

RECEIVED

MAR 01 2018

MARION COUNTY BOARD OF COMMISSIONERS

New  Change of Ownership \_\_\_ Greater privilege \_\_\_  
Additional privilege \_\_\_ Other \_\_\_

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF MARION COUNTY, STATE OF OREGON

NO. 20027

In the Matter of the Application of St Innocent

For a recommendation regarding the application to the Oregon Liquor Control Commission for:

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 turpitude, 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 this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Chair \_\_\_\_\_ Commissioner \_\_\_\_\_ Commissioner \_\_\_\_\_

Approved by [Signature]  
County Sheriff 2-28-18

Business Name	Address of Business
<u>St. Innocent Winery</u>	<u>10052 Enchanted Way SE</u>
Managing Agent	Date of Birth
<u>Mark Vlassak</u>	<u>Jefferson, OR 97352</u>
I, <u>Mark Vlassak, President</u> , will operate my establishment according to the statutes 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: <u>720 1/16/18</u>	<u>[Signature] President</u>
Applicant's signature	



# 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 *Second Location*

### 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 *Womandy*

Date *2-9-18*

License Action:

*2<sup>nd</sup> Location*

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

Applicant #1

*St. Innocent, Limited.*

Applicant #2

Applicant #3

Applicant #4

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

*St. Innocent Winery*

### 3. Business Location: Number and Street

*10052 Enchanted Way SE*

City *Jefferson*

County *Marion*

ZIP *97352*

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

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

PO Box, Number, Street, Rural Route

City

State

ZIP

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

*503-378-1526*

### 7. Contact Person for this Application:

Name *Mark Vlassak*

Phone Number *503-932-2129 (cell)*

Mailing Address, City, State, ZIP

*same*

Email *mark @ stinnocentwine.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] President*

Signature of Applicant #1

**RECEIVED**  
OREGON LIQUOR CONTROL COMMISSION

Signature of Applicant #1

Signature of Applicant #1

FEB 02 2018  
SALEM REGIONAL OFFICE



# OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: St. Innocent, Limited Year Incorporated: 1988

Trade Name (dba): St. Innocent Winery

Business Location Address: 10052 Enchanted Way SE

City: Jefferson ZIP Code: 97352

### List Corporate Officers:

(name) Mark Vlossak

(name) Walter Perry III

\_\_\_\_\_

\_\_\_\_\_

(title) President, Treasurer

(title) Secretary

\_\_\_\_\_

\_\_\_\_\_

### List Board of Directors:

(name) Mark Vlossak

(name) Walter Perry

Walter R. Miller

Scott Casebeer Eric Bischoff

\_\_\_\_\_

### 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.)

Stockholders: \_\_\_\_\_ Number of Shares Held: \_\_\_\_\_

Mark Vlossak 1155

Eric Bischoff 163

Walter Perry III / Christine Chute 124

Walter R. Miller 137

Ⓟ see attached

Number of Stock Shares:	
Issued:	<u>1742</u>
Unissued:	_____
Total Shares Authorized to Issue:	<u>10,000</u>

Server Education Designee: Mark Vlossak DOB: \_\_\_\_\_

(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: [Signature] Mark Vlossak, President Date: 1/9/18  
(name) (title)



OREGON LIQUOR CONTROL COMMISSION

# INDIVIDUAL HISTORY FORM

1. Name: (LAST) <b>Vlossak</b>	(FIRST) <b>Mark</b>	(MIDDLE)
2. Other Names Used (Maiden, Etc.): <b>None</b>		
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: <b>[REDACTED]</b>		
<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): <b>[REDACTED]</b>		
8. Residence Address: <b>[REDACTED]</b>		
9. Mailing Address (if different): <b>(same)</b>		
10. E-Mail (optional): <b>mark@stinnocentwine.com</b>		JAN 31 2018
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: <b>Vickianne R. INITIALS: [Signature]</b>		
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input type="checkbox"/> No <input checked="" 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)		

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)

St. Innocent Winery OR-60-389 - stockholder, President, Board of Directors.

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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)

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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.

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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)

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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)


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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)

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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) <u>Vlossak</u>	(FIRST) <u>Mark</u>	(MIDDLE)
Signature: 		Date: <u>1/25/18</u>



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

1. Name: (LAST) <u>Perry</u> (FIRST) <u>Walter</u> (MIDDLE)		
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 type="checkbox"/> Yes <input type="checkbox"/> No</p>		
4. Date of Birth (MM/DD/YYYY): _____		7. State: _____
8. Residence Address: _____		<b>OSP/DMV</b> Search Completed
9. Mailing Address (if different): _____		JAN 31 2018
10. E-Mail (optional): _____		
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: <u>Christine Archote</u>		INITIALS: <u>MA</u>
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 <u>convicted</u> ("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 <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of a <u>FELONY</u> ? <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 <u>diversion program</u> 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)		

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) Perry III (FIRST) Walter (MIDDLE)  
Signature: [Handwritten Signature] Date: 1/25/2018



OREGON LIQUOR CONTROL COMMISSION  
INDIVIDUAL HISTORY FORM

1. Name: (LAST)	MILLER	(FIRST)	WALTER	(MIDDLE)	ROBERTS
2. Other Names Used (Maiden, Etc.):	"ROB"				
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: [REDACTED]				
<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):	[REDACTED]				
6. Driver License or State ID #:	[REDACTED]				
8. Residence Address:	[REDACTED] <b>OSP/DMV</b>				
9. Mailing Address (if different):	[REDACTED] Search Completed				
10. E-Mail (optional):	JAN 31 2010				
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: SALLY VORTON MILNERALS: (M)				
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 <u>convicted</u> ("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 <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of a <u>FELONY</u> ?	<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 <u>diversion program</u> 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)				



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)

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Name: (LAST) MILLER (FIRST) WALTER (MIDDLE) ROBERTS

Signature: Walter Roberts Miller Date: 1/25/18



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

1. Name: (LAST) <u>CASEBEER</u>	(FIRST) <u>ROBERT</u>	(MIDDLE) <u>SCOTT</u>
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: <u>[REDACTED]</u>		
<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 type="checkbox"/> Yes <input type="checkbox"/> No</p>		
4. Date of Birth (MM/DD/YYYY): <u>[REDACTED]</u>		
5. Mailing Address (if different): <u>PO BOX 305 INDEPENDENCE OR 97351</u> <span style="float:right;">JAN 31 2010</span>		
10. E-Mail (optional):		
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: <u>CARRIE E. LARSEN CASEBEER</u> INITIALS: <u>[Signature]</u>		
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)		
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 Yes Please answer questions 19, 20, and 21.

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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)

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

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Name: (LAST) <u>CARLEE</u>	(FIRST) <u>ROBERT</u>	(MIDDLE) <u>SCOTT</u>
Signature: <u>Scott Carlee</u>		Date: <u>1/29/18</u>



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

1. Name: (LAST) <b>Bischoff</b>		(FIRST) <b>Robert</b>	(MIDDLE) <b>Eric</b>
2. Other Names Used (Maiden, Etc.): <b>Eric Bischoff</b>			
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: _____ <b>8</b>			
<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: _____	
6. Driver License or State ID # _____		7. State: <b>CA</b>	
8. Residence Address: _____		<b>OSP/DMV</b> Search Completed <b>JAN 31 2018</b>	
9. Mailing Address (if different): PO Box 59037, San Jose, CA 95159			
10. E-Mail (optional): <b>simpkin.1340@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: <b>Najat S Abduljellil</b>		INITIALS: <b>(Signature)</b>	
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 <u>convicted</u> ("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 <u>convicted</u> ("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 <u>diversion program</u> 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)			

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)

Beer Import Company, Union, NJ - company sold ~12 years ago  
Wolf River Brewing, Paso Robles, CA - silent investor - license returned 2017

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)

Bischoff

(FIRST)

Robert

(MIDDLE)

Eric

Signature:



Date:

01/17/2017



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: St. Innocent, Ltd. Phone: 503-378-1526

Trade Name (dba): St. Innocent Winery

Business Location Address: 10052 Enchanted Way SE

City: Jefferson ZIP Code: 97352

## 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)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

## ENTERTAINMENT

Check all that apply: None

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

## DAYS & HOURS OF LIVE OR DJ MUSIC

None  
 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] President Date: 1/24/18

1-800-452-OLCC (6522)

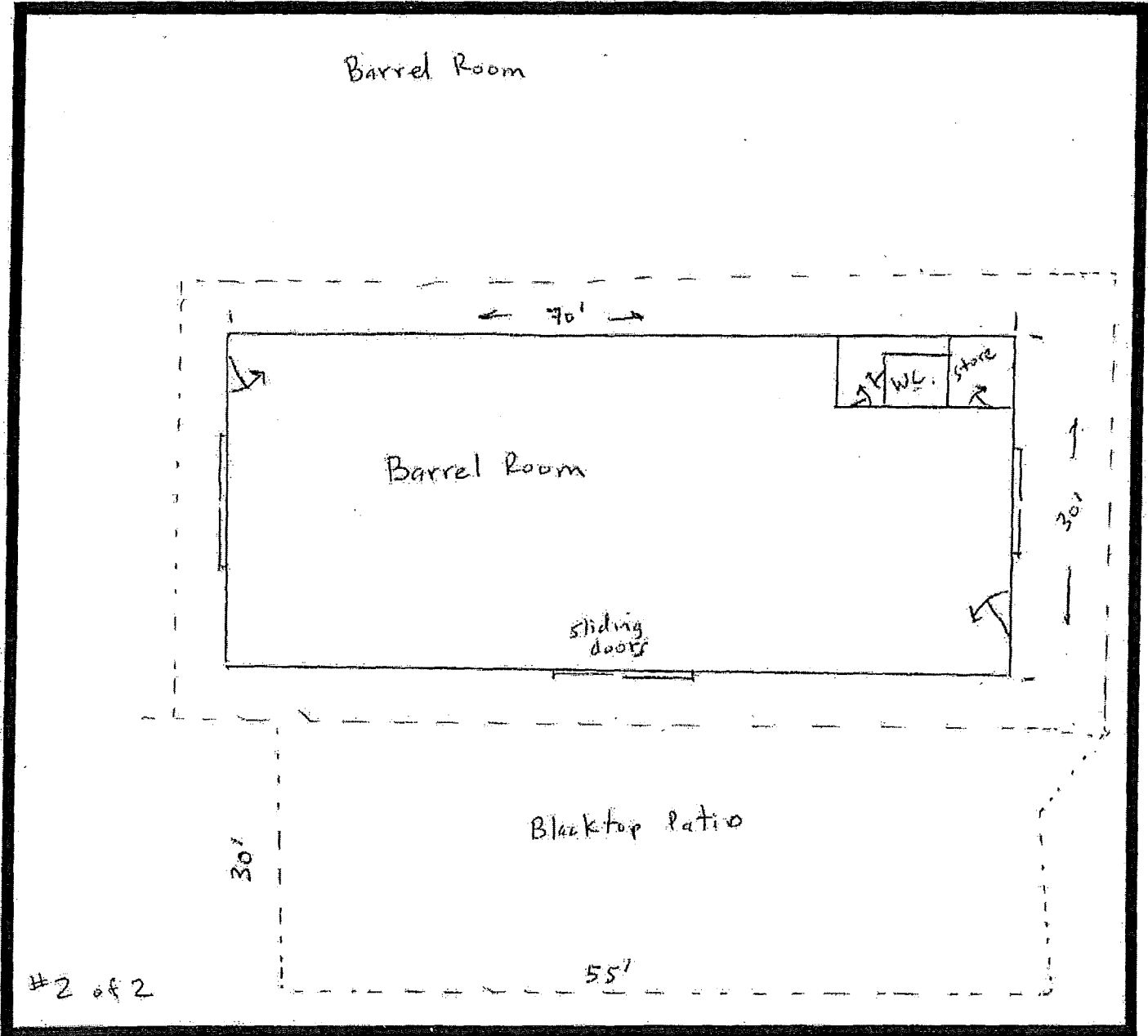
www.oregon.gov/olcc

(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.



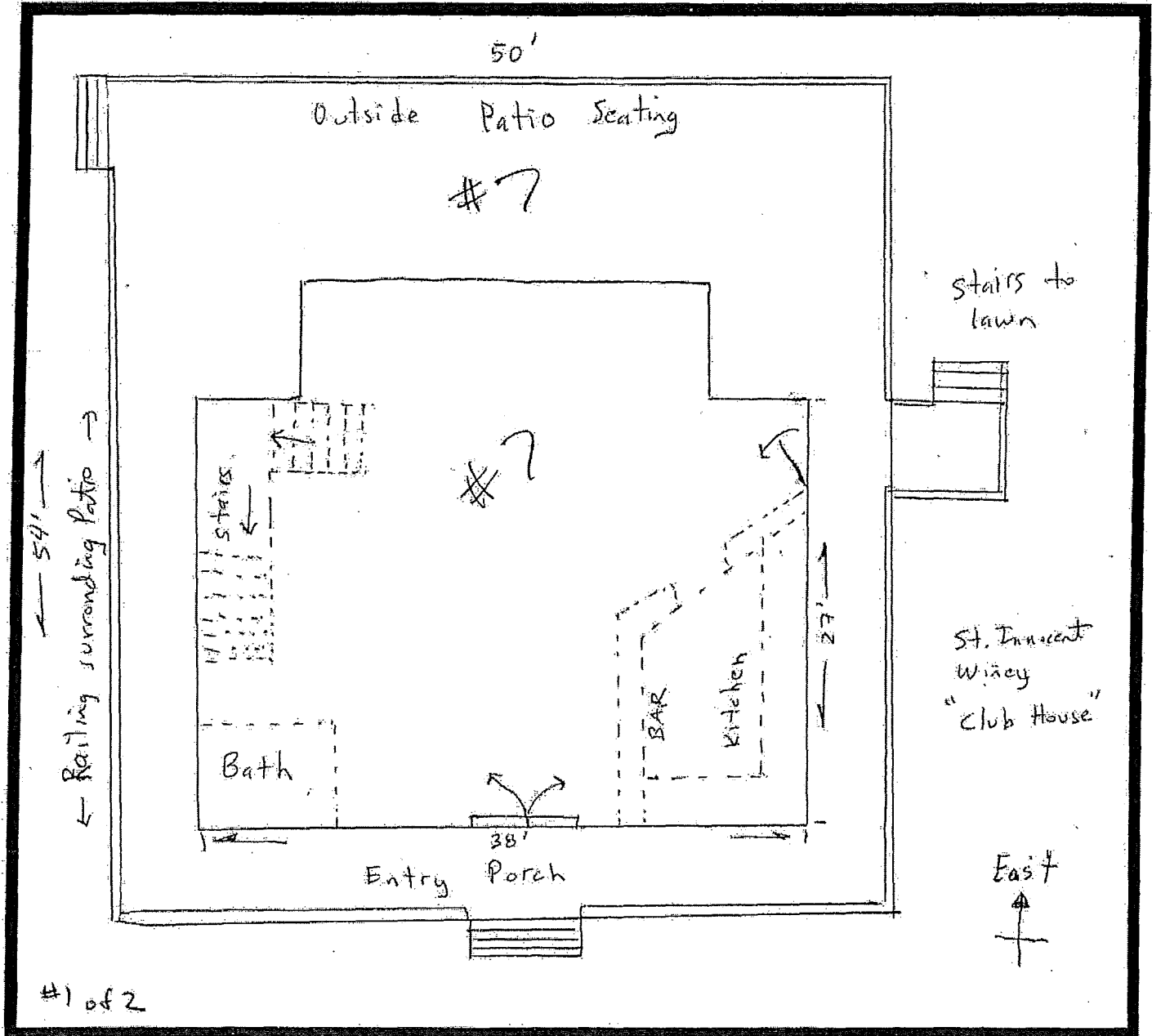
Applicant Name: St. Innocent, Ltd.  
 Trade Name (dba): St. Innocent Winery  
Jefferson 97352  
 City and ZIP Code:

.....OLCC USE ONLY.....  
 MINOR POSTING ASSIGNMENT(S)  
N/A wine storage only  
 Date: 2-9-18 Initials: (W)



# 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.



#1 of 2

Applicant Name: St. Innocent, Ltd

Trade Name (dba): St. Innocent Winery

City and ZIP Code: Jefferson, 97352

..... OLCC USE ONLY.....  
 MINOR POSTING ASSIGNMENT(S)  
#7 entire premises

Date: \_\_\_\_\_ Initials: \_\_\_\_\_