

JAN 03 2018

MARION COUNTY BOARD OF New ANT SSIONER Change of Ownership Greater privilege			
Additional privilege Other			
BEFORE THE BOARD OF COUNTY COMMISSIONERS			
OF MARION COUNTY, STATE OF OREGON			
NO. <u>36025</u>			
In the Matter of the Application of East Side Vingards LLC			
For a recommendation regarding the application to the Oregon Liquor Control Commission for:			
Winery			
RECOMMENDATION			
This matter coming before the Board of County Commissioners on the application of for a recommendation to the Oregon			
Liquor Control Commission under the provisions of ORS 471.166; and the Board having referred said application to the Sheriff of Marion County, Oregon, and having the report of said Sheriff that the applicant has not been convicted of a crime involving a violation of the liquor control laws, or the gambling laws, or of crimes involving moral turpi-tude, and that the applicant is of good moral character, and otherwise qualified to be licensed under the Oregon Liquor Control Act;			
IT IS, THEREFORE RECOMMENDED TO THE OREGON LIQUOR CONTROL COMMISSION that the application of the above be refused granted			
Dated at Salem, Marion County, Oregon thisday of, 20			
Chair Commissioner Commissioner			
Approved by County Sheriff 1-2-2018			
Business Name Address of Business			
East Side Vineyards LLC 17627 Abiqua Rd NE Silverton oiz			
Managing Agent Date of Birth			
Tim Paradis			
I, I, I, I Porced , will operate my establishment according to the statues and rules of the OLCC. I authorize Marion County to conduct background checks, including criminal history checks. I also agree to cooperate with agencies of Marion County in reviewing this application.			
Date: 12/21/17			
Applicant's signature			

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

LICENSE FEE: Do not include the license fee with the	CITY AND COUNTY USE ONLY		
application (the license fee will be collected at a later			
time).	Date application received		
APPLICATION: Application is being made for: Brewery	Name of City or County		
Brewery-Public House			
N ===	Recommends this license be Granted Denied		
Distillery Full On-Premises, Commercial			
Full On-Premises, Caterer	Ву		
Full On-Premises, Caterer Full On-Premises, Passenger Carrier			
Full On-Premises, Other Public Location	Date		
Full On-Premises, Nonprofit Private Club			
Full On-Premises, For-Profit Private Club	OLCC USE		
Grower Sales Privilege	Application received by Maluande		
Limited On-Premises	Application received by (1) Dudwick		
Off-Premises			
Off-Premises with Fuel Pumps	Date 12-21-17		
☐ Warehouse			
Wholesale Malt Beverage & Wine (WMBW)	License Action:		
☑ Winery	No		
E. Cittaly			
1. LEGAL ENTITY (example: corporation or LLC) or INDIV	/IDUAL(S) applying for the license:		
Applicant #1	Applicant #2		
Eastside Vineyards , LLC			
Applicant #3	Applicant #4		
2. Tonda Alama afaha Busin asa /aha mama sustamana wil			
2. Trade Name of the Business (the name customers will Eastside Vineyards	isee):		
3. Business Location: Number and Street 17627 Abiqua	RD		
<u></u>	nty Marion ZIP 97381		
4. Is the business at this location currently licensed by t			
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, in	ngestion, inhalation, samples, give-away, sale, etc.) is		
prohibited on the licensed premises.	RECEIVED		
Signature of Applicant #1	Signature of Applicant #20N LIQUOR CONTROL COMMISSION		
	\$70.00 28 1		
Signature of Applicant #3	Signature of Applicant #4		
•	SALEM REGIONAL OFFICE		
	SALEIAI VEOLOTATE OLITICAL		

OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type	
LLC Name: Eastside Vineyards	Year Filed: 2016
Frade Name (dba): Eastside Vineyards	
Business Location Address: 17627 Abiqua RD	, , , , , , , , , , , , , , , , , , , ,
City: Silverton	ZIP Code: ⁹⁷³⁸¹
List Members of LLC:	Percentage of Membership Interest:
William Pierre Paradis	50
(managing member) Timothy Lawrence Paradis	50
(members)	
•	·
•	
•	
),	<u></u>
Partnership or Corporation Questionnaire. If the LLC sheet of paper with their titles.)	
Partnership or Corporation Questionnaire. If the LLO heet of paper with their titles.)	
Note: If any LLC member is another legal entity, the Partnership or Corporation Questionnaire. If the LLC sheet of paper with their titles.) Server Education Designee:	C has officers, please list them on a separate
Partnership or Corporation Questionnaire. If the LLC sheet of paper with their titles.)	C has officers, please list them on a separate DOB:

1-800-452-OLCC (6522) www.olcc.state.or.us

1	Name: (LAST)Paradis	(FIRST) Timoti	21/	(MIDDLE) awrence	
2.		(FIRST) TIMOL	ıy	(MIDDLE) Lawrence	
	Do you have a Social Security Number (SSN)	issued by the	II C Cocial Cocurity	Administration?	
Э.	Yes No If yes, please provide your SSN:				
	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 enforcer		•		
•	Based on our authority under ORS 471.311 to use your SSN for the following administr Server Education records (where applicable not deny you any rights, benefits or privileg SSN for these administrative purposes (5 U	ative purpose e), and to ense ges otherwise	es only: to match you ure your identity for	ur license application to your Alcohol criminal records checks. OLCC will	
	Do you voluntarily consent to the OLCC's us	e of your SSN —	as just described?	¥ Yes ☐ No	
4.	Date of Birth (MM/DD/YYYY):		5. Contact Phone:		
				jon	
8.	Residence Address:		·•	USPILIVIV Search Completed	
9.	Mailing Address (if different):			DEC 05 2017	
10.	É-Mail (optional):tim.rve@gmail.com				
11.	Do you have a spouse or domestic partner? If yes, list his/her full name:	×Yes □ N	11	VITIALS:	
12.	If yes to #11, will this person be involved in	the managem	ent of, or have contr	ol over the business?	
13.	In the past 10 years, have you been convicted	ed ("convicted	l" includes paying a f	ine) in Oregon or another U.S. state	
	of driving a car with a suspended driver licer	nse or driving	a car with no insurar	nce?	
	No Yes (Please include explanation	below) 🔲 t	Jnsure (Please includ	le explanation below)	
	In the past 10 years, have you been convicte of a FELONY?	<u>d</u> ("convicted	" includes paying a fi	ne) in Oregon or another U.S. state	
_	🗷 No 🛮 🔲 Yes (Please include explanation b	oelow) 🔲 U	Insure (Please include	e explanation below)	
				i	
	Have you ever been in a drug or alcohol dive		_	• -	
	is where you are required, usually by the cou			to complete certain requirements	
	in place of being convicted of a drug or alcohox No Yes (Please include explanation b			e explanation below)	
	En 100 Per 100 (i loude include explanation b	,c.ow/ <u>=</u> 0	moure (i rease meraut	e explanation below)	

16.	16. Do you, or any legal entity that you are a part of, <u>currently hold</u> or <u>have previously held</u> 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 licer	-	U.S. States (Note: alcoi	noi service perinits and manguana	
	No Yes (Please include exp	•	Unsure (Please in	clude explanation below)	
		,	kamat 4 · · · · · · · · · · · · · · · · · ·	,	
			•		
	Have you, or any legal entity that y	•	• •		
	denied or cancelled by the OLCC or No Yes (Please include exp				
	MNO THES (Flease include exp	Jianation nerow)	Unsure (Flease incl	lude explanation below)	
				•	
	Are you applying for a Full On-Premise			wery-Public House license?	
•	No Please skip questions 19 & 20.	· ·	tion 21.	'	
	Yes Please answer questions 19, 20	J, and 21.		· ·	
19.	Do you or will you have any ownershir.	a interest in a husine	on that manufactures wh	nolesales, or distributes alcohol in Oregon or	
1	another U.S. state?	Iliterest in a pasmes	55 tildt manuractures, w	iolesales, or distributes alcohor in organical	
	No Yes (Please include exp	planation below)	Unsure (Please inc	lude explanation below)	
		•	-	,	
				'	
	= 00 1 to 1 to 2 to 2 to 2 to 2	* * - * - * - * - * - * - * - * - * - *			
	Does or will an alcohol manufacture		distributor in Oregon o	r another U.S. state have any	
	ownership interest in your business No		Tillneuro /Diegge inc	tude evaluation holow	
	MINO TES LE JESSE THEMAS CAN	Addition below,	Ulisure (Frease mer	dude explanation below,	
			,		
		•			
<u> </u>		*			
				ess in Oregon with a Full On-Premises,	
	Limited On-Premises, Off-Premises,			· · · · · · · · · · · · · · · · · · ·	
	☑No ☐Yes (Please include exp	lanation below)	☐Unsure (Please Inci	ude explanation below)	
				!	
				!	
· <u>·</u>					
You	must sign your own form. Another	r person, like your :	attorney or a person w	vith power of attorney, may not sign	
				LCC will use the above information to	
	k my records, including but not limi	,	story. I understand the	at if my answers are not true and	
	plete, the OLCC may deny my licens			-	
Nam Parad	ne: (LAST)	(FIRST) Timothy	ļ	(MIDDLE)	
		Innouty]		
Sign	ature:			Date: 12/5/17	

1.	Name: (LAST)Paradis	(FIRST) Willian	n	(MIDDLE)Pierre	
	ther Names Used (Maiden, Etc.):				
3.	3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration?				
	Yes No If yes, please provide your SSN:				
	SOCIAL SECURITY NUMBER DISCLOSURE: A				
	and State laws require you to provide your			·	
	Commission (OLCC) for child support enforce	•	•		
	applicant or licensee and fail to provide you		•		
	will be used only for child support enforcen	nent purpose	s uniess you maicau	e below.	
	Based on our authority under ORS 471.311	and OAR 845	-005-0312(6), we ar	e requesting your voluntary consent	
	to use your SSN for the following administra	ative purpose	es only: to match yo	ur license application to your Alcohol	
	Server Education records (where applicable	e), and to ens	ure your identity for	criminal records checks. OLCC will	
	not deny you any rights, benefits or privileg	ges otherwise	provided by law if y	ou do not consent to use of your	
	SSN for these administrative purposes (5 U	SC§ 552(a).		·	
	Decree of the second to the OLCC's ve	fcch			
	Do you voluntarily consent to the OLCC's us	e or your SSN	as just described?	Y Yes LINO	
4	Date of Birth (MM/DD/YYYY):		5. Contact Phone		
	bace of biran (miny bb) 1111y.		Di Comace i mone		
8.	Residence Address:				
9.	Mailing Address (if different):				
	,			Search Completed	
10.	E-Mail (optional):			DEC 05 2017	
11.	Do you have a spouse or domestic partner?	□Yes 🗵 N	lo ·	DEC VO ZUII	
	If yes, list his/her full name:		1	-	
12.	If yes to #11, will this person be involved in t No ☐ Yes	the managem	ent of, or have con	foll profit Bie business?	
13.	In the past 10 years, have you been convicted	ed ("convicted	d" includes paying a t	fine) in Oregon or another U.S. state	
	of driving a car with a suspended driver licer				
	☑No ☐Yes (Please include explanation				
		•		·	
1/1	In the past 10 years, have you been convicte	d ("convicted	" includes naving a f	ine) in Oregon or another II S state	
	of a <u>FELONY</u> ?	<u>a</u> (convicted	moduces paying a n	me) in Oregon of another 0.5. state	
	X No Yes (Please include explanation b	nelow) Tu	Insure (Please includ	le explanation below)	
	The Late (, reads monate enpirement)				
15.	Have you ever been in a drug or alcohol dive	rsion progran	n in Oregon or anoth	ner U.S. state? A diversion program	
	s where you are required, usually by the cou		_	• •	
i	n place of being convicted of a drug or alcohol	ol-related offe	ense.		
[No Yes (Please include explanation b	elow) 🔲 U	nsure (Please includ	le explanation below)	
		,		Ì	
	· •				
			•	,	

16.	16. Do you, or any legal entity that you are a part of, <u>currently hold</u> or <u>have previously held</u> 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 l		0.3. 3tate: [140te, also:	nor service permits and manyatha	
	▼No	•	Unsure (Please inc	clude explanation below)	
		·			
	•			,	
		•			
17.			• •	for a license, permit, or certificate	
	denied or cancelled by the OLC	-			
	▼ No Yes (Please include	explanation below)	Unsure (Please Inc.	lude explanation below)	
				:	
18.	Are you applying for a Full On-Pres			wery-Public House license?	
	No Please skip questions 19 &		ition 21.		
,	Yes Please answer questions 1	9, 20, and 21.			
	- 11 1				
19.	Do you or will you have any owner another U.S. state?	ship interest in a busine	ess that manufactures, wn	olesales, or distributes alcohol in Oregon or	
	No Yes (Please include	explanation below)	Titinsure (Please incl	lude explanation below)	
		CAPIGNATION 201011,		add explanation below,	
			-		
	Does or will an alcohol manufac		distributor in Oregon o	r another U.S. state have any	
	ownership interest in your busin				
	▼No Yes (Please include	explanation below)	Unsure (Please Inci	lude explanation below)	
	•		,		
	•				
		•			
21.	Do you currently have, or will yo	ou have. anv ownersh	ip interest in any busing	ess in Oregon with a Full On-Premises,	
	Limited On-Premises, Off-Premi			,	
	⊠No ☐Yes (Please include	•		ude explanation below)	
V-11		the management		the same of attendant may not sign	
				ith power of attorney, may not sign LCC will use the above information to	
				at if my answers are not true and	
	plete, the OLCC may deny my lic		istory. Turiuerstand the	dt II fily diisweis die not tide did	
	ne: (LAST)	(FIRST)		(MIDDLE)	
Willia		Pierre		Paradis	
Sign	nature:			Date: 12/5/17	
	$(V_{1}/100)$			4/5/17	



Please Print or Type	,	
Applicant Name: E		25 Phone: 503 991 74
Trade Name (dba): E 🔊	atside Vineyou	9 5
Business Location Address	:17627 Abique	N RD
city: 5; restor		ZIP Code: 9736/
DAYS AND HOURS OF OP	PERATION	
Business Hours: Sunday to Monday to Tuesday to Wednesday to Thursday to Friday to Saturday to Seasonal Variations: □ Ye	Outdoor Area Hours: Sunday to to Monday to Tuesday to Tuesday to Thursday to Saturday to Saturday to Toursday to Thursday 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)
ENTERTAINMENT Check	k all that apply: Caraoke	S & HOURS OF LIVE OR DJ MUSIC
Recorded Music		Sunday to Monday to
DJ Music	Video Lottery Machines	Tuesday to Wednesday to
□ Dancing □	Social Gaming	Thursday to Friday to
☐ Nude Entertainers ☐		Saturday to
	Other:	
SEATING COUNT		
Restaurant: Outdo	oor:	OLCC USE ONLY Investigator Verified Seating:(Y)(N)
Lounge: Other	(explain):	Investigator Initials:
Banquet: Total S	Seating:	Date:
I understand if my answers are	e pot true and complete, the OLCC may	deny my license application.
Applicant Signature:		_ Date: \ \ \(\frac{2}{5}/17 \)

1-800-452-OLCC (6522) www.oregon.gov/olcc

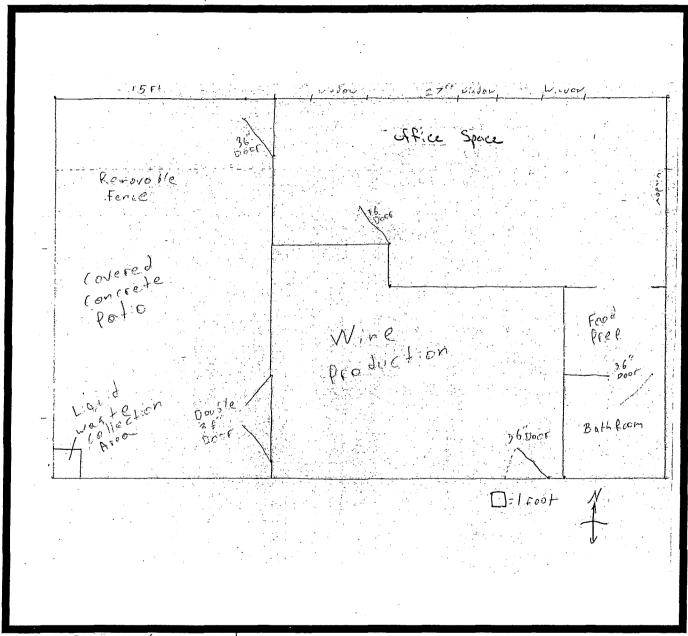
(rev. 12/07)



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, 210 Applicant Name		OLCC USE ONLY MINOR POSTING ASSIGNMENT(S)
Eastside Vinevards		
Trade Name (dba); 97381	Date:	Initials:

City and ZIP Code

1-800-452-OLCC (6522)