



## 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 License for Plainview Grocery & Auto Parts,  
11800 NW Cornelius Pass 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.

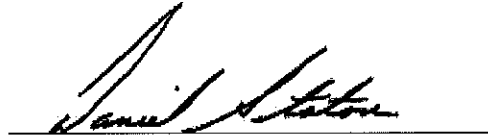
3. Explain the fiscal impact (current year and ongoing).
4. Explain any legal and/or policy issues involved.
5. Explain any citizen and/or other government participation that has or will take place.

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**Required Signature**

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Elected  
Official or  
Department  
Director:



Date: December 3, 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: Plainview Grocery & Auto Parts  
11800 NW Cornelius Pass Rd  
Portland, OR 97231

Subject: Liquor License Applicant  
Off Premises Sales

Owner: Steve A Linden  
David A Linden

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- Land Use Management records are in compliance
  - Recommendation for Renewal

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

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Staton". The signature is fluid and cursive, with a long horizontal stroke at the end.

Sheriff

**Oregon Liquor Control Commission**  
PO Box 22297, Milwaukie, OR 97269 1-800-452-6522  
**License Renewal Application**

**YOUR DUE DATE FOR RENEWAL IS December 11, 2015.**

|   |                    |                        |                      |                  |
|---|--------------------|------------------------|----------------------|------------------|
| <b>License Type: OFF-PREMISES SALES</b> | <b>District: 1</b> | <b>License: 212678</b> | <b>Premises: 285</b> | <b>Code: 227</b> |
|---|--------------------|------------------------|----------------------|------------------|

**S & D LINDEN LLC**  
11800 NW CORNELIUS PASS RD  
PORTLAND, OR 97231

*Licensee(s)*

**S & D LINDEN LLC**

*Tradename*

**PLAINVIEW GROCERY & AUTO  
PARTS**  
11800 NW CORNELIUS PASS RD  
PORTLAND OR 97231

**Instructions:**

1. Answer all questions completely on the renewal application.
2. Each licensee listed above must sign the renewal application. If any licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.
3. Submit annual processing fee to your local governing body.
4. Return completed renewal application along with the appropriate license fee by December 11, 2015 to avoid late fees.

**IMPORTANT:** Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. **YOUR LICENSE EXPIRES ON 12/31/2015.** If you do not renew before this date, you must stop selling or serving alcohol immediately. **NO EXCEPTIONS!** Selling or serving alcohol with an expired license is a crime.

| <b><u>Operational Questions:</u></b>   | <b><u>Responses:</u></b>  |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|------|------------|--------|------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| (1) List contact information for the business.   | Phone Number:<br>Email:   |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (2) List all <u>arrests or convictions</u> for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed. | <table border="1"> <thead> <tr> <th>Name</th> <th>Offense</th> <th>Date</th> <th>City/State</th> <th>Result</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Name | Offense    | Date   | City/State | Result |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name   | Offense   | Date | City/State | Result |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (3) Will anyone share in the profits who is not a licensee <u>of this business</u> ? If yes, give name(s) and explain.   | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:  |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (4) Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?   | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:  |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (5) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?   | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:  |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacturer? <b>Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.</b>   | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES   |      |            |        |            |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



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| <b>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.</b> | <b>Dollar Amount (\$)</b> |
|--|---------------------------|
| 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                  |

|  |   |
|--|---|
| <b>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.</b>  |   |
| 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 <u>with</u> this fee. Have you paid this processing fee? We will not process your application until this has been paid. | <input checked="" type="checkbox"/> 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)).

| <b>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.</b> |                        |               |         |              |                         |   |
|---|------------------------|---------------|---------|--------------|-------------------------|---|
| Print Name  | Social Security Number | Date of Birth | Sex M/F | Today's Date | Signature               | SSN Authorization   |
| Steven A. Linden  | 540-52-9329            | 3/12/47       | M       | 11/11/15     | <i>Steven A. Linden</i> | <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES |
| DAVIDA LINDEN   | 544-17-5538            | 3/5/71        | M       | 11/11/15     | <i>David A. Linden</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            |
|   |                        |               |         |              |                         | <input type="checkbox"/> NO <input type="checkbox"/> YES            |



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