



REC'D
CITY OF TUALATIN
NOV 21 2019
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 11/21/19

MAYOR _____ COUNCIL _____ POLICE _____ ADM _____
FINANCE _____ COMM/DEV _____ LEGAL _____ OPER _____
COMMS/YS _____ ENG & BLDG _____ LIBRARY _____

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): Tualatin Station Bar & Grill

Business address 18770 SW Boones Ferry Rd City Tualatin State OR Zip Code 97062

Mailing address Same as above City _____ State _____ Zip Code _____

Telephone # (503) 855-3233 Fax # _____

Email tualatin.station.bar.grill@gmail.com

Name(s) of business manager(s) First Joanne Middle Faye Last Haney

Date of birth _____

Home address _____ City _____ State _____ Zip _____
(attach additional pages if necessary)

Type of business Full restaurant, Full bar, Lottery

Type of food served Burgers, brisket, pulled pork, salad, sandwiches

Type of entertainment (dancing, live music, exotic dancers, etc.) DS/KJ, pool tables

Days and hours of operation 11:00^{am} to 2:30 am

Food service hours: Breakfast _____ Lunch 11:00 am to 3:00 pm Dinner 3pm to 2 am

Restaurant seating capacity 60 Outside or patio seating capacity 70

How late will you have outside seating? 2:00 am How late will you sell alcohol? 1:30 am

How many full-time employees do you have? Part-time employees? 10-12

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

Joanne's Place LLC

Type of liquor license (refer to OLCC form)

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: Joanne Faye Haney Date of birth: 11/11/1981
Residence address:

Fult 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: 11/21/19

For City Use Only

Sources Checked:

DMV by B LEDS by B TuPD Records by B
 Public Records by B

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: _____

Bill Steele
Signature

12-2-19
Date

Bill Steele
Chief of Police
Tualatin Police Department