



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): MR. SIRICHAH MAHASIRICHOKE

Proposed Trade Name: AMAZING THAI CUISINE

Premises Address: 693 S. MAIN ST.

Unit:

City: LEBANON

County: LINN

Zip: 97355

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

License Type: FULL ON PREMISES SALE Additional Location for an Existing License

Application Contact Information

Contact Name: MR. SIRICHAH MAHASIRICHOKE

Phone:

Mailing Address:

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

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): MR. SIRICHAH MAHASIRICHOKE

Proposed Trade Name: AMAZING THAI CUISINE

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: Lebanon

Optional Date Received Stamp

Date Application Received: 2/10/2020

Received by:

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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.



Transaction Receipt
Record ID: POS - 90703
Receipt Number: 33556
Receipt Date: 2/10/26

City of Lebanon
925 S Main Street
Lebanon, OR 97355
541-258-4906
Fax: 541-258-4955
cdc@lebanonoregon.gov
Website: lebanonoregon.gov

Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
2/10/26	1.00 Ea	Liquor License (Original Application)	100-000-42650	\$100.00	\$100.00

Payment Method:	Credit Card	Payer: Sirichai Mahasirichoke	Payment Amount:	\$100.00
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Cashier: Tammy Dickey **Receipt Total: \$100.00**