

HERMISTON POLICE DEPARTMENT

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

Sine Metu Sine Gratia | Without Fear Without Favor

Phone: 541-567-5519 Fax: 541-567-8469

Email: records@hermiston.or.us

City Manager Byron Smith TO: FROM: Chief Jason Edmiston

DATE: May 11th, 2023

SUBJECT: Liquor License Application – Dollar General

After review of the liquor license application for "Off-Premises" for Dollar General located at 1206 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 Steven Deckard.

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

CC: City Recorder Lilly Alarcon-Strong

PRINT FORM

RESET FORM

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:

Brewery 1st Location Brewery Additional location (2st of 1 to	License Applied For:	CITY AND CO	UNTY USE ONLY
Brewery-Public House (BPH) 1* location C2**d) G3**d D5/09/2023 D5/09/2023 Name of City or County: City of Hermiston C2**d G3**d D5/09/2023 Name of City or County: City of Hermiston C2**d C3**d			
Brewery-Public House (BPH) 1st location D5/09/2023 Name of City or County: Distillery		Date application received an	d/or date stamp:
BPH Additional location (2**d) (3**d) Name of City or County:			
Distillery			
Granted Denied Denied By: Date: Da	☐ Distillery	Name of City or County:	
Granted Denied Denied By: Date: Da	☐ Full On-Premises, Commercial	City of Hermiston	
Full On-Premises, Other Public Location Full On-Premises, For Profit Private Club Full On-Premises, Nonprofit Private Club Date: Dat	☐ Full On-Premises, Caterer	Recommends this license be	:
Full On-Premises, For Profit Private Club	☐ Full On-Premises, Passenger Carrier	☐ Granted ☐ Denie	ed
Full On-Premises, For Profit Private Club	☐ Full On-Premises, Other Public Location	Ву:	
Grower Sales Privilege (GSP) 1 st location GSP Additional location (2 nd)	☐ Full On-Premises, For Profit Private Club		
GSP Additional location (2 nd) Date application received: Date application accepted: Date applicati	☐ Full On-Premises, Nonprofit Private Club	Date:	
Date application received: Date application accepted: Date applicati	☐ Grower Sales Privilege (GSP) 1 st location		
Limited On-Premises Date application accepted:	GSP Additional location (2 nd) ☐ (3 rd) ☐		
□ Warehouse □ Wholesale Malt Beverage & Wine □ Winery 1st Location Winery Additional location (2nd) □ (3rd) □ (4th) □ (5th) □ 2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S)¹ applying for the license(s): DG Retail, 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) Dollar General Store #23046 4. Business Address (Number and Street Address of the Location that will have the liquor license) 1206 W. Highland Ave. City County Zip Code	☐ Limited On-Premises	Date application received:	
Warehouse Wholesale Malt Beverage & Wine Winery 1st Location Winery 1st Location (2nd) (3rd) (4th) (5th) 2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S)¹ applying for the license(s): DG Retail, 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) Dollar General Store #23046 4. Business Address (Number and Street Address of the Location that will have the liquor license) 1206 W. Highland Ave. City County Zip Code	▼ Off-Premises	Date application accepted	
□ Winery 1 st Location Winery Additional location (2 nd) □ (3 rd) □ (4 th) □ (5 th) □ 2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S)¹ applying for the license(s): DG Retail, 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) Dollar General Store #23046 4. Business Address (Number and Street Address of the Location that will have the liquor license) 1206 W. Highland Ave. City County Zip Code	☐ Warehouse	Date application accepted.	
Winery Additional location (2 nd)	☐ Wholesale Malt Beverage & Wine		
Winery Additional location (2 nd)	☐ Winery 1 st Location	License Action(s):	
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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) Dollar General Store #23046 4. Business Address (Number and Street Address of the Location that will have the liquor license) 1206 W. Highland Ave. City County Zip Code	applying for the license(s): DG Retail, LLC		
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1206 W. Highland Ave. City County Zip Code		l See)	
City County Zip Code	4. Business Address (Number and Street Address of the	he Location that will have the liquor	license)
	1206 W. Highland Ave.		

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.



App. #4: (PRINT NAME)

App #4: (SIGNATURE)

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Dollar General Store #230	usiness (Name Customers W	/ill See)			
1	46				
6. Does the business ad	ddress currently have an OLC	C liquor license?	s X NO		
7. Does the business ac	ddress currently have an OLC	C marijuana license?	YES XIN	0	
8. Mailing Address/PO	Box, Number, Street, Rural R	Route (where the OLCC will	send your	license certificate, renewal	
	mailings as described in OAR	845-004-0065[1].)			
100 Mission Ridge, Atter	ntion: Tax Dept				
City Goodlettsville		State _{TN}		Zip Code ₃₇₀₇₂	
9. Phone Number of the	e Business Location	10. Email Contact for th	is Applicat	tion and for the Business	
541-626-6495		Emily.Gant@foster.com			
11. Contact Person for	this Application		Phone Nun	nber	
Emily Gant		(206) 816-14	454 (No Solicitations)	
Contact Person's Mailir	ng Address (if different)	City	State	Zip Code	
1111 Third Avenue, Suite 3	3000	Seattle	WA	98101	
samples, give-away, sale, e this application are true and affirm that I have read <u>O</u>	etc. I attest that all answers on a complete. AR 845-005-0311 and all indivi	all forms and documents, and iduals (sole proprietors) or e	l all informa	an ownership interest (other tha	
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App #4: Signature Date

Atty. Bar Information (if applicable)