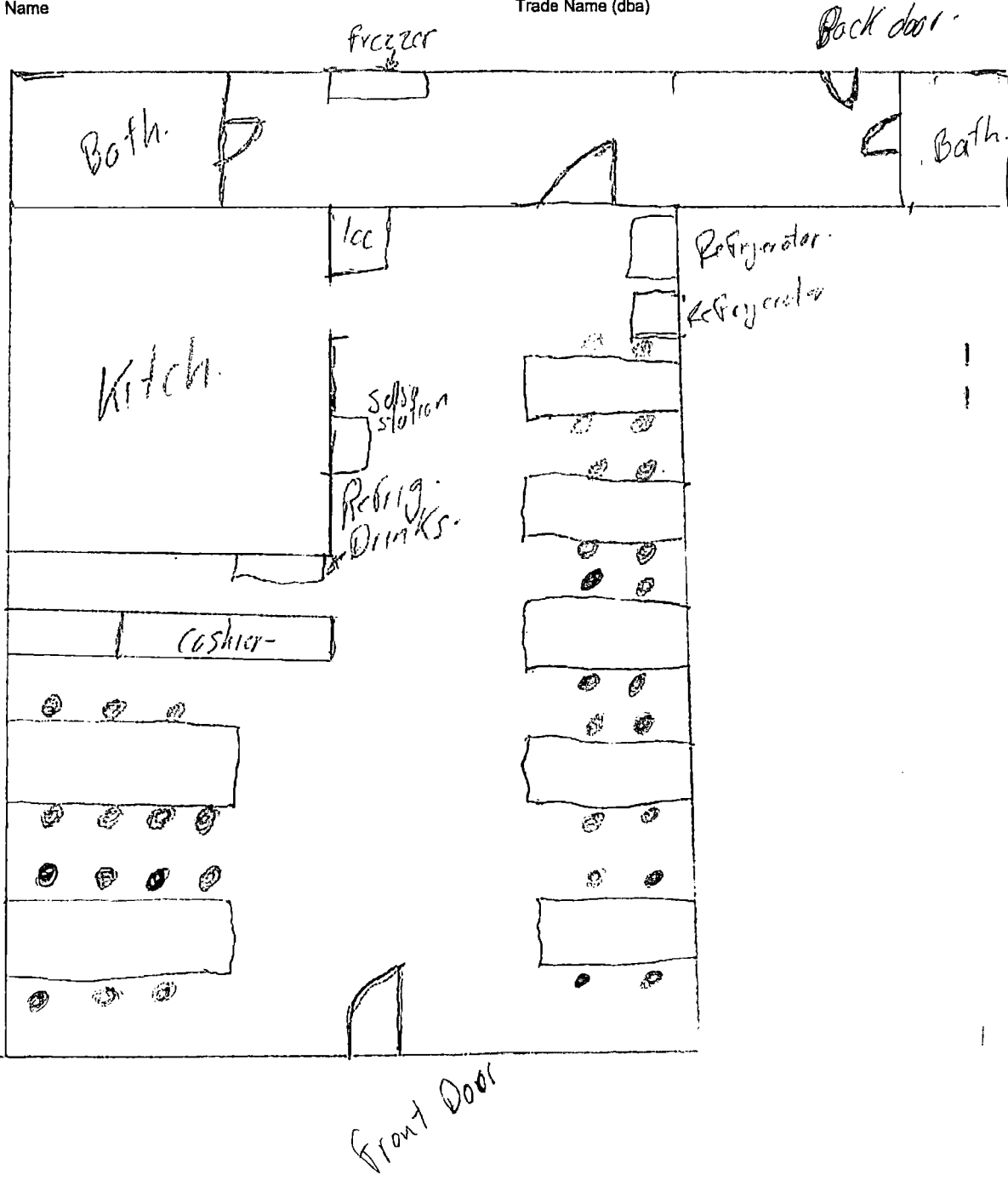
OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name _____

Trade Name (dba) _____



.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: HERNESTINA ANGUIANO MEJIA Phone: 509-3746333

Trade Name (dba): TRINA'S MEXICAN FOOD

Business Location Address: 415 W HERMISTON AVE

City: HERMISTON ZIP Code: 97838

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9AM to 5PM
 Monday CLOSED to CLOSED
 Tuesday 10AM to 6PM
 Wednesday 10AM to 6PM
 Thursday 10AM to 6PM
 Friday 9AM to 7PM
 Saturday 9AM to 7PM

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: _____

ENTERTAINMENT Check all that apply: DAYS & HOURS OF LIVE OR DJ MUSIC

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

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

SEATING COUNT

Restaurant: 16-50 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: *H. A. Mejia* Date: 1-24-2023