



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

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

Date April 15, 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. n/a

SECTION 2: DESCRIPTION OF BUSINESS

Name of business (dba): Oregon Wine Services and Storage, LLC, dba Oregon Wine Services and Storage
Business address 12085 SW Myslony St. City Tualatin State OR Zip Code 97062-8041
Mailing address 50 Technology Court City Napa State CA Zip Code 94558
Telephone # Allyssa Wickstrom 818-519-0176 Fax # _____
Email allyssa.wickstrom@wineshipping.com

listing two warehouse managers

Name(s) of business manager(s) First

1) James
2) Alex

Middle

1) Andrew
2) Dominick

Last

1) Dibble
2) Pulone

Type of business A section of the warehouse will be enclosed and used for storage for taxpaid bottled distilled spirits.

Type of food served n/a

Type of entertainment (dancing, live music, exotic dancers, etc.) none

Days and hours of operation Monday through Friday 7:00am to 5:00pm

Food service hours: Breakfast n/a Lunch n/a Dinner n/a

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

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

How many full-time employees do you have? ^{5 full-time employees and 4 full-time temporary employees} _____ Part-time employees? none

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants Oregon Wine Services and Storage, LLC

Type of liquor license (refer to OLCC form) Distillery

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: Wineshipping.com LLC (sole manager and 100% member of Oregon Wine Services and Storage, LLC) Date of birth: n/a

Residence address: 50 Technology Court, Napa, CA, 94558

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.

[Redacted Signature]

Signature of Applicant

April 15, 2025

Date

Allyssa Wickstrom, Chief Legal Officer

For City Use Only

Sources Checked:

☒ DMV by AB ☒ LEDS by AB ☒ TuPD Records by AB
☒ Public Records by AB

☒ 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: _____

[Redacted Signature]
Signature

Greg Pickering
Chief of Police
Tualatin Police Department

4/17/25
Date

Oregon Wine Services and Storage, LLC
Attachment to City of Tualatin Liquor License Application
LIMITED LIABILITY COMPANY

Oregon Wine Services and Storage, LLC:
Wineshipping.com LLC - Sole manager and 100% member

Wineshipping.com LLC
DTC Logistics, LLC - Sole manager and 100% member

Randy Tucker, Chief Executive Officer

Brad Terry, Chief Financial Officer

Steve Silverman, Chief Operating Officer

Allyssa Wickstrom, Chief Legal Officer

Pawel Smolarkiewicz, Chief Experience and Innovation Officer