



HERMISTON POLICE DEPARTMENT



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

Phone: 541-567-5519
Fax: 541-567-8469
Email: records@hermiston.or.us

Sine Metu Sine Gratia

Without Fear Without Favor

TO: City Manager Byron Smith
FROM: Chief Jason Edmiston
DATE: September 28th, 2022
SUBJECT: Liquor License Application – Hermiston Tavern

After review of the liquor license application for “Change of Ownership” for Hermiston Tavern located at 425 N 1st Place, 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 William Foster.

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

CC: City Recorder Lilly Alarcon-Strong

LIQUOR LICENSE APPLICATION

Page 1 of 3

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:

7-26-2022

Minimum documents acquired:

7-26-2022

LOCAL GOVERNING BODY USE ONLY

City/County name:

City of Hermiston

Date application received:

Optional: Date Stamp

09.26.2022

Recommend this license be granted

Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

CHRISTOPHER VOSSEN

Email:

christopher.vossen@oregon.gov

LIQUOR LICENSE APPLICATION

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: Foster 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): Hermiston Tavern		
Business phone number: 541-567-3971	Business email: bfoz@hotmail.com	
Premises street address (The physical location of the business and where the liquor license will be posted): 425 N 1 st Pl.		
City: Hermiston	Zip Code: 97838	County: Umatilla
Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1]): 425 N 1 st Pl.		
City: Hermiston	State: OR	Zip Code: 97838
Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> Yes <input 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		
Contact Name: William Foster, Managing Member, Foster LLC		
Phone number: 541-377-7887	Email: bfoz@hotmail.com	
Mailing address: 425 N. 1 st Pl.		
City: Hermiston	State: OR	Zip Code: 97838

Please note: liquor license applications are public records.

LIQUOR LICENSE APPLICATION

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>William Foster</u> Print name	<u>[Signature]</u> Signature	<u>7/26/22</u> Date	 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 CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Foster LLC Phone: 541-567-3971

Trade Name (dba): Hermiston Tavern

Business Location Address: 425 N. 1st Pl.

City: Hermiston ZIP Code: 97838

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8 am to 9 pm
 Monday 8 am to 11 pm
 Tuesday 8 am to 11 pm
 Wednesday 8 am to 11 pm
 Thursday 8 am to 11 pm
 Friday 8 am to 11 pm
 Saturday 8 am to 11 pm

Outdoor Area Hours:

Sunday 8 am to 9 pm
 Monday 8 am to 11 pm
 Tuesday 8 am to 11 pm
 Wednesday 8 am to 11 pm
 Thursday 8 am to 11 pm
 Friday 8 am to 11 pm
 Saturday 8 am to 11 pm

The outdoor area is used for:

- Food service Hours: 8 am to 9/11 pm
- Alcohol service Hours: 8 am to 9/11 pm
- Enclosed, how _____

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

CJV (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

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

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: 99

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) _____ (N)	
Investigator Initials: _____	<u>N/A</u>
Date: _____	

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 3/25/22