



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: _____
Agenda Item #: _____
Est. Start Time: _____
Date Submitted: _____

Agenda Title: Off Premises Sales Liquor Licenses for Cracker Barrel Grocery, 15005 NW Sauvie Island Rd. Portland, OR 97231

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: December 17, 2015 **Time Needed:** N/A

Department: Sheriff's Office **Division:** Enforcement

Contact(s): Francis Cop

Phone: 251-2520 **Ext.:** _____ **I/O Address:** 313/124

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 renewal request.

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 Renewal
- Assessment and Taxation records are in compliance
 - Recommendation for Renewal
- Land Use Management
 - Recommendation for Renewal

With the investigation completed, the Multnomah County Sheriff's Office forwards a **FAVORABLE RECOMMENDATION** for the Liquor License 2016 Renewal.

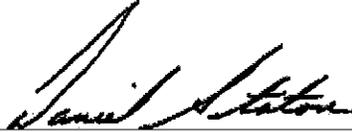
3. Explain the fiscal impact (current year and ongoing).

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

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

Required Signature

Elected
Official or
Department
Director:



Date: December 4, 2015



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

December 4, 2015

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: Cracker Barrel Grocery
15005 NW Sauvie Island Rd
Portland, OR 97231

Subject: Liquor License Applicant
Off Premises Sales

Owner: Chong Su Yom
Kae Mun Yom

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- Land Use Management records are in compliance
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With the investigation completed, the Multnomah County Sheriff's Office forwards a **FAVORABLE RECOMMENDATION** for the Liquor License 2016 Renewal.

Sincerely,

Sheriff

<i>License Fees – Make check or money order payable to OLCC. Do not mail cash. Send this payment to: OLCC License Renewals; PO Box 22297; Milwaukie, OR 97269.</i>	<i>Dollar Amount (\$)</i>
If completed renewal application is postmarked by 12/11/2015 pay this amount.	\$100.00
If completed renewal application is postmarked after 12/11/2015 but on or before 12/31/2015 pay this amount.	\$125.00
If completed renewal application is postmarked after 12/31/2015 pay this amount.	\$140.00

Local Government – Make check or money order payable to City/County listed below. Do not mail cash. The Local Government fee is separate from the OLCC License Fee listed above.

Local government **Multnomah County** located at **12240 NE Glisan ; Portland, OR 97230** requires a \$35.00 processing fee. Send a copy of your completed application with this fee. Have you paid this processing fee? **We will not process your application until this has been paid.** YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

SOCIAL SECURITY NUMBER AUTHORIZATION

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above. You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Signature – Have each licensee sign below. An authorized officer with a corporation, a member of an LLC, or a partner of a limited partnership must sign for a legal entity.

<i>Print Name</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Sex M/F</i>	<i>Today's Date</i>	<i>Signature</i>	<i>SSN Authorization</i>
Tom, Kae Man	540-06-1925	9/24/41	M	10/28/15	<i>[Signature]</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Tom, Chong Su	541-04-2668	4/17/40	F	10/28/15	<i>[Signature]</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES



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Yoon, Kae Mun	540-061925	9/24/81	M	10/28/15	<i>[Signature]</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Yoon, Chong Su	541-042665	4/17/40	F	10/28/15	<i>[Signature]</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
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