





OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

**LICENSE FEE:** Do not include the license fee with the application (the license fee will be collected at a later time).

**APPLICATION:** Application is being made for:

- Brewery
- Brewery-Public House
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, Nonprofit Private Club
- Full On-Premises, For-Profit Private Club
- Grower Sales Privilege
- Limited On-Premises
- Off-Premises
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine (WMBW)
- Winery

## CITY AND COUNTY USE ONLY

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

Name of City or County \_\_\_\_\_

Recommends this license be \_\_\_ Granted \_\_\_ Denied

By \_\_\_\_\_

Date \_\_\_\_\_

## OLCC USE

Application received by W. Mandry

Date 12-21-17

License Action:

NO

### 1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:

Applicant #1  
**Eastside Vineyards, LLC**

Applicant #2

Applicant #3

Applicant #4

### 2. Trade Name of the Business (the name customers will see):

**Eastside Vineyards**

### 3. Business Location: Number and Street **17627 Abiqua RD**

City **Silverton**

County **Marion**

ZIP **97381**

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

### 5. Mailing Address (where the OLCC will send your mail):

PO Box, Number, Street, Rural Route **PO Box 1702**

City **Silverton**

State **OR**

ZIP **97381**

### 6. Phone Number of the Business Location: **5039917495**

### 7. Contact Person for this Application:

Name **Pierre Paradis**

Phone Number **5039917495**

Mailing Address, City, State, ZIP

**PO Box 1702 Silverton OR 97381**

Email **pierre.rve@gmail.com**

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

Signature of Applicant #1

Signature of Applicant #2

**RECEIVED**

OREGON LIQUOR CONTROL COMMISSION

DEC 26 2017

Signature of Applicant #3

Signature of Applicant #4

**SALEM REGIONAL OFFICE**



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Eastside Vineyards Year Filed: 2016

Trade Name (dba): Eastside Vineyards

Business Location Address: 17627 Abiqua RD

City: Silverton ZIP Code: 97381

List Members of LLC:

Percentage of Membership Interest:

1. <u>William Pierre Paradis</u> (managing member)	<u>50</u>
2. <u>Timothy Lawrence Paradis</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: N/A DOB: \_\_\_\_\_

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

Signature: [Signature]  
(name)

CO-Owner Date: 12/5/17  
(title)



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

1. Name: (LAST) <b>Paradis</b>	(FIRST) <b>Timothy</b>	(MIDDLE) <b>Lawrence</b>
2. Other Names Used (Maiden, Etc.):		
3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your SSN: _____		
<p><b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> 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) &amp; 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 indicate below.</p> <p>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).</p> <p>Do you voluntarily consent to the OLCC's use of your SSN as just described? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
4. Date of Birth (MM/DD/YYYY): _____	5. Contact Phone: _____	
8. Residence Address: _____		
9. Mailing Address (if different): _____		
10. E-Mail (optional): <b>tim.rve@gmail.com</b>		
11. Do you have a spouse or domestic partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list his/her full name: _____		
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
13. In the past 10 years, have you been <b>convicted</b> ("convicted" includes paying a fine) in Oregon or another U.S. state of driving a car with a suspended driver license or driving a car with no insurance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)		
14. In the past 10 years, have you been <b>convicted</b> ("convicted" includes paying a fine) in Oregon or another U.S. state of a <b>FELONY</b> ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)		
15. Have you ever been in a drug or alcohol <b>diversion program</b> in Oregon or another U.S. 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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)		

Oregon  
**OSP/DMV**  
 Search Completed  
 DEC 05 2017

INITIALS: MLP

16. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license or a recreational marijuana license in Oregon or another U.S. state? (Note: alcohol service permits and marijuana worker permits are not liquor licenses).

No  Yes (Please include explanation below)  Unsure (Please include explanation below)

17. 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 U.S.?

No  Yes (Please include explanation below)  Unsure (Please include explanation below)

18. Are you applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No Please skip questions 19 & 20. Go directly to question 21.  
 Yes Please answer questions 19, 20, and 21.

19. Do you or will you have any ownership interest in a business that manufactures, wholesales, or distributes alcohol in Oregon or another U.S. state?

No  Yes (Please include explanation below)  Unsure (Please include explanation below)

20. Does or will an alcohol manufacturer, wholesaler, or distributor in Oregon or another U.S. state have any ownership interest in your business?

No  Yes (Please include explanation below)  Unsure (Please include explanation below)

21. Do you currently have, or will you have, any ownership interest in any business in Oregon with a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No  Yes (Please include explanation below)  Unsure (Please include explanation below)

You must sign your own form. Another person, like your attorney or a person with power of attorney, may not 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.

Name: (LAST)

Paradis


(FIRST)

Timothy

(MIDDLE)

Lawrence

Signature:




Date:

12/5/17



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

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DEC 05 2017		
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Name: (LAST) William	(FIRST) Pierre	(MIDDLE) Paradis
Signature: 		Date: 12/5/17



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Eastside Vineyards Phone: 503 991 7495  
Trade Name (dba): Eastside Vineyards  
Business Location Address: 17627 Abiqua RD  
City: Silverton ZIP Code: 97361

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

**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)

Not Open to the Public

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: \_\_\_\_\_

**DAYS & HOURS OF LIVE OR DJ MUSIC**

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

**SEATING COUNT**

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

**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.

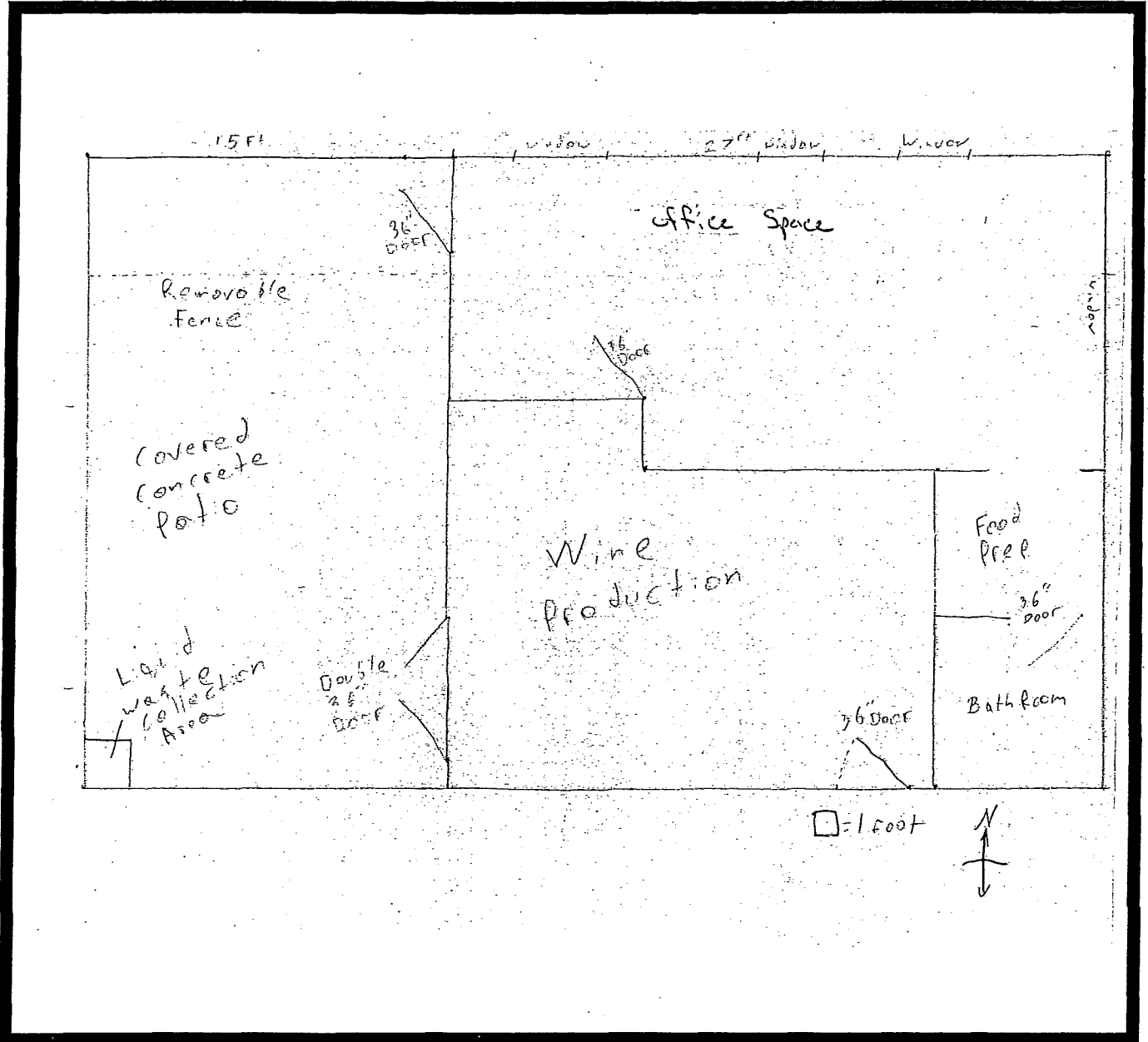
Applicant Signature: [Signature] Date: 12/5/17





# OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

- **Your floor plan must be submitted on this form.**
- Use a separate Floor Plan Form for each level or floor of the building.
- The floor plan(s) must show the specific areas of your premises (e.g. dining area, bar, lounge, dance floor, video lottery room, kitchen, restrooms, outside patio and sidewalk cafe areas.)
- Include all tables and chairs (see example on back of this form). Include dimensions for each table if you are applying for a Full On-Premises Sales license.



East Side Vineyards, LLC  
Applicant Name  
Eastside Vineyards  
Trade Name (dba)  
Silverton 97381  
City and ZIP Code

.....OLCC USE ONLY..... MINOR POSTING ASSIGNMENT(S)	
Date: _____	Initials: _____