



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): Rachelle Templeton  
Proposed Trade Name: Le Cirque at the Lebanon Mercantile  
Premises Address: 661 main st. Unit: \_\_\_\_\_  
City: Lebanon County: Linn Zip: 97355  
Application Type: ☒ New License Application ☐ Change of Ownership ☐ Change of Location  
License Type: Limited on Premises ☐ Additional Location for an Existing License

**Application Contact Information**

Contact Name: Rachelle Templeton Phone: [REDACTED]  
Mailing Address: [REDACTED]  
City: Lebanon State: Oregon Zip: 97355  
Email Address: [REDACTED]

**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**



## Local Government Recommendation – Liquor License

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

Legal Entity/Individual Applicant Name(s): *Rachelle Templetor*

Proposed Trade Name: *Le Cirque at the Lebanon mercantile*

**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.