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OCT 14 2020

MARION COUNTY
BOARD OF COMMISSIONERS

New ____	Change of Ownership ____	Greater privilege ____
Additional privilege ____		Other ____

20 OCT -6 P3:28

RECEIVED

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

NO. 20074

In the Matter of the Application of Damon Shrader

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

off premises

RECOMMENDATION

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

Business Name	Address of Business
<u>THE FIREHOUSE</u>	<u>5782 PORTLAND RD NE SALEM</u>
Managing Agent	Date of Birth
<u>DAMON SHRADER</u>	<u>[Redacted]</u>
I, <u>DAMON SHRADER</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>9-23-2020</u>	<u>[Signature]</u> Applicant's signature

**LIQUOR LICENSE APPLICATION**

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 1st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2nd Location	Name of City or County:
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1st Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2nd Location	By: <u>ERU/AS</u>
<input type="checkbox"/> Brewery-Public House 3rd Location	Date: <u>10/13/2020</u>
<input type="checkbox"/> Distillery	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Commercial	Date application received:
<input type="checkbox"/> Full On-Premises, Caterer	<u>4-30-20</u>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: <u>Patty Rhoad</u>
<input type="checkbox"/> Full On-Premises, Other Public Location	License Action(s):
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<u>A/Priv</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Desert Fire LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)

The Firehouse

4. Business Address (Number and Street Address of the Location that will have the liquor license)

5782 Portland Rd NE

City	County	Zip Code
Salem	Marion	97305



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) The Firehouse			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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 mail) 10205 SW Park Way			
City Portland		State Oregon	Zip Code 97225
9. Phone Number of the Business Location 503-393-4782		10. Email Contact for this Application d.shrader2@frontier.com	
11. Contact Person for this Application Damon Shrader			Phone Number 503-789-9529
Contact Person's Mailing Address (if different) Same	City	State	Zip Code

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.

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

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

(Applicant#1)

(Applicant#2)

(Applicant#3)

(Applicant#4)



INDIVIDUAL HISTORY FORM

1. Name: (LAST) SHRADER	(FIRST) DAMON	(MIDDLE) ROBERT
2. Other Names Used (Maiden, Etc.): NONE		
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>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 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]	5. Contact Phone: 503-789-9529	
6. Driver License or State ID #: [REDACTED]	7. State: OR	
8. Residence Address: 7475 SW CHERRY DRIVE TIGARD, OR 97223		
9. Mailing Address (if different):		
10. E-Mail (optional): D.SHRADER2 @ FRONTIER.COM		
11. Do you have a spouse or domestic partner? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Yes N/A		
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)

LIQUOR PHOENIX ENTERTAINMENT DBA SUNSET STRIP PORTLAND
LICENSE DESERT FIRE LLC DBA SILVER DOLLAR EUGENE
DESERT FIRE LLC DBA FIREHOUSE SALEM

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)

SEE #16 ABOVE

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)

SHRADER

(FIRST)

DAMON

(MIDDLE)

ROBERT

Signature:



Date:

9/30/2020



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Desert Fire LLC

Phone: 503-393-4782

Trade Name (dba): The Firehouse

Business Location Address: 5782 Portland Rd NE

City: Salem

ZIP Code: 97305

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	12pm	to	230am
Monday	12pm	to	230am
Tuesday	12pm	to	230am
Wednesday	12pm	to	230am
Thursday	12pm	to	230am
Friday	12pm	to	230am
Saturday	12pm	to	230am

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:

☐ 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: _____

Date: 4-30-2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



030888-95 exp. 7-18-2020

Please Print or Type

LLC Name: Desert Fire LLC Year Filed: 2001

Trade Name (dba): The Firehouse

Business Location Address: 5782 Portland RD Ne

City: Salem ZIP Code: 97305

List Members of LLC:	Percentage of Membership Interest:
1. Damon Shrader (managing member)	100
2. _____ (members)	_____
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.)

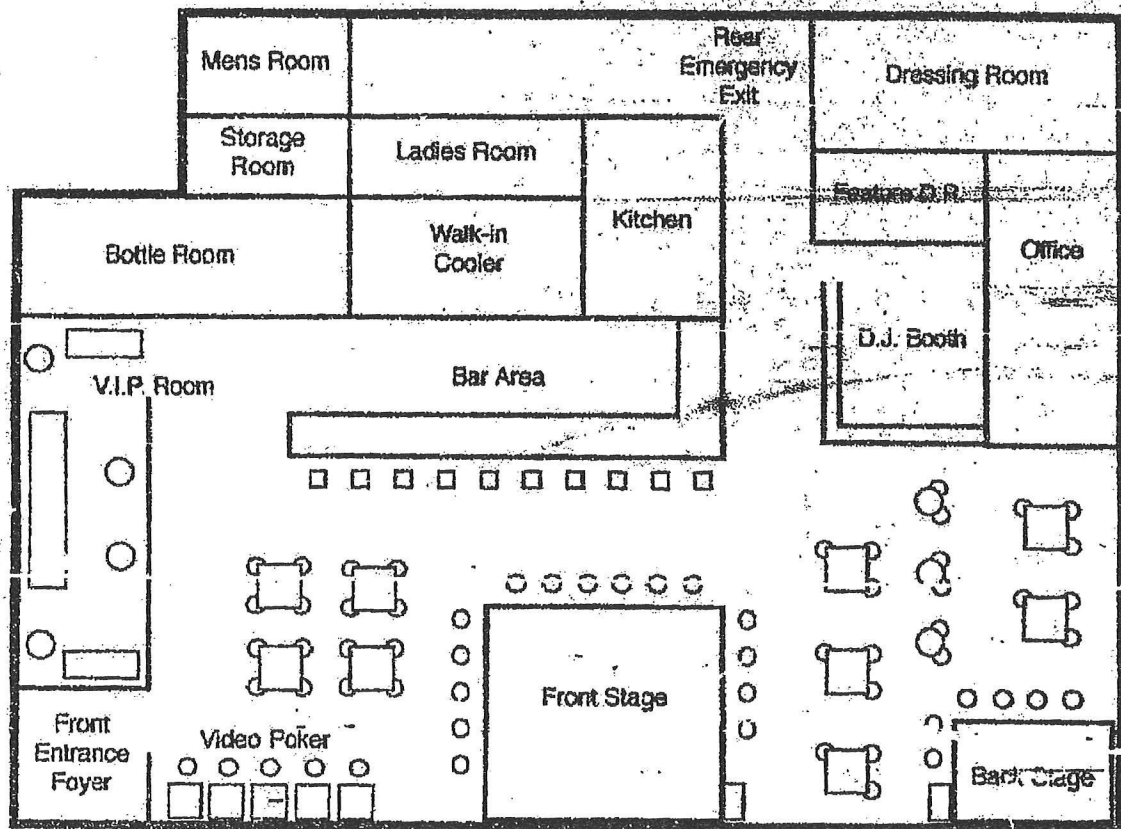
Server Education Designee: Damon Shrader DOB: 05/21/1965

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

Signature:  OWNER Date: 4/30/2020
(name) (title)



- # FIREHOUSE FLOOR PLAN



11-

Receipt #:	621040	MARION COUNTY	Receipt Date:	10-06-2020
Issued By :	Donna	BILL BURGESS	Receipt Time:	03:48 pm.
Issued From Port:	1	COUNTY CLERK	Page:	1

Issued To: DESERT FIRE LLC DBA FIREHOUSE

Document Number	Type	Description	Total
0	15	LIQUOR LIC	25.00

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

Thank You!
BILL BURGESS
MARION COUNTY

Itemized Check Listing		
Check	Check No.	Amount
1	2590	25.00