



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 Oct. 30, 2021

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): At The Garages Eatery & TAPHOUSE
Business address 17880 SW McEwan Rd City Tualatin State OR Zip Code 97035
Mailing address 4810 SW Western Ave. City Beaverton State OR Zip Code 97005
Telephone # 503-572-9954 Fax #
Email ksdrangsholt@yahoo.com
Name(s) of business manager(s) First KENT Middle STEVEN Last DRANGSHOLT

Type of business Restaurant / Bar
Type of food served BBQ steakhouse
Type of entertainment (dancing, live music, exotic dancers, etc.) live music / dancing
Days and hours of operation M-SUN 9AM - 2AM
Food service hours: Breakfast 9A-11A Lunch 11AM - 3PM Dinner 3PM-1AM
Restaurant seating capacity 225 Outside or patio seating capacity 100
How late will you have outside seating? 12m How late will you sell alcohol? 1AM

How many full-time employees do you have? 6 Part-time employees? 3

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants BIG STAGE PRODUCTIONS LLC

Type of liquor license (refer to OLCC form) FULL ON PREMISES, OTHER PUBLIC LOCATION

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 N/A 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 KENT STEVEN DRANGSHOLT Date of birth _____

Full name JAMI CAROLYN DRANGSHOLT Date of birth _____

CORPORATION: If this box is checked, complete (a) through (c).

(a) Name and business address of registered agent.

Full name N/A

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: KENT STEVEN DRANGSHOLT Date of birth: _____

Full name: JAMI CAROLYN DRANGSHOLT

Date of birth: [REDACTED]

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]

Oct 30, 2021

Date

For City Use Only

Sources Checked:

- DMV by [Signature]
- LEADS by [Signature]
- TuPD Records by [Signature]
- Public Records by [Signature]

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]

Signature

11-8-21

Date

Bill Steele
Chief of Police
Tualatin Police Department