



# 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): Oregon's Indoor High Caliber Kitchen, LLC

Proposed Trade Name: Same

Premises Address: 590 S. Main Street Unit:

City: Lebanon County: Linn Zip: 97355

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

License Type: Full On Premises, Commercial  Additional Location for an Existing License

### Application Contact Information

Contact Name: John Jones or Christie Jones Phone: :

Mailing Address: 590 S. Main Street

City: Lebanon State: OR Zip: 97355

Email Address: .

### 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): Oregon's Indoor High Caliber Kitchen, LLC

Proposed Trade Name: Same

**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: *December 29, 2025*

Received by: *Carl Hoffman*

## 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 - 89797**  
**Receipt Number: 33464**  
**Receipt Date: 12/29/25**

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

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**Fees Paid**

<b>Transaction date</b>	<b>Units</b>	<b>Description</b>	<b>Account code</b>	<b>Fee amount</b>	<b>Paid amount</b>
12/29/25	1.00 Ea	Liquor License (Original Application)	100-000-42650	\$100.00	\$100.00

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Payment Method: Credit Card      Payer: John M Jones      Payment Amount: \$100.00

Cashier: Carl Hoffman

**Receipt Total: \$100.00**