New ___ Change of Ownership___ Greater privilege___

Additional privilege___ Other_____

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

NO. 20119

In the Matter of the Application of Adriana Sanchez DBA LAS Lokus botanas y Micheladas LLC

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

Full on Premises

RECOMMENDATION

This matter coming before the Board of County Commissioners on the application of Las Lokus botanas y Micheladas 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 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 this _____day of _____, 20____.

Chair Commissioner Commissioner

Approved by _____
County Sheriff 5/2/2023

RECEIVED

# LIQUOR LICENSE APPLICATION



**Check** the appropriate license request option:

☑ New Outlet | ☐ Change of Ownership | ☐ Greater Privilege | ☐ Lesser 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: ☐2nd ☐3rd ☐4th ☐5th ☐6th

☐ **Limited On-Premises**

☐ **Off Premises**

☐ **Warehouse**

☐ **Wholesale Malt Beverage and Wine**

**INTERNAL USE ONLY**

**Local Governing Body:** After providing your recommendation, return this application to the applicant.

**LOCAL GOVERNING BODY USE ONLY**

**City/County name:**

~~Salem~~, Marion County

**Date application received:**

Optional: Date Stamp

RECEIVED
23 APR 26 P2:12
MARION COUNTY CLERK

☐ Recommend this license be granted

☐ Recommend this license be denied

Printed Name _____ Date _____

# LIQUOR LICENSE APPLICATION



**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: | Name of entity or individual applicant #2: |
|---|---|
| Adriana Sanchez | |
| 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):

Las Lokas botanas y micheladas LLC

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

3200 Lancaster Dr NE

| City: | Zip Code: | County: |
|---|---|---|
| Salem | 97305 | Marion County |

| Business phone number: | Business email: |
|---|---|
| (971)218-6563 | Adriana@metropolisoregon.com |

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

[redacted]

| City: | State: | Zip Code: |
|---|---|---|
| Salem | OR | 97301 |

| Does the business address currently have an OLCC liquor license? | Does the business address currently have an OLCC marijuana license? |
|---|---|
| ☑ Yes ☐ No | ☐ Yes ☑ No |

**AUTHORIZED REPRESENTATIVE** – A liquor applicant or licensee may give a representative authorization to make changes to the license or application on behalf of the licensee or to receive information about a license or application.

**I give permission for the below named representative to:**

☐ Make changes regarding this license/application on my behalf.

☐ Receive information about the status of this application, including information about pending compliance action or communications between OLCC and the licensee/applicant.

**Representative Name:**

| Phone number: | Email: |
|---|---|
| | |

Mailing address:

| City: | State: | Zip Code: |
|---|---|---|
| | | |

Please note: liquor license applications are public records.

# LIQUOR LICENSE APPLICATION



**APPLICATION CONTACT INFORMATON –** Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative section must be filled in and the appropriate permission(s) must be selected.

**Application Contact Name:** Adriana Sanchez

Phone number: [redacted]

Email: Adriana@metropolisoregon.com

## 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



- 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.

| Print name | Signature | Date | Atty. Bar Info (if applicable) |
|---|---|---|---|
| Adriana Sanchez | Adriana S. | 04/17/2023 | |
| | | | |
| | | | |
| | | | |