



CITY OF TUALATIN
LIQUOR LICENSE APPLICATION

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

Date 2/27/2020

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

- [X] 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): CLAIM JUMPER RESTAURANT

Business address 18000 SW LOWER BOONES FERRY ROAD City TUALATIN State OR Zip Code 97224

Mailing address PO BOX 75008 City WICHITA State KS Zip Code 67275

Telephone # (412) 646-5385 Fax #

Email linda@krqops.com

Name(s) of business manager(s) First JENNIFER Middle s Last PRATER

Date of birth Social Security # ODL#

Home City State Zip Code
(attach additional pages if necessary)

Type of business FULL SERVICE RESTAURANT

Type of food served AMERICAN, ITALIAN, STEAK, RIBS, SALADS, SANDWICHES

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

Days and hours of operation S-R 11AM - 9:30PM, FRI-SAT 11AM - 10:30PM

Food service hours: Breakfast N/A Lunch OPEN - 4PM Dinner ALL DAY

Restaurant seating capacity APX 500 Outside or patio seating capacity APX 48

How late will you have outside seating? SAME AS OPERATING HOURS How late will you sell alcohol? SAME AS OPERATING HOURS

How many full-time employees do you have? 14 Part-time employees? 47

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants MICHAEL R. KELLY

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

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: MICHAEL R. KELLY Date of birth:
Residence address: DRIVE

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  MICHAEL R. KELLY, MANAGER Date 2.26.2020

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: _____


Signature

3-13-2020
Date

Bill Steele
Chief of Police
Tualatin Police Department