



# CITY OF TUALATIN

## LIQUOR LICENSE APPLICATION

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

Date 1/10/2022

**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): Bridge City Golf Inc., dba Envision Golf

Business address 18039 SW Lower Boones Ferry Road City Tualatin State OR Zip Code 97224

Mailing address same address City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # 503 388 9770 Fax # \_\_\_\_\_

Email marcel.newsome@envisiongolf.com

Name(s) of business manager(s) First Marcel Middle A Last Newsome

(attach additional pages if necessary)

Type of business Indoor Golf Entertainment serving food and alcohol

Type of food served A full light prep mediterranean kitchen with sandwiches, wraps, pita pizzas, salads

Type of entertainment (dancing, live music, exotic dancers, etc.) 10 golf simulators and a golf shop

Days and hours of operation 8:30 am to 11:00 pm

Food service hours: Breakfast 8:30 am Lunch 11:30 to close Dinner 11:30 to close

Restaurant seating capacity 55 visitors Outside or patio seating capacity n/a

How late will you have outside seating? n/a How late will you sell alcohol? 11:30



How many full-time employees do you have? 3 Part-time employees? 4

### SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants Bridge City Golf Inc

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 Bridge City Golf Inc  
Business address 18039 SW Lower Boones Ferry Road, Tualatin, OR 97224

(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 Martha Holley Newsome \_\_\_\_\_  
\_\_\_\_\_

(c) Are there more than 35 shareholders of this corporation? Yes xx 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: Marcel A Newsome Date of birth: \_\_\_\_\_  
\_\_\_\_\_  
Full name of treasurer: Marcel A Newsome Date of birth: \_\_\_\_\_  
\_\_\_\_\_  
Full name of secretary: Martha Holley Newsome Date of birth: \_\_\_\_\_  
\_\_\_\_\_

☐ **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: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_



Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_

☐ **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.

 \_\_\_\_\_ 1/10/2022  
Signature of Applicant Date

#### For City Use Only

Sources Checked:

☒ DMV by BS ☒ LEDS by BS ☒ TuPD Records by BS  
☐ Public Records by BS

☒ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 \_\_\_\_\_ 1-27-22  
Signature Date

Bill Steele  
Chief of Police  
Tualatin Police Department