

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

NO. 20096

In the Matter of the Application of

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

RECEIVED

OCT 07 2021

RECOMMENDATION

This matter coming before the Board of County Commissioners on the application of

MARION COUNTY  
BOARD OF COMMISSIONERS

Half Pint Brothers LLC 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, a citizen of the United States of America, 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\_\_\_\_\_.

\_\_\_\_\_ County Commissioner

\_\_\_\_\_ County Commissioner

\_\_\_\_\_ County Commissioner

Approved by

County Sheriff

10-6-21

Name of Licensee	Home Address	Date of Birth
<u>Jordan Scoggins</u>	<u>29242 SW San Remo Ct</u> <u>Wilsonville, OR 97070</u>	<u>[REDACTED]</u>
Name of Business	Address of Business	
<u>Half Pint Brothers LLC</u>	<u>10767 Bull St NE</u> <u>Aurora, OR 97002</u>	
Managing Agent	Home Address	Date of Birth
<u>Jordan Scoggins</u>	<u>SAHE</u>	<u>[REDACTED]</u>
I, <u>Jordan Scoggins</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>10-4-2021</u>	<u>[Signature]</u> Applicant's signature	



OREGON LIQUOR CONTROL COMMISSION

## LIQUOR LICENSE APPLICATION

RECEIVED

PRINT FORM

RESET FORM

21 OCT 4 12 21

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 <sup>st</sup> Location	Date application received and/or date stamp:
Brewery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Name of City or County:
<input type="checkbox"/> Brewery-Public House (BPH) 1 <sup>st</sup> location	<u>Marion County</u>
BPH Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Recommends this license be:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 <sup>st</sup> location	
GSP Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	OLCC USE ONLY
<input checked="" type="checkbox"/> Limited On-Premises	Date application received: <u>7-30-2021</u>
<input type="checkbox"/> Off-Premises	Date application accepted: <u>8-9-2021</u>
<input type="checkbox"/> Warehouse	<u>Onick</u> <b>RECEIVED</b>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	OREGON LIQUOR CONTROL COMMISSION
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	License Action(s):
Winery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	<u>NID</u> <u>JUL 30 2021</u>
(4 <sup>th</sup> ) <input type="checkbox"/> (5 <sup>th</sup> ) <input type="checkbox"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY** (example: corporation or LLC) or **INDIVIDUAL(S)**<sup>1</sup> applying for the license(s):

~~Seoggs Soft Serve LLC~~Half Pint Brothers LLC JS

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

3. Trade Name of the Business (Name Customers Will See)		
<u>Half Pint Brothers at the Historic Butteville Store</u>		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
<u>10767 Butte St. NE</u>		
City	County	Zip Code
<u>Aurora</u>	<u>Marion</u>	<u>97002</u>

<sup>1</sup> Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



## OREGON LIQUOR CONTROL COMMISSION

## LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Half Pint Brothers at the Historic Butteville Store			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in <u>OAR 845-004-0065[1]</u> .) 29242 SW San Remo Court			
City Wilsonville		State OR	Zip Code 97070
9. Phone Number of the Business Location 503-678-1605		10. Email Contact for this Application and for the Business halfpintbrothers@yahoo.com	
11. Contact Person for this Application Jordan Scoggins		Phone Number 971-400-6677	
Contact Person's Mailing Address (if different) 29242 SW San Remo Court	City Wilsonville	State OR	Zip Code 97070

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

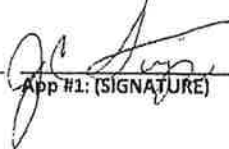
**ATTESTATION: \*\*READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM\*\***

I understand that marijuana is prohibited on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read OAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311[6]) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

**Applicant(s) Signature**

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

Jordan Scoggins		7/25/2021	
App. #1: (PRINT NAME)	App #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
App. #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App. #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App. #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)





OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

PRINT FORM

RESET FORM

1. Name (Print):	Scoggins	Jordan	Cameron
	Last	First	Middle
2. Other names used (maiden, other):			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]			
<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) & 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.  Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> 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)).			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED]	[REDACTED]	[REDACTED]
	(mm)	(dd)	(yyyy)
6. Driver License or State ID #:	[REDACTED]	7. State OR	
8. Contact Phone: 971-400-6677			
9. E-mail Address: halfpintbrothers@yahoo.com			
10. Mailing Address:	29242 SW San Remo Court	Wilsonville	OR 97070
	(Number and Street)	(City)	(State) (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.			
<b>OSP/DMV</b> Search Completed AUG 04 2021 INITIALS: <u>NO CONVICTIONS</u>			



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No ☒ Yes ☐ Please list licenses (and year(s) licensed) below    Unsure ☐ Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No ☒ Yes ☐ Please list licenses (and year(s) licensed) below    Unsure ☐ Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No ☒ Yes ☐ Please list applications below    Unsure ☐ Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

**Affirmation**

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	Scoggins	Last	Jordan	First	Cameron	Middle
Signature:					Date: 7/25/2021	

This box for OLCC use ONLY

no

Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Half Pint Brothers, LLC

Applicant Name: Jordan Scoggins ~~Scoggins Soft Drinks~~ Phone: 971-400-6677

Trade Name (dba): Half Pint Brothers at the Historic Butteville Store

Business Location Address: 10767 Butte St. NE

City: Aurora

ZIP Code: 97002

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 11 am to 6 pm  
Monday CLOSED to \_\_\_\_\_  
Tuesday 11 am to 6 pm  
Wednesday 11 am to 6 pm  
Thursday 11 am to 6 pm  
Friday 11 am to 6 pm  
Saturday 11 am to 6 pm

### Outdoor Area Hours:

Sunday 11 am to 6 pm  
Monday CLOSED to \_\_\_\_\_  
Tuesday 11 am to 6 pm  
Wednesday 11 am to 6 pm  
Thursday 11 am to 6 pm  
Friday 11 am to 6 pm  
Saturday 11 am to 6 pm

The outdoor area is used for:

☒ Food service Hours: 11 am to 6 pm

☒ Alcohol service Hours: 11 am to 6 pm

☐ Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations: ☒ Yes ☐ No If yes, explain: Store open Tues.-Sun. May 1 to September 30, plus open two Saturdays a month October 1 through April 30 for dinner

## 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: 50 ✓

Outdoor: 100 ✓

Lounge: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_

Total Seating: 150 ✓

### OLCC USE ONLY

Investigator Verified Seating: \_\_\_\_ (Y) ☒ (N)

Investigator Initials: CN

Date: 8/20/21

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

Applicant Signature: Jordan Scoggins Date: 8/2/2021

1-800-452-OLCC (6522)

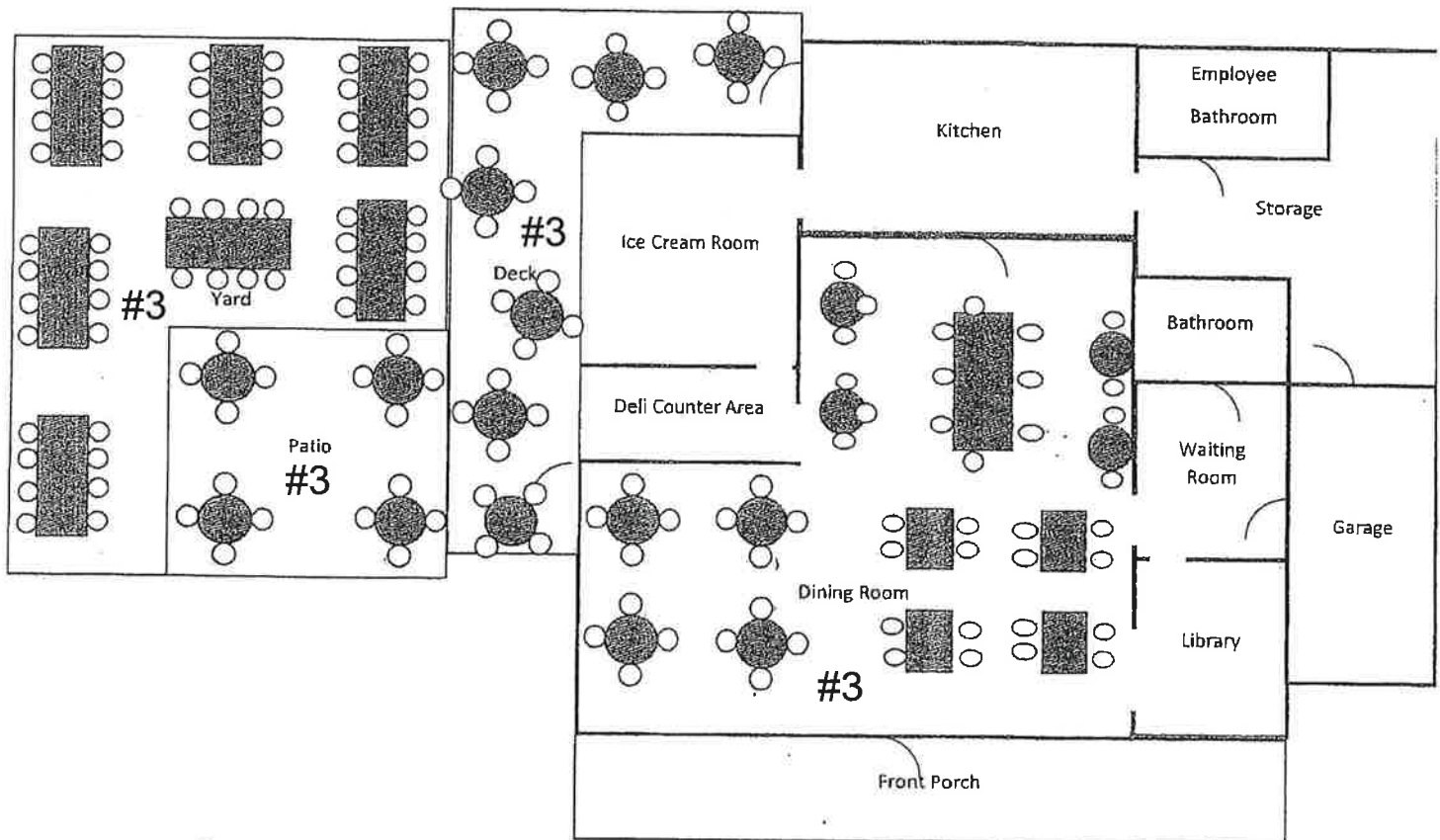
www.oregon.gov/olcc

(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.



Jordan Scoggins Scoggis Soft Serv LLC

Applicant Name

Half Pint Brothers at 4444 Main St #3 Entire Premises

Trade Name (dba):

Aurora 97002

City and ZIP Code

.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)

Date: 8/24/21

Initials: CN

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 09/12)

Receipt #: 676092  
Issued By : TammyV  
Issued From Port: 1

MARION COUNTY  
BILL BURGESS  
COUNTY CLERK

Receipt Date: 10-04-2021  
Receipt Time: 12:43 pm.  
Page: 1

Issued To: SCOGGINS

Document Number	Type	Description	Total
0	15	LIQUOR LIC	25.00

Total Fees Due: 25.00

Amount Due	Paid By Check	Paid In Cash	Charged to Acct	Overage to Acct	Change Due
25.00	.00	.00	.00	.00	.00

Thank You!  
BILL BURGESS  
MARION COUNTY