



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

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

Date 06/17/2025

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): Elmers Breakfast Lunch Dinner
Business address 19365 SW Martinazzi Ave City Tualatin State OR Zip Code 97062
Mailing address 1111 Main St. Ste 400 City Warren State WA Zip Code 98060
Telephone # 503-252-1485 Fax # 360-287-0887
Email susan@erigroup.net
Name(s) of business manager(s) First Gerald Middle Alan Last Scott

(attach additional pages if necessary)

Type of business Full Service Restaurant
Type of food served Breakfast Lunch Dinner (American Food)
Type of entertainment (dancing, live music, exotic dancers, etc.) Video Lottery
Days and hours of operation M-Sun 6:30am - 9:00pm
Food service hours: Breakfast 6:30A - 9:00P Lunch 6:30A - 9:00P Dinner 6:30A - 9:00P
Restaurant seating capacity 105-125 Outside or patio seating capacity N/A
How late will you have outside seating? N/A How late will you sell alcohol? 9:00pm

How many full-time employees do you have? 25 Part-time employees? 15

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

Type of liquor license (refer to OLCC form) Full on premises 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 Elmers Restaurants, Inc.

Business address 1111 Main St. Ste 400, Vancouver, WA 98660

(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 N/A 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: Gerald A. Scott

Full name of treasurer: [REDACTED]

Full name of secretary: [REDACTED]

Full name of secretary: [REDACTED] 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: _____ 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.

 Director of Human Resources 06/17/2025
Signature of Applicant _____ Date _____

For City Use Only

Sources Checked:

☒ DMV by BS ☒ LEDS by BS ☒ TuPD Records by BS
☒ Public Records by BS

☒ 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

6/24/25
Date

