OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Liquor License

Annual Liquor License Types	
Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): Santiam Excursions, LLC

Proposed Trade Name: Travel Station

Premises Address: 750 S 3rd St Unit:

City: Lebanon County: Linn Zip: 97355

Application Type: ☒ New License Application ○ Change of Ownership ○ Change of Location

License Type: Full On-Premises, Other Public Location ☐ Additional Location for an Existing License

Application Contact Information

Contact Name: Nancy Randall Phone: 541-401-3663 541-619-5479

Mailing Address: 203 Industrial Way

City: Lebanon State: OR Zip: 97355

Email Address: nancy@albanyeastern.com

Business Details

Please check all that apply to your proposed business operations at this location:

☐ Manufacturing/Production

☐ Retail Off-Premises Sales

☒ Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

☒ Indoor Consumption ☒ Outdoor Consumption

☐ Proposing to Allow Minors

Section 1 continued on next page

OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Liquor License

Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): Santiam Excursions, LLC

Proposed Trade Name: Travel Station

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC. Section 2 must be completed ***by the local government*** for this form to be accepted with your CAMP application.

Section 2 – Acceptance - To be completed by Local Government:

Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: Optional Date Received Stamp

Date Application Received:

Received by:

Section 3 – Recommendation - To be completed by Local Government:

○ **Recommend this license be granted**

○ **Recommend this license be denied** (Please include documentation that meets OAR 845-005-0308)

○ **No Recommendation/Neutral**

Name of Reviewing Official:

Title:

Date:

Signature:

After providing your recommendation and signature, please return this form to the applicant.