



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # C-3 DATE 3/6/14  
MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 3/6/14  
Agenda Item #: C.3  
Est. Start Time: 9:30 am  
Date Submitted: 2/25/14

**Agenda Title:** **CHANGE OF OWNERSHIP - Full on Premises Sales, Off Premises and Limited on Premises Liquor Licenses for Springdale Pub, 32302 E. Historic Columbia River Hwy. Corbett, OR 97019**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

**Requested Meeting Date:** \_\_\_\_\_ **Time Needed:** N/A  
**Department:** Sheriff's Office **Division:** Enforcement  
**Contact(s):** Rebecca Child  
**Phone:** 251-2520 **Ext.** \_\_\_\_\_ **I/O Address:** 313/123  
**Presenter Name(s) & Title(s):** Consent Calendar

## General Information

### 1. What action are you requesting from the Board?

Board approval for the above liquor license application submitted by the new owner of Springdale Pub.

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal.

- Sheriff's Office background is completed and satisfactory
  - Recommendation for license to be issued to the new owner.

With the investigation completed, the Multnomah County Sheriff's Office forwards a **FAVORABLE RECOMMENDATION** for the Liquor License application for the new owner of Springdale Pub.

### 3. Explain the fiscal impact (current year and ongoing).

4. Explain any legal and/or policy issues involved.

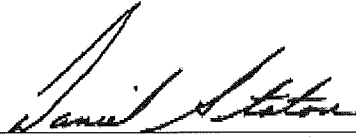
5. Explain any citizen and/or other government participation that has or will take place.

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**Required Signature**

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Elected  
Official or  
Department  
Director:



Date:

February 24, 2014



## Multnomah County Sheriff's Office

12240 NE Glisan St., • Portland, OR 97230

*Exemplary service for a safe, livable community*

DANIEL STATON  
SHERIFF

503 255-3600 PHONE  
503 251-2484 TTY  
www.mcso.us

February 24, 2014

Board of County Commissioners  
501 SE Hawthorne Boulevard, Suite 600  
Portland, OR 97214-3587

Oregon Liquor Control Commission  
P.O. Box 22297  
Portland, OR 97269-2297

Regarding: Springdale Pub  
32302 E. Historic Columbia River Hwy.  
Corbett, OR 97019

Subject: **CHANGE OF OWNERSHIP** - Liquor License Applicant  
Full On Premises Sales  
Limited on Premises Sales  
Off Premises Sales

Old Owner: Springdale Pub LLC

New Owner: Warren Technology Center, LLC. – James and Diane Warren

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license application for the new owner of Springdale Pub.

- Sheriff's Office background is completed and satisfactory.
  - Recommendation for issuing a license to the new owner.

With the investigation completed, the Multnomah County Sheriff's Office forwards a **FAVORABLE RECOMMENDATION** for the Liquor License application for the new owner of Springdale Pub.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Staton", written over a horizontal line.

Sheriff



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



<b>Application is being made for:</b>		<b>CITY AND COUNTY USE ONLY</b>	
<b>LICENSE TYPES</b>		<b>Date application received:</b> _____	
<input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership	<b>The City Council or County Commission:</b>	
<input checked="" type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet	_____	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege	(name of city or county)	
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege	<b>recommends that this license be:</b>	
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>97A</u>	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Private Club		<b>By:</b> _____	
<input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)		(signature) (date)	
<input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)		<b>Name:</b> _____	
<input type="checkbox"/> with Fuel Pumps		<b>Title:</b> _____	
<input type="checkbox"/> Brewery Public House (\$252.60)			
<input type="checkbox"/> Winery (\$250/yr)			
<input type="checkbox"/> Other: _____			
<b>90-DAY AUTHORITY</b>		<b>OLCC USE ONLY</b>	
<input checked="" type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority		<b>Application Rec'd by:</b> <u>[Signature]</u>	
<b>APPLYING AS:</b>		<b>Date:</b> <u>2-18-14</u>	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Corporation	<b>90-day authority:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individuals		

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Warren Technology Center, LLC. ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Historic Springdale Pub & Eatery

3. Business Location: 32302 E Columbia River Highway Corbett Multnomah Oregon 97019  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: PO Box 840 Estacada Oregon 97023  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-695-2676 (phone) (fax)

6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No

7. If yes to whom: Springdale Pub, LLC Type of License: Full on, Limited on, off premise

8. Former Business Name: Historic Springdale Pub & Eatery

9. Will you have a manager? ☒ Yes ☐ No Name: Jim Warren  
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Multnomah  
(name of city or county)

11. Contact person for this application: Jim Warren 503-502-6333  
(name) (phone number(s))

PO Box 840 Estacada, Or 97023 503-630-6824 jimw@cascadeaccess.com  
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

**Applicant(s) Signature(s) and Date:**

① [Signature] Date 2-6-14 ③ FEB 18 2014 Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ **REGULATORY FIELD SERVICES** Date \_\_\_\_\_  
**Oregon Liquor Control Commission**

1-800-452-OLCC (6522) • www.oregon.gov/olcc (rev. 08/2011)



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Warren Technology Center, LLC Year Filed: Renewed 2014

Trade Name (dba): Historic Springdale Pub & Eatery

Business Location Address: 32302 E Columbia River Highway

City: Corbett Or ZIP Code: 97023

List Members of LLC:

Percentage of Membership Interest:

1. <u>James F. Warren</u> (managing member)	<u>50</u>
2. <u>Diane L. Warren</u> (members)	<u>50</u>
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: James F. Warren DOB: 11-08-1954

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: [Signature] (name) MANAGER (title) Date: 2-6-14

RECEIVED

1-800-452-OLCC (6522)  
www.olcc.state.or.us

FEB 18 2014  
REGULATORY FIELD SERVICES (BY 8/11)  
Oregon Liquor Control Commission



## OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

1. Trade Name Historic Springdale Pub & Eatery 2. City Corbett, Or
3. Name Warren James Francis  
(Last) (First) (Middle)
4. Other names used (maiden, other) \_\_\_\_\_
5. \*SSN 542 - 70 - 1671 6. Place of Birth Portland, Or 7. DOB 11 / 08 / 1954 8. Sex M ☒ F ☐  
(State or Country) (mm) (dd) (yyyy)

\*SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a). If you consent to these uses, please sign here:

Applicant Signature: \_\_\_\_\_

9. Driver License or State ID # 568493 10. State Oregon
11. Residence Address 22440 SE Springdale Estacada Or 97023  
(number and street) (city) (state) (zip code)
12. Mailing Address (if different) PO Box 840 Estacada Or 97023  
(number and street) (city) (state) (zip code)
13. Contact Phone 503-502-6333 14. E-Mail address (optional) jimw@cascadeaccess.com
15. Do you have a spouse or domestic partner? ☒ Yes ☐ No  
If yes, list his/her full name: Diane Linda Warren
16. If yes to #15, will this person work at or be involved in the operation or management of the business?  
☐ Yes ☒ No
17. List all states, other than Oregon, where you have lived during the past ten years:  
\_\_\_\_\_
18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?  
☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.  
If unsure, explain. You may include the information on a separate sheet.  
\_\_\_\_\_
19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony? ☐ Yes ☒ No ☐ Unsure  
If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.  
\_\_\_\_\_

20. Trade Name Historic Springdale Pub & Eatery

21. City Corbett Oregon

22. Do you have any arrests or citations that have not been resolved? ☐ Yes ☒ No ☐ Unsure  
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) ☐ Yes ☒ No ☐ Unsure  
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) ☒ Yes ☐ No ☐ Unsure  
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.  
Historic Springdale Pub & Eatery 2003 thru 2008    The Bavarian Kitchen    Jimmy's International Kitchen

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?  
☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

**Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.**

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? ☒ N/A ☐ Yes ☐ No ☐ Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.  
N/A

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?  
☒ N/A ☐ Yes ☐ No ☐ Unsure If yes or unsure, explain:  
N/A

**Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.**

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? ☐ N/A ☐ Yes ☐ No ☒ Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature]

Date: 7-16-13



# OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

1. Trade Name Historic Springdale Pub and Eatery 2. City Estacada
3. Name Warren Diane Linda  
(Last) (First) (Middle)
4. Other names used (maiden, other) \_\_\_\_\_
5. \*SSN 542 - 78 - 8256 Place of Birth Germany 7. DOB 04 / 27 / 1957 8. Sex M ☐ F ☒  
(State or Country) (mm) (dd) (yyyy)

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Applicant Signature: Diane Warren

9. Driver License or State ID # \_\_\_\_\_ 10. State Oregon
11. Residence Address 22440 S Springwater Rd Estacada Or 97023  
(number and street) (city) (state) (zip code)
12. Mailing Address (if different) PO Box 840 Estacada OR 97023  
(number and street) (city) (state) (zip code)
13. Contact Phone 971-404-4969 14. E-Mail address (optional) \_\_\_\_\_
15. Do you have a spouse or domestic partner? ☒ Yes ☐ No  
If yes, list his/her full name: James F. Warren
16. If yes to #15, will this person work at or be involved in the operation or management of the business?  
☒ Yes ☐ No
17. List all states, other than Oregon, where you have lived during the past ten years:  
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\_\_\_\_\_



20. Trade Name Historic Springdale Pub & Eatery

21. City Corbett

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If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

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If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?  
☐ Yes ☒ No ☐ Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

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27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?  
☐ N/A ☐ Yes ☒ No ☐ Unsure If yes or unsure, explain:

**Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.**

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? ☐ N/A ☐ Yes ☒ No ☐ Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Donna Warren

RECEIVED

FEB 18 2014 Date: 2-11-14



## OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: WARRIOR TECHNOLOGY CENTER, LLC Phone: 503-502-6333  
Trade Name (dba): HISTORIC SPRINGDALE PUB & EATERY  
Business Location Address: 32302 E COLUMBIA RIVER HIGHWAY  
City: ACACIA, OR ZIP Code: 97009

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 11:00 to 1:00  
Monday 11:00 to 1:00  
Tuesday 11:00 to 1:00  
Wednesday 11:00 to 1:00  
Thursday 11:00 to 1:00  
Friday 11:00 to 2:00  
Saturday 11:00 to 2:00

#### Outdoor Area Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for:

☐ Food service Hours: \_\_\_\_\_ to \_\_\_\_\_  
☐ Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_  
☐ Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations: ☐ Yes ☒ No If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

Check all that apply:

☒ Live Music  
☐ Recorded Music  
☐ DJ Music  
☒ Dancing  
☐ Nude Entertainers

☒ Karaoke  
☐ Coin-operated Games  
☒ Video Lottery Machines  
☐ Social Gaming  
☒ Pool Tables  
☒ Other: JOKE BOX

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

Restaurant: 40 Outdoor: \_\_\_\_\_  
Lounge: 22 Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: 62

#### OLCC USE ONLY

Investigator Verified Seating: \_\_\_\_\_ (Y) \_\_\_\_\_ (N)  
Investigator Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: \_\_\_\_\_

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

FEB 18 2014

REGULATORY FIELD SERVICES (rev. 12/07)  
Oregon Liquor Control Commission