

LIQUOR LICENSE APPLICATION

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Check the appropriate license request option:

☒ [New Outlet](#) | ☒ [Change of Ownership](#) | ☐ [Greater Privilege](#) | ☐ [Additional Privilege](#)

Select the license type you are applying for.

More information about all license types is available [online](#).

Full On-Premises

- ☒ Commercial
- ☐ Caterer
- ☐ Public Passenger Carrier
- ☐ Other Public Location
- ☐ For Profit Private Club
- ☐ Nonprofit Private Club

Winery

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Brewery

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd

Brewery-Public House

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd

Grower Sales Privilege

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd

Distillery

- ☐ Primary location
- Additional tasting locations: (Use the DISTT form [HERE](#))

☐ Limited On-Premises

☐ Off Premises

☐ Warehouse

☐ Wholesale Malt Beverage and Wine

LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT

After providing your recommendation, return this form to the applicant **WITH** the recommendation marked below

Name of City OR County (not both)

Lebanon

Please make sure the name of the Local Government is printed legibly or stamped below

Date application received: 2/28/24

Optional: Date Stamp Received Below

- ☐ Recommend this license be granted
- ☐ Recommend this license be denied
- ☐ No Recommendation/Neutral

Printed Name

Date

Signature

Trade Name

Sams Place on Sherman

LIQUOR LICENSE APPLICATION

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APPLICANT INFORMATION

Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.

Name of entity or individual applicant #1:

Lannette Cole

Name of entity or individual applicant #2:

Samuel P. Cole

Name of entity or individual applicant #3:

Name of entity or individual applicant #4:

BUSINESS INFORMATION

Trade Name of the Business (name customers will see):

Sams Place on Sherman

Premises street address (The physical location of the business and where the liquor license will be posted):

25 & 45 W Sherman St

City:

Lebanon

Zip Code:

97355

County:

Linn

Business phone number:

don't have one yet

Business email:

samsplace2024@gmail.com

Business mailing address (where we will send any items by mail as described in [OAR 845-004-0065\(11\)](#)):

34931 Ede Rd

City:

Lebanon

State:

OR

Zip Code:

97355

Does the business address currently have an OLCC liquor license? ☒ Yes ☐ No - Dragon Lair

Does the business address currently have an OLCC marijuana license? ☐ Yes ☒ No

APPLICATION CONTACT INFORMATION – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative Form must be completed and submitted with this application.

Application Contact Name:

Lannette Cole

Phone number:

[REDACTED]

Email:

samsplace2024@gmail.com

LIQUOR LICENSE APPLICATION

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Applicant Signature(s): Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

- Each applicant listed in the "Application Information" section of this form has read and understands [OAR 845-006-0362](#) and attests that:

1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application, are true and complete.

Lanette Cole

Applicant name

02/27/2024

Date

Samuel Cole

Applicant name

02/27/2024

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant/Licensee Representative(s): If you would like to designate a person/entity to act on your behalf you must complete the [Authorized Representative Form](#). You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.



OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Samuel & Lannette Cole Phone: [REDACTED]

Trade Name (dba): Sams Place on Sherman

Business Location Address: _____

City: _____ ZIP Code: _____

DAYS AND HOURS OF OPERATION

Business Hours:

Outdoor Area Hours:

The outdoor area is used for:

Sunday 7am to 2:30am
Monday 7am to 2:30am
Tuesday 7am to 2:30am
Wednesday 7am to 2:30am
Thursday 7am to 2:30am
Friday 7am to 2:30am
Saturday 7am to 2:30am

Sunday N/A to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

☐ Food service Hours: N/A to _____
☐ Alcohol service Hours: _____ to _____
☐ Enclosed, how _____
The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: ☐ Yes ☒ No If yes, explain: _____

ENTERTAINMENT

Check ALL that apply:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Live Music | <input checked="" type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Recorded Music | <input checked="" type="checkbox"/> Coin-operated Games |
| <input checked="" type="checkbox"/> DJ Music | <input checked="" type="checkbox"/> Video Lottery Machines |
| <input checked="" type="checkbox"/> Dancing <input type="checkbox"/> Nude Dancing | <input checked="" type="checkbox"/> Social Gaming |
| <input checked="" type="checkbox"/> Live Entertainment | <input checked="" type="checkbox"/> Pool Tables |
| <input type="checkbox"/> Minor Entertainers | <input type="checkbox"/> Other: _____ |

*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday 8pm to 2:30am
Monday 8pm to 2:30am
Tuesday 8pm to 2:30am
Wednesday 8pm to 2:30am
Thursday 8pm to 2:30am
Friday 8pm to 2:30am
Saturday 8pm to 2:30am

SEATING COUNT

Restaurant: 117 Outdoor: _____ Lounge: w/Rest.
Banquet: _____ Other (explain): _____ Total Seating: 117

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) _____ (N)
Investigator Initials: _____
Date: _____

I understand if my answer is incorrect, I will be responsible for the license application.

Applicant Signature: [REDACTED]

Date: 02/27/2024



**FULL ON-PREMISES, COMMERCIAL (F-COM)
FULL ON-PREMISES, FOR-PROFIT PRIVATE CLUB (F-FPC)
FOOD SERVICE AFFIRMATION**

Applicant / Licensee

Samuel & Lannette Cole

Trade Name of the Business (Name Customers Will See)

Sams Place on Sherman

Business Address

25 + 45 W Sherman St, Lebanon, OR 97355

(Number, Street Address, City, and Zip Code)

I affirm that I have read OAR 845-006-0459, OAR 845-006-0460, and OAR 845-006-0466 and

I affirm:

- I understand that "meal" means a food item, or combination of food items, prepared or cooked on the licensed premises that the Commission determines is a main course and is a serving of food sufficient to satisfy the appetite of one individual. Food items that are appetizers, snacks, and desserts do not qualify as a meal. Examples include, but are not limited to, popcorn, peanuts, chips, a serving of food that is not sufficient to satisfy the appetite of one individual, and food items offered by the licensee as other than a meal.
- I understand that "dining seats" means seating at tables or food counters as defined in OAR 845-006-0340(2)(j) located in areas of the licensed premises regularly open to the public where the Commission determines that each table top or seating area provides a minimum space that will accommodate a place setting consisting of a plate or dish, glassware, napkin and utensils for each seat. Seats at counters in entertainment areas and at bars as defined in OAR 845-006-0340 do not qualify as dining seating.
- I will have at least 30 dining seats during a time period which must last at least two hours prior to 10:00 p.m.
- I will make at least five different meals available at all times and in all areas where alcohol service is available. However, I may make fewer than five different meals available if the OLCC has determined that the clearly dominant emphasis in the areas with alcoholic beverage service is food service.
- I will always have a food preparation area and equipment on my licensed premises that are adequate to meet the food service requirements of this license.
- I am authorized to sign this form on behalf of the applicant or licensee.

Name (print)

Lannette Cole

Date

02/27/2024

Signature

[Redacted Signature]



OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

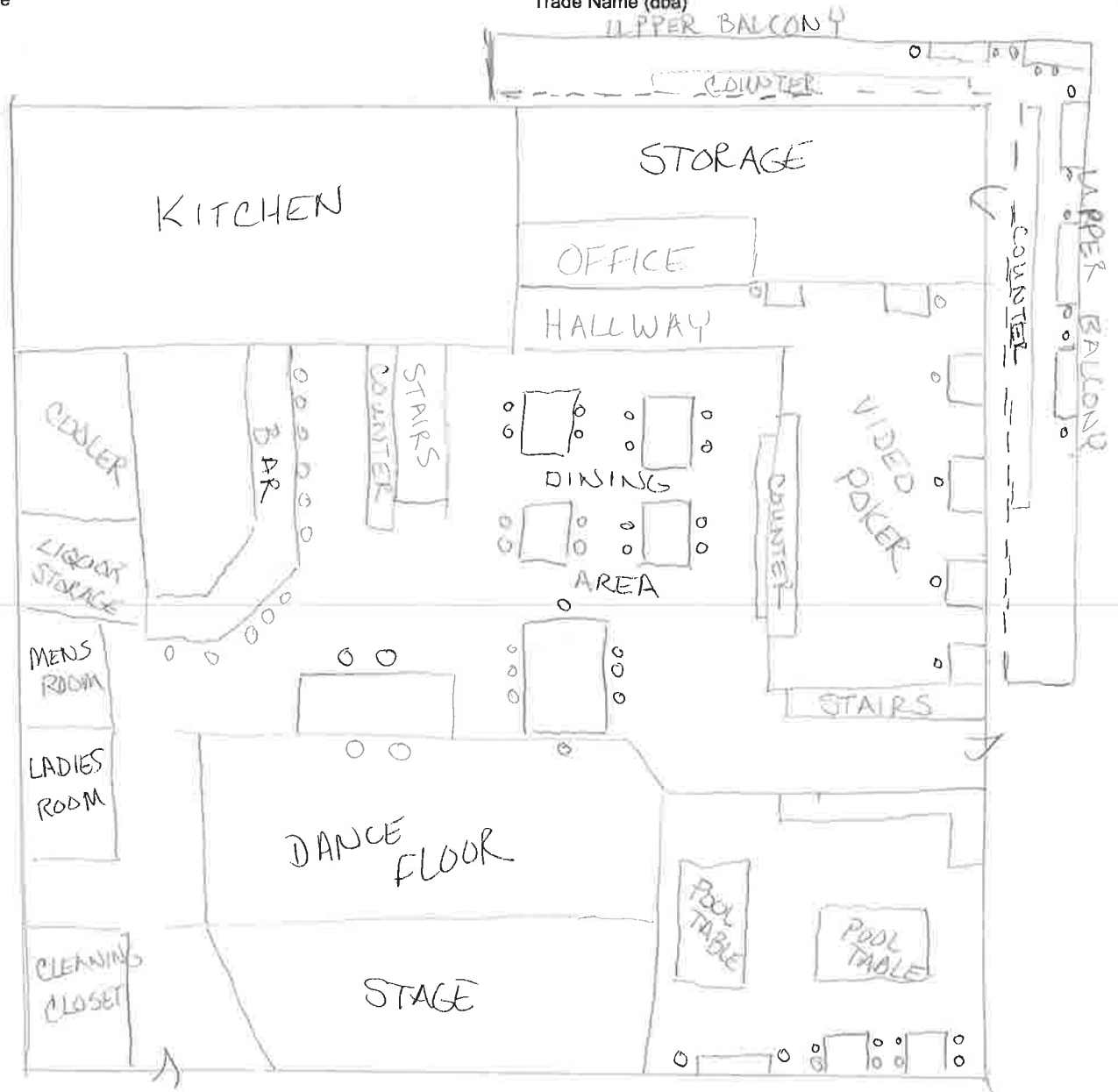
Your floor plan must be submitted on this form

Samuel & Lannette Cole

Applicant Name

Sams Place on Sherman

Trade Name (dba)



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

Date: _____ Initials: _____

**LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE**LLC Name Sams Place on ShermanTrade Name of Business (Name Customers Will See) SameThe LLC named in this document is a (see page 1 for definitions): ☒ Manager-Managed LLC ☐ Member-Managed LLC**This section is ONLY for a manager-managed LLC.** (Directions on page 1. You may include information on a separate sheet.)

Name of Managing Member (please print)	Name of Managing Member (please print)
Lannette Cole	Samuel Cole

This section is for BOTH a manager-managed LLC and a member-managed LLC. (Directions on page 1. You may include information on a separate sheet.)


Name of Member (please print)	Percentage of issued membership held
Lannette Cole	50%
Samuel Cole	50%

This section is ONLY for an LLC with the listed officers. (Directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President	N/A
Secretary	
Treasurer	
Vice president with responsibility over the operation of the business	

SERVER EDUCATION DESIGNEE (Directions on page 1)

Name (please print)	Date of Birth
Lannette Cole	01/20/1971

SIGNATURE (Directions on page 1) Lannette Cole
DATE 02/27/2024**This box for OLCC use ONLY**

Does the entity hold, or has it ever held, an OLCC-issued liquor license? _____



LAW ORIENTATION AFFIRMATION

Trade Name of Business Sams Place on Sherman

Business Location 25 & 45 Sherman St Lebanon 47355
(number, street) (city) (zip code)

I have read the Commission's "Law Orientation for Retailers" booklet.

Today's Date 02/28/2024.

Lannette Cole
Name (print)



Name (print)

Signature

Name (print)

Signature

Name (print)

Signature