



HERMISTON POLICE DEPARTMENT



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


Sine Metu Sine Gratia

Phone: 541-567-5519

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Without Fear Without Favor

TO: City Manager Byron Smith
FROM: Chief Jason Edmiston 
DATE: January 4th, 2023
SUBJECT: Liquor License Application – Gotta Stop Mini Mart

After review of the liquor license application for “Change of Ownership” for Gotta Stop Mini Mart located at 1580 W Highland 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 Arwinder Samra.

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:

10-26-22

Minimum documents acquired:

10-26-22

LOCAL GOVERNING BODY USE ONLY

City/County name:

City of Hermiston

Date application received:

Optional: Date Stamp

01/04/2023

Recommend this license be granted

Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

Roslyn Espinosa

Email:

roslyn.espinosa@oregon.gov

Gotta Stop Mini Mart, 1580 W Highland Ave, Hermiston, 97838
1-3-23 RE

LIQUOR LICENSE APPLICATION

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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: SAMRA INVESTMENTS INC	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): GOTTA STOP MINI MART		
Business phone number: 253-355-7800	Business email: samraromeo1986@gmail.com	
Premises street address (The physical location of the business and where the liquor license will be posted): 1580 W HIGHLAND AVE		
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]): 14904 93RD AVE E		
City: PUYALLUP	State: WA	Zip Code: 98375
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: ARWINDER SINGH SAMRA		
Phone number: 253-355-7800	Email: samraromeo1986@gmail.com	
Mailing address: 1580 W HIGHLAND AVE		
City: HERMISTON	Zip Code: 97838	County: UMATILLA

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.

ARWINDER SINGH SAMRA		10/26/2022	
_____ 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)
_____ Print name	_____ Signature	_____ Date	_____ Atty. Bar Info (if applicable)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: SAMRA INVESTMENTS INC Phone: 253-355-7800

Trade Name (dba): GOTTA STOP MINI MART

Business Location Address: 1580 W HIGHLAND AVE

City: HERMISTON ZIP Code: 97838

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7:01 AM to 7:00 AM
 Monday 7:01 AM to 7:00 AM
 Tuesday 7:01 AM to 7:00 AM
 Wednesday 7:01 AM to 7:00 AM
 Thursday 7:01 AM to 7:00 AM
 Friday 7:01 AM to 7:00 AM
 Saturday 7:01 AM to 7:00 AM

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:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: _____ Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: ___(Y)___(N)
 Investigator Initials: N/A - RE
 Date: _____

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

Applicant Signature: Amanda Sanna Date: 10/26/2022