



**CITY OF TUALATIN**  
**LIQUOR LICENSE APPLICATION**

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

Date 11/26/2025

**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): Marilynscape LLC dba Miller's Homestead Restaurant

Business address 17933 SW McEwen Rd City Tigard State OR Zip Code 97224

Mailing address 11295 SW Hazelbrook Rd City Tualatin State OR Zip Code 97062

Telephone # 503 684 2831 Fax # \_\_\_\_\_

Email Homestead@greyspecialties.com

Name(s) of business manager(s) First Jeffrey Middle \_\_\_\_\_ Last Grey

Type of business Restaurant

Type of food served Breakfast / Lunch

Type of entertainment (dancing, live music, exotic dancers, etc.) N/A

Days and hours of operation Mon-Thurs 7AM-2pm Fri-Sun 7AM-3pm

Food service hours: Breakfast 7-2 / 7-3 Lunch 7-2 / 7-3 Dinner N/A

Restaurant seating capacity 110 Outside or patio seating capacity 0

How late will you have outside seating? N/A How late will you sell alcohol? 3pm

How many full-time employees do you have? \_\_\_\_\_ Part-time employees? \_\_\_\_\_

**SECTION 3: DESCRIPTION OF LIQUOR LICENSE**

Name of Individual, Partnership, Corporation, LLC, or Other applicants \_\_\_\_\_

Marilynscale LLC  
Type of liquor license (refer to OLCC form) Full on premises - 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: Jeffrey Grey

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.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date 11/26/2025

**For City Use Only**

Sources Checked:

☒ DMV by KC ☒ LEDS by KC ☒ TuPD Records by KC  
☐ Public Records by \_\_\_\_\_

☒ 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

12/3/25  
Date