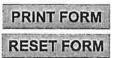
Blumenshine





OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION



1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	-	CITY AND CO	UNTY USE ONLY
☐ Brewery 1 st Location		Date application received and/or date stamp:	
Brewery Additional location (2 nd) (3 rd)		Date application received and/or date stamp:	
☐ Brewery-Public House (BPH) 1 st location			
BPH Additional location (2 nd) ☐ (3 rd) ☐ ☐ Distillery		Name of City or County:	
		I wante of city of county.	
☐ Full On-Premises, Commercial		l 	
☐ Full On-Premises, Caterer		Recommends this license be:	
☐ Full On-Premises, Passenger Carrier		☐ Granted ☐ Denie	ed
Full On-Premises, Other Public Location		Ву:	
☐ Full On-Premises, For Profit Private Club		11	
☐ Full On-Premises, Nonprofit Private Club		Date:	
☐ Grower Sales Privilege (GSP) 1 st location		0166	HET ONLY
GSP Additional location (2 nd) □ (3 rd) □		Date application received:	05/06/2022
☐ Limited On-Premises		Date application received.	30, 30, 131
☐ Off-Premises		Date application accepted:	05/06/2022
☐ Warehouse			
☐ Wholesale Malt Beverage & Wine			-
☐ Winery 1 st Location		License Action(s):	N/O
Winery Additional location (2 nd) □ (3 rd)			
(4 th) (5 th)			
2. Identify the applicant(s) applying for the license(s). applying for the license(s): Rio Theatre, LLC	ENTIT	Y (example: corporation or LL	.C) or INDIVIDUAL(S) ¹
App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT	Ар	p #2: NAME OF ENTITY OR IN	DIVIDUAL APPLICANT
	_		
App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT	Ap	p #4: NAME OF ENTITY OR IN	DIVIDUAL APPLICANT
3. Trade Name of the Business (Name Customers Will Rio Theatre	l See)		
4. Business Address (Number and Street Address of the	halos	ation that will have the liquor	license)
· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	adon that will have the liquor	noonse)
1439 Main Street			
City	Cou	ınty	Zip Code
Sweet Home	Linn		97386

¹ Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.

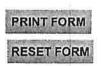


OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

LIQUO	N LICENSE AF	FLICATION		
5. Trade Name of the B	usiness (Name Customers V	Will See)		
Rio Theatre				
6. Does the business ad	dress currently have an OL	CC liquor license?	ES X NO	
	dress currently have an OL			
			YES X NO	
-	Box, Number, Street, Rural nailings as described in <u>OA</u> l		ill send your li	cense certificate, renewal
City Sweet Home		State OR		Zip Code ₉₇₃₈₆
9. Phone Number of the	Business Location	10. Email Contact for	10. Email Contact for this Application	
541-367-7419		sales@sweethomerio.com	m	
11. Contact Person for	this Application		Phone Numb	per
Erika Baham			541-401-9975	
Contact Person's Mailin	g Address (if different)	City	State	Zip Code
I understand that marijuan samples, give-away, sale, e this application are true and affirm that I have read ownership interean individual or entity who	tc. I attest that all answers or complete. AR 845-005-0311 and all indicest per OAR 845-005-0311[6]	d premises. This includes man all forms and documents, a viduals (sole proprietors) or are listed as license application in the business in th	rijuana use, cor nd all informati entities with a ants in #2 abov may result in de	nsumption, ingestion, inhalation ion provided to the OLCC as a pa an ownership interest (other the ce. I understand that failure to lienial of my license or the OLCC
	roprietor) listed as an applicar			
sign the application. An individual with the apower of attorney) mawritten proof of signat	authority to sign on behalf of t y sign the application. If an in ure authority. Attorneys signii	the applicant (such as the applicant) dividual other than an applicant may be on behalf of applicants may	olicant's attorne ant signs the ap ay list the state	plication, please provide of bar licensure and bar
number in lieu of writt form.	en proof of authority from an	applicant. Applicants are st	ill responsible f	or all information on this
Erika S. Baham	Liv & Ball	March 25, 2022		
App. #1: (PRINT NAME)	App #1: (8IGNATURE)	App #1: Signature D	ate A	tty. Bar Information (if applicable)
pp. #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature D	ate At	ty. Bar Information (if applicable)
pp. #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature D	ate A	tty. Bar Information (if applicable)
nn. #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Da	ate A	tty. Bar Information (if applicable)





CCH 07/12/2022 ZB

1. Name (Print):	Baham			Erika	Sue	
		Last		First		Middle
2. Other names us	sed (maiden, o	ther):Robeck				
3. Do you have a S		Number (SSN) issued by the Unite 565-75-2898	d States Soc	cial Security Administra	tion? Yes	No 🔲
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below.						
Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC§ 552(a).						
4. Do you consent	to the OLCC's	use of my SSN as described above	? Check thi	s box:		
5. Date of Birth (D	OB);	Aug	24	(440)	1969	
6. Driver License or State ID #:5008732 (dd) (yyyy) 7. State OR			ууу)			
8. Contact Phone: 541-401-9975						
9. E-mail Address: erika@be-accountable.net						
10. Mailing Addre	ss: PO Box	¢ 121		Sweet Home	OR	97386
		(Number and Street)		(City)	(State)	(Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?						
No Yes (If yes, explain in the space provided, below) Unsure Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.						



12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in			
Oregon? (Note: marijuana worker permits are not marijuana licenses.) No Yes Please list licenses (and year(s) licensed) below Unsure Please incl	ude an explanation:		
res rease increases (unit year (s) incerised) selow of safe rease incr	duc un explanation.		
13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of O	regon?		
No Yes Please list licenses (and year(s) licensed) below Unsure Please inclu	ude an explanation:		
14. Do you or any entity that you are a part of, have any other liquor license applications pending	with the OLCC?		
No Yes Please list applications below Unsure Please include an explanation:			
You must sign your own form (electronic signature acceptable). Another individual, such as your	attorney or an individual with		
power of attorney, <i>may not</i> sign your form.			
Affirmation Even if I receive assistance in completing this form, I affirm by my signature below, that my ans	wors on this form are true and		
complete. I understand the OLCC will use the above information to check my records, including	but not limited to my criminal		
history. I understand that if my answers are not true and complete, the OLCC may deny my lice	nse application.		
Name (Print): Baham Lost Erika	Sue		
Name (Print): Darietin Last First	Middle		
Signature: Euko S Boham	March 25, 2022 Date:		
This box for OLCC use ONLY			
N Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?			

Rev. 1.8.21



Please Print or Type			
Applicant Name: Rio Theatre, LLC	Phone: 541-367-7419		
Trade Name (dba):Rio Theatre	*		
Business Location Address: 1439 Main Street			
City: Sweet Home	ZIP Code: 97386		
DAYS AND HOURS OF OPERATION			
Thursday 5:30 to 9:00 Thursday to Friday 5:30 to 10:00 Friday to Saturday 1:30 to 10:00 Saturday to Saturday to Saturday to Saturday to Saturday to Seasonal Variations: Yes No If yes, explain the Seasonal Variations: Karaoke Coin-operated Games Video Lottery Machines Social Gaming Pool Tables Other: Movies/cinema	☐ Food service Hours:totototototo		
Restaurant: Outdoor: Lounge: Other (explain): Theatre (2 screeness) Banquet: Total Seating: 200	Investigator Verified Seating:(Y) X_(N) Investigator Initials:_ ZB Date:07/12/2022		
I understand if my answers are not true and complete, the OLCC may deny my license application.			
Applicant Signature: Like Abox	Date: March 25, 2022		

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)