



# CITY OF TUALATIN

## LIQUOR LICENSE APPLICATION

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

Date 06/10/25

**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): RC Tequila Factory Authentic Mexican Restaurant LLC  
Business address 17935 SW Pacific Hwy City Tualatin State OR Zip Code 97062

Telephone # 971-217-5598 Fax # \_\_\_\_\_

Email Tequilafactory.425@gmail.com

Name(s) of business manager(s) First Roberto Middle C. Last Nicolas

(attach additional pages if necessary)

Type of business Mexican Restaurant

Type of food served Mexican Food

Type of entertainment (dancing, live music, exotic dancers, etc.) Live music (Friday to Sunday)

Days and hours of operation Monday to Sunday

Food service hours: Breakfast 10am Lunch 12pm Dinner 4pm

Restaurant seating capacity 75 Outside or patio seating capacity 75

How late will you have outside seating? 9pm How late will you sell alcohol? 9pm

How many full-time employees do you have? 13 Part-time employees? 2

### SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

RC Tequila Factory Authentic Mexican Restaurant LLC

Type of liquor license (refer to OLCC form) Full on-premises sales - commercial

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: Roberto C. Nicolas

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.

[Redacted Signature]

6/10/25

Signature of Applicant

Date

#### For City Use Only

Sources Checked:

☒ DMV by AB ☒ LEDS by AB ☒ TuPD Records by AB  
☒ Public Records by AB

☒

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

6/10/25

Date

