



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

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

Date August 16th, 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): SakeOne Corporation

Business address 12085 SW Myslony St City Tualatin State OR Zip Code 97062

Mailing address 820 Elm Street City Forest Grove State OR Zip Code 97116

Telephone # 503-357-7056 Fax # 503-357-1014

Email accounting@sakeone.com

Name(s) of business manager(s) First Stephen Middle Richard Last Vuyisteke

Type of business Liquor Importer and vendor

Type of food served N/A

Type of entertainment (dancing, live music, exotic dancers, etc.) N/A

Days and hours of operation Monday - Friday; 8:30AM to 4:30PM

Food service hours: Breakfast N/A Lunch N/A Dinner N/A

Restaurant seating capacity N/A Outside or patio seating capacity N/A

How late will you have outside seating? N/A How late will you sell alcohol? N/A

*No employees of SakeOne are located in Tualatin.

How many full-time employees do you have? N/A Part-time employees? N/A

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

Type of liquor license (refer to OLCC form) Distillery License

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 Pacific Registered Agents, Inc.

Business address 942 Windemere Drive NW Salem, OR 97304

(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 Hakutsuru Sake of America, Inc. Date of birth N/A

Residence address 18436 Hawthorne Blvd, Suite 100, Torrance, CA 90504

(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: Stephen Richard Vuylsteke

Full name of treasurer: N/A Date of birth: _____

Residence address: _____

Full name of secretary: Jeff Michael LaGood

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

08/16/2024
Date

For City Use Only

Sources Checked:

DMV by AP LEDS 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

8/23/24
Date

Greg Pickering
Chief of Police
Tualatin Police Department



August 8th, 2024

City of Tualatin
18880 SW Martinazzi Ave
Tualatin, OR 97062

City of Tualatin,
Per the state rule 471.230, SakéOne Corporation is required to obtain a distillery license because we import liquor and are looking to store that product at a distribution warehouse in Tualatin. SakéOne will sell the liquor directly to the Oregon Liquor and Cannabis Commission and to distributors outside the state where acceptable.

These are the only activities occurring at 12085 SW Myslony St, Tualatin, OR 97062 that are applicable to the OLCC Distillery Permit. The OLCC requests that we inform the City of Tualatin and receive approval to move forward with our operations.

Please see page two of the enclosed Local Government Recommendation Form sections two and three. If you have questions, please contact me at stevev@sakeone.com.

Thank you for your time and consideration,

A handwritten signature in black ink, appearing to read "Steve Vuylsteke", written in a cursive style.

Stephen Vuylsteke
President