



Instructions for Local Government Recommendation – Liquor License

Per OAR 845-005-0304(3): The Commission requires an applicant for issuance of a new license issued under ORS chapter 471, to provide written notice of the application to the local government in the form of a complete, accurate, and legible Commission form.

The local government is as follows:

- (a) If the address of the premises proposed to be licensed is within a city’s limits, the local government is the city.
- (b) If the address of the premises proposed to be licensed is not within a city’s limits, the local government is the county.

INSTRUCTIONS:

- **Section 1: Applicant** completes Section 1 of this form and submits it to the appropriate city or county jurisdiction. Applicant verifies with the local government whether additional forms or fees are required. **Applicant completes payment to local jurisdiction for processing application if they require fees. This does not include OLCC license fees.**
- **Section 2: Local government** completes Section 2 to prove acceptance of recommendation form and returns form to the applicant. **Applicant** may upload the accepted form with Sections 1 & 2 filled out to CAMP or wait until recommendation is made before submitting to OLCC via CAMP.
- **Section 3: Once recommendation is determined, local government** completes Section 3 of this form and returns it to the applicant. **Applicant** uploads the complete form and any supporting information provided by the city or county to CAMP.

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



Local Government Recommendation – Liquor License

Section 1 – Submission - To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): WILAIRAT MAHASIRICHOKE

Proposed Trade Name: AMAZING THAI CUISINE

Premises Address: 693 S MAIN ST.

Ste:

City: LEBANON

County: LINN

Zip: 97355

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

License Type: FULL ON PREMISES SALES

Additional Location for an Existing License

Application Contact Information

Contact Name: WILAIRAT MAHASIRICHOKE

Phone: 9715330611

Mailing Address: 17880 SW BRYAN WAY

City: BEAVERTON

State: OREGON

Zip: 97007

Email Address: AMAZINGTHAIPDX@GMAIL.COM

Business Details

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

- Manufacturing/Production at this location
- Retail Off-Premises Sales at this location
- Retail On-Premises Sales & Consumption at this location

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

- Indoor Consumption Outdoor Consumption
- Malt Beverage/Wine/Cider Consumption Distilled Spirits 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): WILAIRAT MAHASIRICHOKE

Proposed Trade Name: AMAZING THAI CUISINE

After completing section 1, please submit your application to the local government for recommendation

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.



OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION – LIQUOR LICENSE

Applicant Name	WILAIRAT MAHASIRICHOKE
Trade Name	AMAZING THAI CUISINE
Premises Street Address	693 S MAIN ST. LEBANON OREGON 97355
License Type	FULL ON PREMISES SALES (OTHER PUBLIC LOCATION)

Business Contact	WILAIRAT MAHASIRICHOKE
Mailing Address	17880 SW BRYAN WAY BEAVERTON OREGON 97007
Phone Number	971 533 0611
Email Address	AMAZINGTHAIPDX@GMAIL.COM

Operating Hours

Day of Week	Open Time	Closed Time	Seasonal Variation	Explanation
MONDAY TO SATURDAY	11.00 AM	9.00 PM	Yes <input type="checkbox"/>	
SUNDAY	CLOSE	CLOSE		

Not open to the public or by appointment only

Seating

Restaurant Seating: 50 Outdoor Seating: NONE Other Seating: NONE

No On-Premises Consumption

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Video Lottery Machines |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Nude Dancing |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Live Entertainment |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Minor Entertainers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Minor Entertainers in an Area Prohibited to Minors
**Need prior OLCC approval |
| <input type="checkbox"/> Coin-operated Games | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Social Gaming | |
| <input type="checkbox"/> Pool Tables | |



OREGON LIQUOR & CANNABIS COMMISSION
ENTITY STRUCTURE REQUEST FORM

Application Information:

Applicant Name (Entity)	Entity Type (LLC, Corp, LP, LLP)
AMAZING THAI CUISINE	Limited Liability Company (LLC)
Business Tradename	
AMAZING THAI CUISINE	

Limited Liability Company: Please list contact information for all 20% or more members and any managers of the entity below.

Corporation: Please list contact information for all officers, directors with 3% or more voting stock and individuals or entities holding 20% or more of the issued stock below.

*If an entity has 20% or more membership, or owns 20% or more stock in an entity applicant, they must submit an additional form with their entity structure information.

Entity Structure & Contact Information:

Name of Member/Manager; or Officer/Director/Stockholder *	Title	Ownership %	
WILAIRAT MAHASIRICHOKE	Manager of LLC	80	
Mailing Address: 17880 SW BRYAN WAY	City: BEAVERTON	State: OR	Zip: 97007
Email: TALARAMAHA@GMAIL.COM	Phone:		

Name of Member/Manager; or Officer/Director/Stockholder *	Title	Ownership %	
SIRICHAH MAHASIRICHOKE	Member 20% or more	20	
Mailing Address: 17880 SW BRYAN WAY	City: BEAVERTON	State: OR	Zip: 97007
Email: JEANIDATATA@GMAIL.COM	Phone:		

Name of Member/Manager; or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager; or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager; or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

Name of Member/Manager; or Officer/Director/Stockholder *	Title	Ownership %	
	Choose One or Type Multiple Titles		
Mailing Address:	City:	State:	Zip:
Email:	Phone:		

If you need additional space for your entity structure, please attach additional documentation with the membership and contact information of the persons/entities we are requesting.



OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN

INSTRUCTIONS

1. Your floor plan **MUST** be submitted on the Floor Plan Form below
2. Use a separate Floor Plan Form for each level or floor of the building. The floor plan(s) must show the specific areas of your premises.
3. Label areas i.e. dining area, bar, lounge, lottery, outside patio and sidewalk cafe areas.
4. Food Counters should be labeled as such, and not as a Bar. At a Food Counter, food service/consumption is the predominant activity. At a Bar, alcohol service/consumption is the predominant activity. Please label Food Counters and Bars accordingly.
5. Include all tables and chairs. (See Example below)
6. If you have an outdoor area, please show it in reference to the licensed building.
7. If you have sidewalk seating please contact your local government to see if a permit is required for use.
8. If this is a Food Cart Pod please label the floor plan where the alcohol will be served from, where food will be served, where the seating will be and any other food carts that are in the pod.

Please do not use complex architect drawings as your floor plan, unless they are clearly readable and show all the tables and chairs.

RESTAURANT EXAMPLE

OREGON LIQUOR & CANNABIS COMMISSION
FLOOR PLAN FORM

Your floor plan must be submitted on this form

My Restaurant LLC
Applicant Name

My Restaurant
Trade Name (if any)

Example:

OLCC USE ONLY
MINOR POSTING ASSIGNMENT(S):

Date: _____ Initials: _____

Rev. 02/22

FOOD CART POD EXAMPLE

OREGON LIQUOR & CANNABIS COMMISSION
FLOOR PLAN FORM

Your floor plan must be submitted on this form

Food Carts LLC
Applicant Name

Everyday Food Cart Pod
Trade Name (if any)

Entrance

OLCC USE ONLY
MINOR POSTING ASSIGNMENT(S):

Date: _____ Initials: _____

Rev. 02/22



FLOOR PLAN FORM

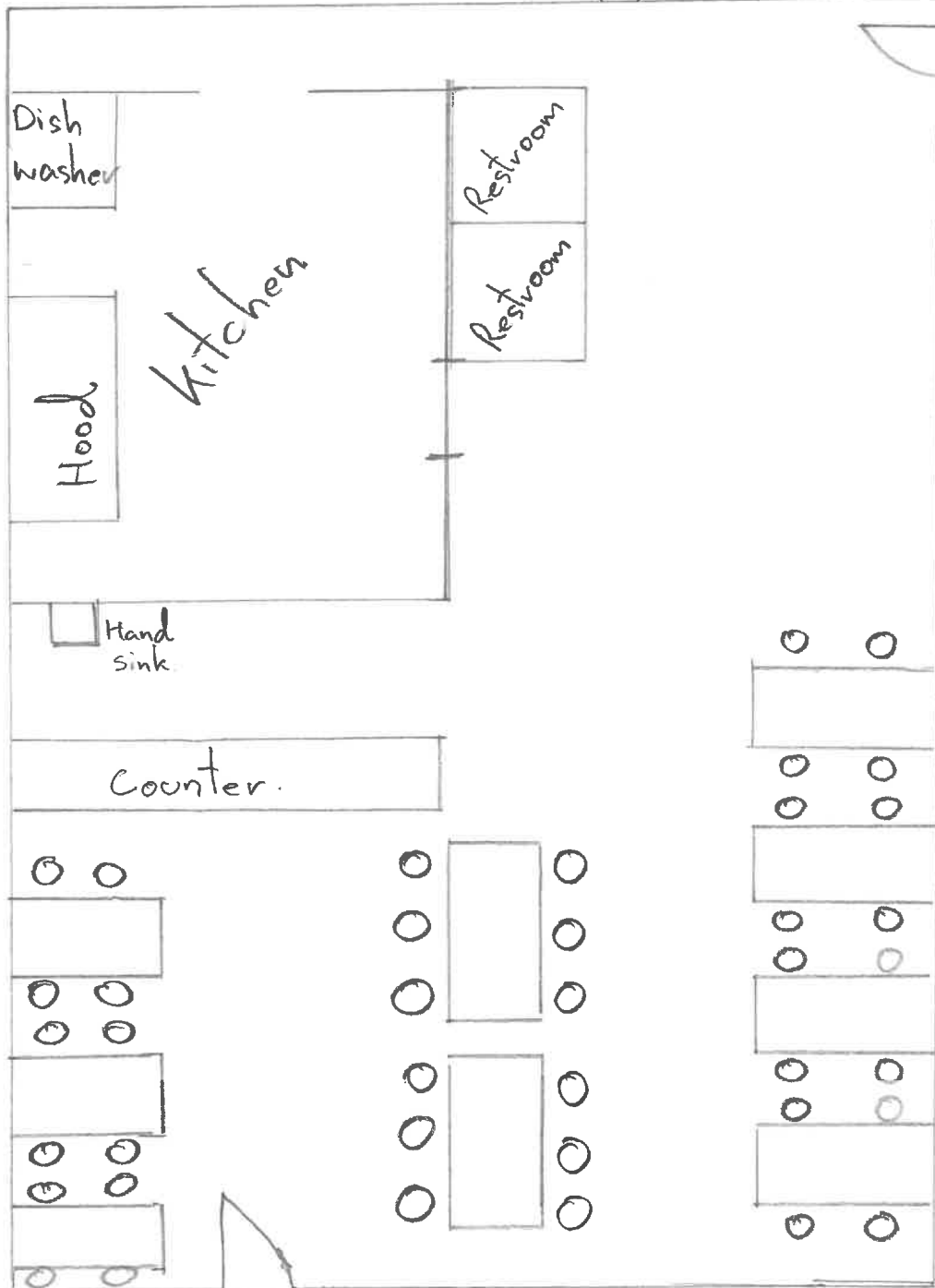
Your floor plan must be submitted on this form

Applicant Name WILAIRAT MAHASIRICHOKE

Trade Name (dba) AMAZING THAI CUISINE

Applicant Name

Trade Name (dba)



.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____