



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 8/10/2020

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

- 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): E1 Ranchito Alegre, Inc.

Business address 8349 Sw Tonka St City Tualatin State OR Zip Code 97062

Mailing address same City _____ State _____ Zip Code _____

Telephone # 503-482-5881 Fax # 877-707-3579

Email sherry.castle@gmail.com

Name(s) of business manager(s) First Aide M. _____ Last Artez Lucas

Date of birth 1/18/77 Sex _____ Marital Status _____

Business address _____
(attach _____ pages if necessary)

Type of business Taqueria & convenience/grocery store

Type of food served Mexican fast food

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

Days and hours of operation M-Sun 8am-9pm

Food service hours: Breakfast 9am-12pm Lunch 12pm-4pm Dinner 4pm-6pm

Restaurant seating capacity 40 Outside or patio seating capacity 0

How late will you have outside seating? N/A How late will you sell alcohol? Grocery store 8am-9pm

Taqueria only during 9am to 6pm

How many full-time employees do you have? 4 Part-time employees? 2

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants El Ranchito Alegre, Inc.

Type of liquor license (refer to OLCC form) Limited On-Premises & Limited Off Premises

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 El Ranchito Alegre Inc.
Business address 8349 SW Tomka St. 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 [REDACTED]
Residence [REDACTED]

(c) Are there more than 35 shareholders of this corporation? Yes Y No. If 35 or fewer shareholders, identify the corporation's president, treasurer, and secretary by full name, date of birth, and residence address.
[REDACTED]

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

Date

8/10/20

For City Use Only

Sources Checked:

- DMV by B
- LEADS 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: _____

B Steele

Signature

8-14-20

Date

Bill Steele
Chief of Police
Tualatin Police Department