



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 _____

P52225
L213929

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: *[Signature]*

Date: *1-2-15*

90-day authority: Yes No

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

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

① Big Bears Crown Point Market Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): Big Bears Crown Point Market Inc

3. Business Location: 31815 E Columbia River Hwy Troutdale Multnomah OR 97060
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 31815 E Columbia River Hwy Troutdale OR 97060
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-695-2255 or 503-695-6255 503-695-2260
(phone) (fax)

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

7. If yes to whom: Big Bears Crown Point Market Inc Type of License: Off - Premise

8. Former Business Name: Same

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

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

11. Contact person for this application: Phillip J. Dufresne 503-695-2255
(name) (phone number(s))

31804 NE Wand Rd Troutdale, OR 503-695 bigbearmarket77@gmail.com
(address) (city) (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 1-19-15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

296485-81

5-15-92

Please Print or Type

Corporation Name: Big Bears Crown Point Market Inc. Year Incorporated: 6/1992

Trade Name (dba): Big Bears Crown Point Market Inc

Business Location Address: 31815 E Columbia River Hwy

City: Troutdale ZIP Code: 97060

List Corporate Officers:

<u>Phillip J. DuFresne</u>	<u>President</u>
(name)	(title)
<u>Judy K. DuFresne</u>	<u>Secretary/Treasurer</u>
_____	_____
_____	_____

List Board of Directors:

<u>Phillip J. DuFresne</u>
(name)
<u>Judy K. DuFresne</u>

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>Phillip J DuFresne</u>	<u>3.5</u>	Issued: <u>7</u>
<u>Judy K. DuFresne</u>	<u>3.5</u>	Unissued: <u>0</u>
_____	_____	Total Shares Authorized to Issue: <u>7</u>
_____	_____	

Server Education Designee: Phillip J DuFresne DOB: 11-28-44
(See Liquor License Application Guide for more information)

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

Officer's Signature: Phillip J DuFresne (name) President (title) Date: 1-19-15



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

1. Trade Name Big Bears Crown Point Market Inc 2. City Troutdale
 3. Name DuFresne Phillip J
 (Last) (First) (Middle)
 4. Other names used (maiden, other) _____
 5. *SSN 543 - 48 - 9303 6. Place of Birth Portland, OR 7. DOB 11 /28 /1944 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 # 1052172 10. State OR
 11. Residence Address 31804 NE Wand Rd Troutdale OR 97060
 (number and street) (city) (state) (zip code)
 12. Mailing Address (if different) _____
 (number and street) (city) (state) (zip code)
 13. Contact Phone 503-695-2255 14. E-Mail address (optional) bigbearmarket77@gmail.com
 15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: Judy K. DuFresne
 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:
N/A
 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.
N/A
 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.
N/A

20. Trade Name Big Bear Crown Point Market Inc

21. City Troutdale

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.

Previously owned and operated Big Bear Crown Point Market Inc - tried to sell and had to retake

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.

Not sure it this 1st refusal counts

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.

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:

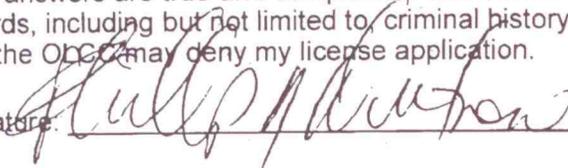
Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

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:

N/A

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: 1-19-15



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

1. Trade Name Big Bears Crown Point Market Inc 2. City Troutdale
3. Name DuFresne Judy K
 (Last) (First) (Middle)
4. Other names used (maiden, other) _____
5. *SSN 543 - 54 - 1223 6. Place of Birth Clairinda, Iowa 7. DOB 08 /18 /1946 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.

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Applicant Signature: _____

9. Driver License or State ID # 850426 10. State OR
11. Residence Address 31804 NE Wand Rd Troutdale OR 97060
 (number and street) (city) (state) (zip code)
12. Mailing Address (if different) _____
 (number and street) (city) (state) (zip code)
13. Contact Phone 503-695-2255 14. E-Mail address (optional) bigbearmarket77@gmail.com
15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: Phillip J. DuFresne
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:
N/A
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?
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 If unsure, explain. You may include the information on a separate sheet.
N/A
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
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N/A

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21. City Troutdale

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Previously owned and operated Big Bear Crown Point Market Inc - tried to sell and had to retake

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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.

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N/A

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: Jedyn Kay Quintana

Date: 1/19/15



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Phillip J. Dufresne Phone: 503-695 2255
Trade Name (dba): Big Bears Crown Point Market Inc
Business Location Address: 31815 E. Columbia River Hwy
City: Troutdale, Or ZIP Code: 97060

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8:00 to 7:00
Monday 8:00 to 9:00
Tuesday 8:00 to 9:00
Wednesday 8:00 to 9:00
Thursday 8:00 to 9:00
Friday 8:00 to 9:00
Saturday 8:00 to 9:00

Outdoor Area Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday N/A
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: N/A

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A
Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: 30 Outdoor: 0
Lounge: 0 Other (explain): _____
Banquet: 0 Total Seating: 30

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: Phillip J. Dufresne Date: 1-15-19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)