



# CITY OF TUALATIN

## LIQUOR LICENSE APPLICATION

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

Date 3/22/2024

**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): Stickmen Brewing Company

Business address 19475 SW 118th Ave Suite 1 City Tualatin State OR Zip Code 97062

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

Telephone # 503-702-8668 Fax # N/A

Email tim@stickmenbeer.com

Name(s) of business manager(s) First Tim Middle Allen Last Schoenherly

Type of business Brewery / Restaurant

Type of food served Pizza, Salads

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

Days and hours of operation m-Th 11am-9pm (10pm Summer) F-Sat 11am-10pm (11pm Summer)

Food service hours: Breakfast N/A Lunch 11am Dinner to 10pm

Restaurant seating capacity 118 Outside or patio seating capacity 64

How late will you have outside seating? 10pm How late will you sell alcohol? 10pm

How many full-time employees do you have? 9 Part-time employees? ~28

**SECTION 3: DESCRIPTION OF LIQUOR LICENSE**

Name of Individual, Partnership, Corporation, LLC, or Other applicants Timothy Allen Schoenheit

Type of liquor license (refer to OLCC form) FCAM

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 Timothy Allen Schoenheit  
Business address 19425 SW 115th Ave., Suite 1 Tualatin OR 97062

(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: Timothy Allen Schoenheit \_\_\_\_\_  
Full name of treasurer: Same As Secretary \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_  
Full name of secretary: Ronald Allen Schoenheit \_\_\_\_\_  
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: \_\_\_\_\_ 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.



Signature of Applicant

3/22/2024  
Date

**For City Use Only**

Sources Checked:

DMV by AP       LEADS by AP       TuPD Records by AP

Public Records by AP

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

3/29/24

Date