



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

### LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
  - Commercial Establishment
  - Caterer
  - Passenger Carrier
  - Other Public Location
  - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
  - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: \_\_\_\_\_

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other OTW

P 283  
196938  
196935 196934

### 90-DAY AUTHORITY

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

### APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

### CITY AND COUNTY USE ONLY

Date application received: \_\_\_\_\_

The City Council or County Commission:

\_\_\_\_\_  
(name of city or county)

recommends that this license be:

- Granted
- Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### OLCC USE ONLY

Application Rec'd by: JP

Date: 2-18-14

90-day authority:  Yes  No

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



# 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 (rev. 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  O  
 (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

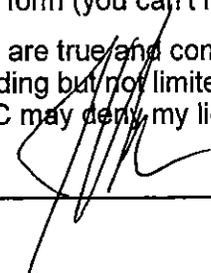
27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?  
 N/A  Yes  No  Unsure If yes or unsure, explain:  
N/A

**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: 

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 - 8259 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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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: Gene Warren

RECEIVED

FEB 18 2014 Date: 2-11-14



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: WANNET TECHNOLOGY CENTER LLC Phone: 503-502-6333

Trade Name (dba): HISTORIC SPRINGDALE PUB & EATERY

Business Location Address: 32302 E COLUMBIA RIVER HIGHWAY

City: CORBETT, OR ZIP Code: 97019

### 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: JUKE 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: \_\_\_\_\_

**RECEIVED**  
Date: 2-12-14