

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

NO. 20147

In the Matter of the Application of

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

Whitaker wine group 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

8/1/2024

# LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

☒ New Outlet | ☐ Change of Ownership | ☐ Greater Privilege | ☐ Additional Privilege

Select the license type you are applying for.

More information about all license types is available [online](#).

## Full On-Premises

- ☒ Commercial
- ☐ Caterer
- ☐ Public Passenger Carrier
- ☐ Other Public Location
- ☐ For Profit Private Club
- ☐ Nonprofit Private Club

## Winery

- ☒ Primary location
- Additional locations: ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

## Brewery

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd

## Brewery-Public House

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd

## Grower Sales Privilege

- ☐ Primary location
- Additional locations: ☐ 2nd ☐ 3rd

## Distillery

- ☐ Primary location
- Additional tasting locations: (Use the DISTT form HERE)

## ☐ Limited On-Premises

## ☐ Off Premises

## ☐ Warehouse

## ☐ Wholesale Malt Beverage and Wine

Trade Name  
Whitaker Wine Group

## LOCAL GOVERNMENT USE ONLY

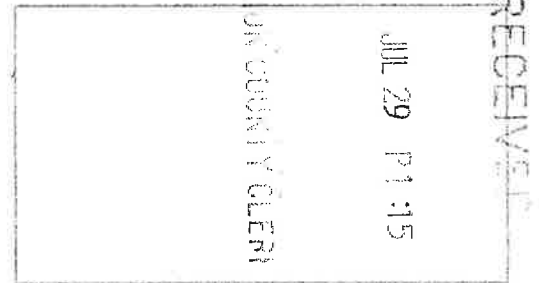
LOCAL GOVERNMENT  
After providing your recommendation, return this form to the applicant **WITH** the recommendation marked below

Name of City OR County (not both)

Please make sure the name of the Local Government is printed legibly or stamped below

## Date application received:

Optional: Date Stamp Received Below



- ☐ Recommend this license be granted
- ☐ Recommend this license be denied
- ☐ No Recommendation/Neutral

Printed Name

Date

Signature

Trade Name

# LIQUOR LICENSE APPLICATION

Page 2 of 4

## APPLICANT INFORMATION

**Identify** the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.

Name of entity or individual applicant #1:

Whitaker Wine Group

Name of entity or individual applicant #2:

Name of entity or individual applicant #3:

Name of entity or individual applicant #4:

## BUSINESS INFORMATION

**Trade Name** of the Business (name customers will see):

Whitaker Wine Group

**Premises street address** (The physical location of the business and where the liquor license will be posted):

8400 Champore Rd NE, SE PAUL

City:

St Paul

Zip Code:

97137

County:

Marion

Business phone number:

720-308-7401

Business email:

blair@marswaterwines.com

**Business mailing address** (where we will send any items by mail as described in OAR 845-004-0065[1]):

City:

McMinnville

State:

OR

Zip Code:

97128

Does the business address currently have an OLCC liquor license? ☒ Yes ☒ No

Does the business address currently have an OLCC marijuana license? ☐ Yes ☒ No

**APPLICATION CONTACT INFORMATION** — Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative Form must be completed and submitted with this application.

**Application Contact Name:**

Blair Whitaker

blair@marswaterwines.com

Phone number:

720-308-7401

Email:

blair@marswaterwines.com

# LIQUOR LICENSE APPLICATION

Page 3 of 4

## TERMS

- “Real property” means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- “Common area” is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area’s designation as a “common area” is typically identified in the lease or rental agreement.

## ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the “Application Information” section of this form has read and understands OAR 845-005-0311 and attests that:
  1. At least one applicant listed in the “Application Information” section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
  2. No person not listed as an applicant in the “Application Information” section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
  3. The licensed premises at the premises street address proposed to be licensed either:
    - a. Does not include any common areas; or
    - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
      - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in “common areas” and that this requirement applies at all times, even when the business is closed.
  4. The licensed premises at the premises street address either:
    - a. Has no area on property controlled by a public entity (like a city, county, or state); or
    - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

# LIQUOR LICENSE APPLICATION

Page 4 of 4

**Applicant Signature(s):** Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

- Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-006-0362 and attests that:

1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

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.

Blair Whitaker

Applicant name

Blair T. Whitaker

Signature

12/1/23

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

Applicant name

Signature

Date

**Applicant/Licensee Representative(s):** If you would like to designate a person/entity to act on your behalf you must complete the Authorized Representative Form. You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

*Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.*



OREGON LIQUOR & CANNABIS COMMISSION  
**INDIVIDUAL HISTORY FORM**

PRINT FORM

RESET FORM

1. Name (Print):	Whitaker Last	Blair First	Tyler Middle
2. Other names used (maiden, other): NO			
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] (mm) (dd) (yyyy)		
6. Driver License or State ID #:	[REDACTED]		7. State
8. Contact Phone:	720-308-7401		
9. E-mail Address:	[REDACTED]		
10. Mailing Address:	[REDACTED] (Number and Street)	McMinnville (City)	OR 97128 (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 checked="" 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. [REDACTED]			



OREGON LIQUOR & CANNABIS 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):	<del>Blair</del> Whitaker Last	Blair First	Tyler Middle
Signature:			Date: 12/13/23

**This box for OLCC use ONLY**

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





OREGON LIQUOR & CANNABIS COMMISSION  
**INDIVIDUAL HISTORY FORM**

PRINT FORM

RESET FORM

1. Name (Print):	Whitaker Last	hapi First	Celine 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] (mm) (dd) (yyyy)		
6. Driver License or State ID #:	[REDACTED]	7. State	
8. Contact Phone:	[REDACTED]		
9. E-mail Address:	[REDACTED]		
10. Mailing Address:	[REDACTED] (Number and Street)	mcminnville (City)	OR 97128 (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.			





OREGON LIQUOR & CANNABIS 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):	Whitaker Last	Lael First	Celine Middle
Signature:	Lael Whitaker		Date: 11/9/24

**This box for OLCC use ONLY**

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

LLC Name Whitaker Wine Group LLCTrade Name of Business (Name Customers Will See) Whitaker Wine Group

The LLC named in this document is a (see page 1 for definitions):



Manager-Managed LLC



Member-Managed LLC

**This section is ONLY for a manager-managed LLC.** (Directions on page 1. You may include information on a separate sheet.)

Name of Managing Member (please print)	Name of Managing Member (please print)

**This section is for BOTH a manager-managed LLC and a member-managed LLC.** (Directions on page 1. You may include information on a separate sheet.)

Name of Member (please print)	Percentage of issued membership held
Blair Whitaker	<del>100%</del> 50%
Luel Whitaker	50%

**This section is ONLY for an LLC with the listed officers.** (Directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President	
Secretary	
Treasurer	
Vice president with responsibility over the operation of the business	

**SERVER EDUCATION DESIGNEE** (Directions on page 1)

Name (please print)	Date of Birth
Blair Whitaker	

**SIGNATURE** (Directions on page 1)NAME of Signing Person (please type or print) Blair WhitakerDATE 12/1/23

SIGNATURE of signing person (may electronically sign)

**This box for OLCC use ONLY**

Does the entity hold, or has it ever held, an OLCC-issued liquor license? \_\_\_\_\_



# OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Whitaker Wine Group Phone: 720-308-7401

Trade Name (dba): Whitaker Wine Group

Business Location Address: 8400 Champoege Rd NE, St Paul

City: St Paul ZIP Code: 97137

## DAYS AND HOURS OF OPERATION

Business Hours:

Outdoor Area Hours:

The outdoor area is used for:

Sunday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

☐ Food service Hours: \_\_\_\_\_ to \_\_\_\_\_

Monday \_\_\_\_\_ to \_\_\_\_\_

Monday \_\_\_\_\_ to \_\_\_\_\_

☐ Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

☐ Enclosed, how \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

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

Thursday 12 to 5

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday 12 to 5

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

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

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

## ENTERTAINMENT

Check ALL that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music                                    | <input type="checkbox"/> Karaoke                |
| <input type="checkbox"/> Recorded Music                                | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music                                      | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing <input type="checkbox"/> Nude Dancing | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Live Entertainment                            | <input type="checkbox"/> Pool Tables            |
| <input type="checkbox"/> Minor Entertainers                            | <input type="checkbox"/> Other: _____           |

\*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

## 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: \_\_\_\_\_  
Banquet: \_\_\_\_\_ Other (explain): \_\_\_\_\_ 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: 7/11/24

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

Rev: 2.1.23



OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

Your floor plan must be submitted on this form

Blair Whitaker

Applicant Name

Whitaker Wine Group

Trade Name (dba)

Lady Hill Winery = Host  
Barrel Room + Case Good Storage



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

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

MARION COUNTY  
BILL BURGESS  
MARION COUNTY CLERK

Receipt #: 32270

Receipt Date: 07/29/2024 01:08 PM

Station: 1

Cashier: MD1

Receipt Name: WHITAKER WINE GROUP

Comments: 8400 CHAMPOEG RD ST PAUL, OR 97137

Thank You!

BILL BURGESS, MARION COUNTY CLERK

Please retain this receipt for your records.

Documents are recorded as submitted. The Marion County Clerk's Office assumes no liability for sufficiency, validity, or accuracy.

Miscellaneous Fees		
LIQUOR LICENSE FEE	YES	\$25.00

**Receipt Total**

**\$25.00**

CREDIT CARD 185539727

\$25.00