

**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): Grand PD LLC

Proposed Trade Name: US Mini Mart 3

Premises Address: 911 Airport Rd

Unit:

City: Lebanon

County: Linn

Zip: 97355

Application Type: ☒ New License Application ☐ Change of Ownership ☐ Change of LocationLicense Type: Off Premises Liquor License ☐ Additional Location for an Existing License**Application Contact Information**

Contact Name: Darshan Sranna

Phone: 541-905-5380

Mailing Address: 2515 Geary St SE

City: Albany

State: OR

Zip: 97322

Email Address: darshansranna91@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): Grand PD LLC

Proposed Trade Name: US Mini Mart 3

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.



Transaction Receipt

Record ID: POS - 86125

Receipt Number: 33112

Receipt Date: 7/14/25

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 |
|------------------|---------|---------------------------------------|---------------|------------|-------------|
| 7/14/25 | 1.00 Ea | Liquor License (Original Application) | 100-000-42650 | \$100.00 | \$100.00 |

| | | | | |
|-----------------|---------------------|---------------------|-----------------|----------|
| Payment Method: | Check number: 11628 | Payer: Grand PD LLC | Payment Amount: | \$100.00 |
|-----------------|---------------------|---------------------|-----------------|----------|

| | | |
|-----------------------|----------------|----------|
| Cashier: Tammy Dickey | Receipt Total: | \$100.00 |
|-----------------------|----------------|----------|