



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

Return Completed form to:
City of Tualatin
Attn: Finance
18880 SW Martinazzi Ave
Tualatin, OR 97062

Date 09/02/2025

IMPORTANT: *This is a three-page form. You are required to complete all sections of the form.*
If a question does not apply, please indicate N/A. Please include full names (last, first middle) and full dates of birth (month/day/year). Incomplete forms shall receive an unfavorable recommendation.
Thank you for your assistance and cooperation.

SECTION 1: TYPE OF APPLICATION

- ☒ Original (New) Application - \$100.00 Application Fee.
☐ Change in Previous Application - \$75.00 Application Fee.
☐ Renewal of Previous License - \$35.00 Application Fee. Applicant must possess current business license. License # _____
☐ Temporary License - \$35.00 Application Fee.

SECTION 2: DESCRIPTION OF BUSINESS

Name of business (dba): Bull Mountain Management LLC dba Apex Golf Club

Business address 18039 SW Lower Boones Ferry Rd City Tigard State OR Zip Code 97224

Mailing address 15090 SW Coolwater Ln City Tigard State OR Zip Code 97224

Telephone # (847) 702-4460 Fax # _____

Email joe@playapexgolf.com

Name(s) of business manager(s) First Joseph Middle A Last Ferrante

Type of business Golf simulator sports bar

Type of food served Full menu, pizzas and sandwiches and sides

Type of entertainment (dancing, live music, exotic dancers, etc.) 10 golf simulator bays

Days and hours of operation Monday through Sunday, approximately 11am to 10pm

Food service hours: Breakfast N/A Lunch 11am to 4pm Dinner 4pm to 10pm

Restaurant seating capacity 35 Outside or patio seating capacity 0

How late will you have outside seating? N/A How late will you sell alcohol? 10pm

How many full-time employees do you have? 3 Part-time employees? 2

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants Bull Mountain Management LLC

Type of liquor license (refer to OLCC form) FULL ON-PREMISES SALES, Commercial

Form of entity holding license (check one and answer all related applicable questions):

☐ **INDIVIDUAL:** If this box is checked, provide full name, date of birth, and residence address.

Full name _____ Date of birth _____

Residence address _____

☐ **PARTNERSHIP:** If this box is checked, provide full name, date of birth and residence address for each partner. If more than two partners exist, use additional pages. If partners are not individuals, also provide for each partner a description of the partner's legal form and the information required by the section corresponding to the partner's form.

Full name _____ Date of birth _____

Residence address _____

Full name _____ Date of birth _____

Residence address _____

☐ **CORPORATION:** If this box is checked, complete (a) through (c).

(a) Name and business address of registered agent.

Full name _____

Business address _____

(b) Does any shareholder own more than 50% of the outstanding shares of the corporation? If yes, provide the shareholder's full name, date of birth, and residence address.

Full name _____ Date of birth _____

Residence address _____

(c) Are there more than 35 shareholders of this corporation? _____ Yes _____ No. If 35 or fewer shareholders, identify the corporation's president, treasurer, and secretary by full name, date of birth, and residence address.

Full name of president: _____ Date of birth: _____

Residence address: _____

Full name of treasurer: _____ Date of birth: _____

Residence address: _____

Full name of secretary: _____ Date of birth: _____

Residence address: _____

☒ **LIMITED LIABILITY COMPANY:** If this box is checked, provide full name, date of birth, and residence address of each member. If there are more than two members, use additional pages to complete this question. If members are not individuals, also provide for each member a description of the member's legal form and the information required by the section corresponding to the member's form.

Full name: Joseph Ferrante

Full name: Jason Law

☐ **OTHER:** If this box is checked, use a separate page to describe the entity, and identify with reasonable particularity every entity with an interest in the liquor license.

SECTION 4: APPLICANT SIGNATURE

A false answer or omission of any requested information on any page of this form shall result in an unfavorable recommendation.

Signature of Applicant

09/02/2025

Date

For City Use Only

Sources Checked:

☒ DMV by AL

☒ LEDS by AL

☒ TuPD Records by AL

☒ Public Records by AL

☒ Number of alcohol-related incidents during past year for location.

☒ Number of Tualatin arrest/suspect contacts for _____

It is recommended that this application be:

☒ Granted

☐ Denied

Cause of unfavorable recommendation: _____

Signature

Greg Pickering
Chief of Police
Tualatin Police Department

Date

9/22/25