# MULTNOMAH COUNTY
# AGENDA PLACEMENT REQUEST

**BUDGET MODIFICATION:** -

| Agenda Title: | Full On Premises Sales Liquor License Renewal for Multnomah Falls Lodge, Scenic Highway and Columbia Gorge, Bridal Veil, OR 97010 |
|---|---|

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.*

| | | | |
|---|---|---|---|
| **Date Requested:** | December 10, 2009 | **Time Requested:** | N/A |
| **Department:** | Sheriff's Office | **Division:** | Enforcement |
| **Contact(s):** | Kimberly Walker-Norton | | |
| **Phone:** | (503) 251-2520   Ext. | **I/O Address:** | 313/122 |
| **Presenter(s):** | Consent Calendar | | |

## General Information

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

   Board approval of liquor license application

2. **Please provide sufficient background information for the Board and the public to understand this issue.**
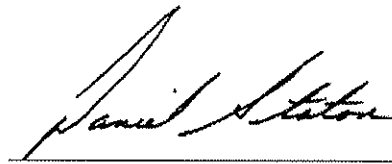
   The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address of Scenic Hwy and Columbia Gorge, Bridal Veil, Oregon, is in compliance with the Assessment and Taxation Office. The Land Use Planning Division reported that they have no objection to renewal of the liquor license. Nothing in the background check of owner/s raised any questions or concerns.

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

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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 Signatures

Department/
Agency Director: _____  Date: 12/10/2009

Budget Analyst: _____  Date: _____

Department HR: _____  Date: _____

Countywide HR: _____  Date: _____

# 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 10, 2009

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

Oregon Liquor Control Commission
9079 SE McLoughlin Boulevard
Portland, OR  97222-7355

| | |
|---|---|
| Regarding: | Multnomah Falls Lodge<br>S/S Scenic Hwy and Columbia Gorge<br>Bridal Veil, OR  97010 |
| Subject: | Liquor License Applicant<br>Full-On Premises Sales |
| Owner: | Richard A. Buck<br>08/06/50<br>511 S. E. 15th St<br>Gresham, OR |

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal.  Assessment and Taxation reported that the address listed S/S Scenic Hwy and Columbia Gorge is in compliance with the Assessment and Taxation Office.  The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. Nothing in the background check of owner/s raised any questions or concerns.

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

Sincerely,

Sheriff

## YOUR DUE DATE FOR RENEWAL IS *December 11, 2009*.

| *License Type:* FULL ON-PREMISES SALES | *District: 1* | *License:* 115986 | *Premises:* 8370 | *Code:* 225 |
|---|---|---|---|---|

**MULTNOMAH FALLS CO INC**
**PO BOX 367**
**TROUTDALE, OR 97060**

*Licensee(s)*    **MULTNOMAH FALLS CO INC**

*Server Education Designee(s)*
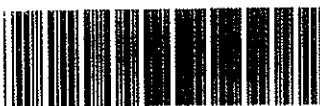BUCK, RICHARD 09/02/2010

*Tradename*    **MULTNOMAH FALLS LODGE**
**S/S SCENIC HWY & CLMBA GRG**
**BRIDAL VEIL OR 97010**

**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, 2009 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 *12/31/2009*. 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.**

| *Operational Questions:* | *Responses:* |
|---|---|
| **(1)** Is there a change in your Server Education Designee? If yes, please list their name and date of birth. | Name<br><br>DOB |
| **(2)** Please list a daytime phone number. | Phone Number: *503-695-2316 Ext 201* |
| **(3)** Please 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 **not liquor related** for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed. | Name   Offense   Date   City/State   Result<br><br>*NONE* |
| **(4)** Under ORS 471.295 (2), you are required to maintain a Liquor Liability policy of **NO LESS THAN $300,000.** Please list Insurance/Bonding Company, Policy/ID # and Insurance agent's phone number. | Insurance/Bonding Company, *National Surety Corporation*<br><br>Policy # *S 86 MZX 80907055*<br>*503-224-8390*<br>Insurance Agent's Phone # |
| **(5)** Will anyone share in the profits that is not a licensee <u>of this</u> business? If yes, please give name(s) and explain. | ☐ NO ☒ YES ☞ EXPLAIN: *Partners* *Harold Buck & Kyle Smith* |
| **(6)** Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year? | ☒ NO ☐ YES ☞ EXPLAIN: |
| **(7)** 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? | ☒ NO ☐ YES ☞ EXPLAIN: |

45200 1A1

**Please proceed to back side.**

| License Fees - Please make check or money order to OLCC. Do not mail cash. Send payment to OLCC. | Dollar Amount ($) |
|---|---|
| If completed renewal application is postmarked by *12/11/2009* please pay this amount. | $402.60 |
| If completed renewal application is postmarked after *12/11/2009* **but on or before** *12/31/2009* please pay this amount. | $502.60 |
| If completed renewal application is postmarked after *12/31/2009* please pay this amount. | $562.60 |

| *Local Government- Send Payment to local government listed below.* | |
|---|---|
| Local government **Multnomah County** located at **12240 NE Glisan ; Portland, OR 97230** requires a **$35.00** processing fee. Have you paid this processing fee? **We will not process your application until this has been paid.** | ☐ NO ☒ 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 application 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).
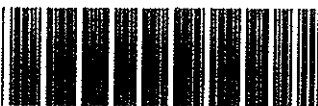
The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

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 – Please 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.* | | | | | | |
|---|---|---|---|---|---|---|
| *Print Name* | *Social Security Number* | *Date of Birth* | *Sex M/F* | *Today's date* | *Signature* | *SSN Authorization* |
| Richard A Buck | 543-60-8826 | 8/6/50 | M | 10/7/09 | *[signature]* | ☐ NO ☒ YES |
| | | | | | | ☐ NO ☐ YES |
| | | | | | | ☐ NO ☐ YES |
| | | | | | | ☐ NO ☐ YES |
| | | | | | | ☐ NO ☐ YES |
| | | | | | | ☐ NO ☐ YES |
| | | | | | | ☐ NO ☐ YES |