

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

NO. 20133

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

Michalek, 4 Antojitos El Perico 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 [Signature]
County Sheriff

1/10/2024

REC'D JAN 12 2024

LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

☒ Add Licensee of Record

☐ 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

LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT:

After providing your recommendation, return this application to the applicant WITH the recommendation marked below

City OR County name: (not both)

Marion County
(Please specify city OR county)

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

Micheladas y Antojitos El Perico

LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

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☐ Limited On-Premises

☐ Off Premises

☐ Warehouse

☐ Wholesale Malt Beverage and Wine

LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT:

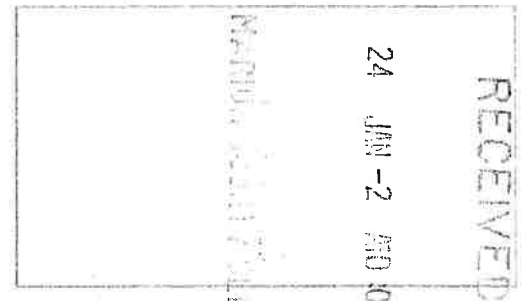
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Marion County
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Optional: Date Stamp Received Below



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☐ Recommend this license be denied
☐ No Recommendation/Neutral

Printed Name

Date

Signature

Trade Name

Micheladas y Antojitos El Perico

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: <i>Micheladas y Antojitos El Perico LLC</i>	Name of entity or individual applicant #2: <i>Lurdes Giovana Sanchez Armas</i>
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):

Micheladas y Antojitos El Perico

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

686 Lancaster Dr. NE

City: <i>Salem</i>	Zip Code: <i>97301</i>	County: <i>Marion</i>
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Business phone number:

503-990-6870

Business email:

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

[REDACTED]

City: <i>Salem</i>	State: <i>OR</i>	Zip Code: <i>97305</i>
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Does the business address currently have an OLCC liquor license? ☒ Yes ☐ No

Does the business address currently have an OLCC marijuana license? ☐ 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.
- ☐ Sign application forms 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:
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Mailing address:

City:	State:	Zip Code:
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LIQUOR LICENSE APPLICATION

Page 3 of 4

APPLICATION CONTACT INFORMATION – 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:

Louderes Giovana Sanchez Armas

Phone number:

Email:

[REDACTED] Sanchezlulu89@gmail.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 OR 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 OR 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

- Each applicant listed in the "Application Information" section of this form has read and understands OLCC 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.

X <u>Gloria L Velasco</u>	<u>[Signature]</u>	<u>12-19-23</u>	
Print name	Signature	Date	Atty. Bar Info (if applicable)

<u>Norberto Sanchez</u>	<u>[Signature]</u>	<u>12-19-2023</u>	
Print name	Signature	Date	Atty. Bar Info (if applicable)

_____	_____	_____	_____
Print name	Signature	Date	Atty. Bar Info (if applicable)

_____	_____	_____	_____
Print name	Signature	Date	Atty. Bar Info (if applicable)



LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE

PRINT FORM

RESET FORM

LLC Name

Micheladas y Antojitos El Perico # LLC

Trade Name of Business (Name Customers Will See)

Micheladas y Antojitos El Perico

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
<u>Gloria L Velasco</u>	<u>100%</u>

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

SIGNATURE (Directions on page 1)

NAME of Signing Person (please type or print)

Gloria L ~~Lana~~ ~~Arreola~~ VelascoGloria L VelascoDATE 12-19-23

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? _____

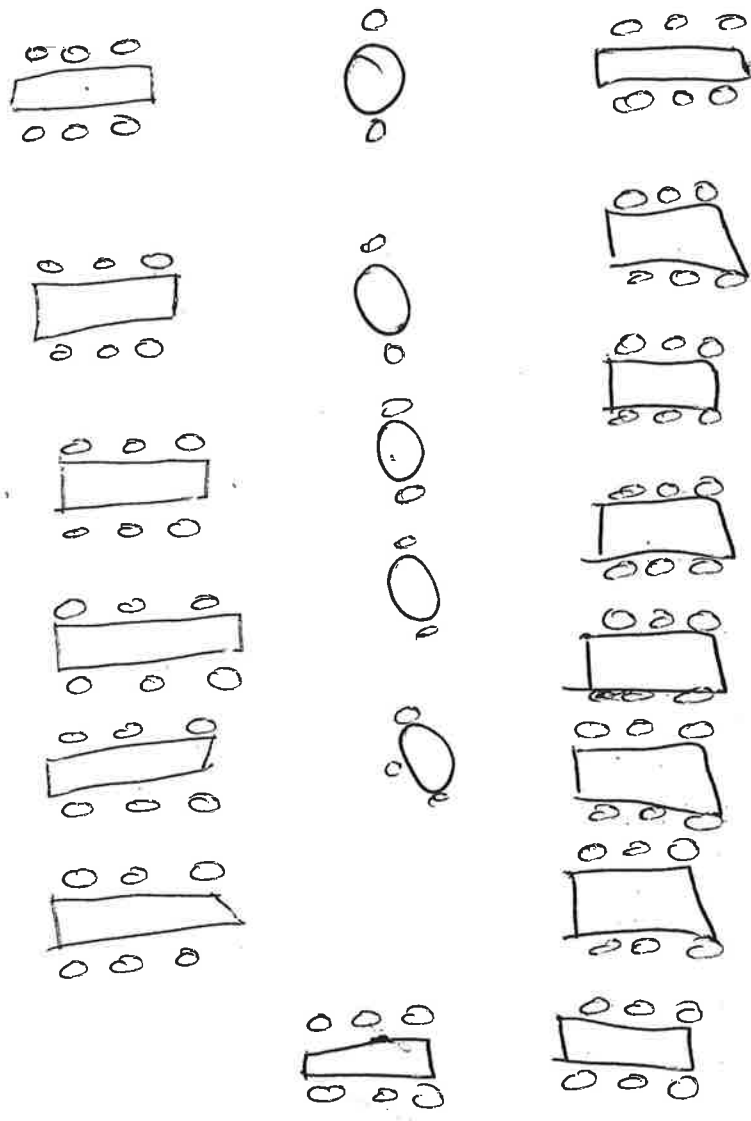
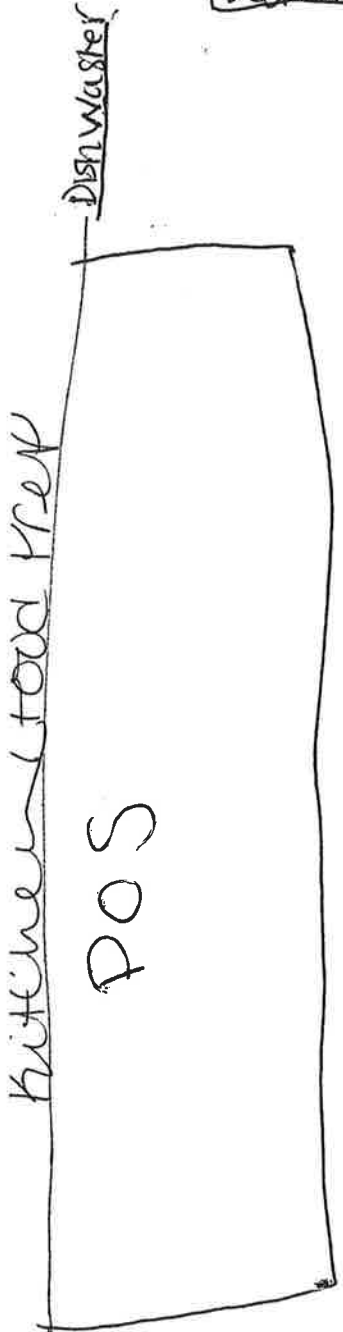


OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name: Micheladas y Antojitos El Perico LLC Trade Name (dba): Micheladas y Antojitos El Perico



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

Date: _____ Initials: _____



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Carolee Giovanna Sanchez Armas

Applicant Name: LLC Micheladas y Antojitos El Perico Phone: 503-990-6870

Trade Name (dba): Micheladas y Antojitos El Perico

Business Location Address: 686 Lancaster Dr NE

City: Salem OR ZIP Code: 97301

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 8pm
Monday 11am to 8pm
Tuesday 11am to 8pm
Wednesday 11am to 8pm
Thursday 11am to 8pm
Friday 11am to 9pm
Saturday 11am to 9pm

Outdoor Area Hours:

Sunday 11am to 8pm
Monday 11am to 8pm
Tuesday 11am to 8pm
Wednesday 11am to 8pm
Thursday 11am to 8pm
Friday 11am to 9pm
Saturday 11am to 9pm

The outdoor area is used for:

☒ Food service Hours: 11am to 9pm
☒ Alcohol service Hours: 11am to 9pm
☐ 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 | ☐ 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

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: 100 Outdoor: 24

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] Date: 12-19-2023

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN

INSTRUCTIONS

1. Your floor plan **MUST** be submitted on the Floor Plan Form below
2. 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.
3. Label areas i.e. dining area, bar, lounge, lottery, outside patio and sidewalk cafe areas.
4. Food Counters should be labeled as such, and not as a Bar. At a Food Counter, food service/consumption is the predominant activity. At a Bar, alcohol service/consumption is the predominant activity. Please label Food Counters and Bars accordingly.
5. Include all tables and chairs. (See Example below)
6. If you have an outdoor area, please show it in reference to the licensed building.
7. If you have sidewalk seating please contact your local government to see if a permit is required for use.
8. If this is a Food Cart Pod please label the floor plan where the alcohol will be served from, where food will be served, where the seating will be and any other food carts that are in the pod.

Please do not use complex architect drawings as your floor plan, unless they are clearly readable and show all the tables and chairs.

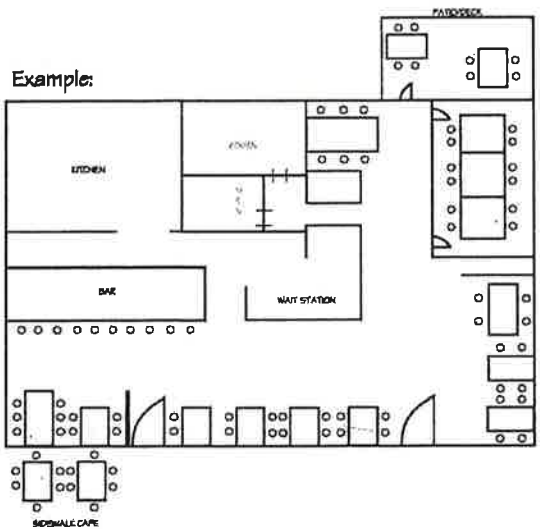
RESTAURANT EXAMPLE

 OREGON LIQUOR & CANNABIS COMMISSION
FLOOR PLAN FORM

Your floor plan must be submitted on this form
My Restaurant LLC
Applicant Name

My Restaurant
Trade Name (if any)

Example:



The diagram shows a restaurant layout with a kitchen at the top left, a bar below it, and a wait station to the right of the bar. The main dining area is in the center and right, with tables and chairs. A sidewalk cafe is at the bottom left, and a patio area is at the top right.

OLCC USE ONLY:
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

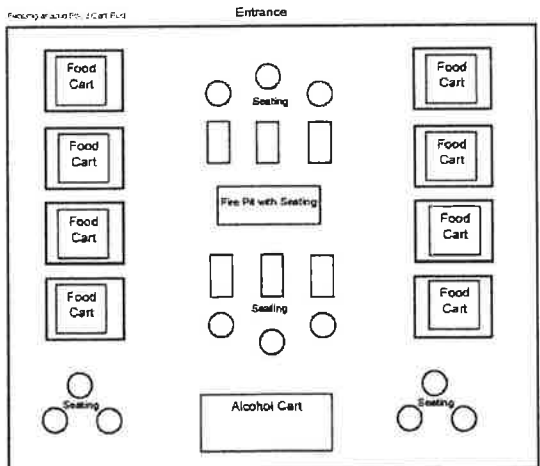
(rev. 02/22)

FOOD CART POD EXAMPLE

 OREGON LIQUOR & CANNABIS COMMISSION
FLOOR PLAN FORM

Your floor plan must be submitted on this form
Food Carts LLC
Applicant Name

Everyday Food Cart Pod
Trade Name (if any)



The diagram shows a food cart pod layout with an entrance at the top. There are four food carts on the left and four on the right. In the center, there is a free pit with seating and an alcohol cart at the bottom. Seating areas are marked with circles and rectangles.

OLCC USE ONLY:
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

(rev. 02/22)



OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

[PRINT FORM](#)[RESET FORM](#)

1. Name (Print):	Sanchez Armas Last		Loucles First	Giovana 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 ☐ No ☒ If yes, you must list your SSN:				
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. 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: ☐				
5. Date of Birth (DOB):	[REDACTED] (mm) (dd) (yyyy)			
6. Driver License or State ID #:	[REDACTED]		7. State OR	
8. Contact Phone:	[REDACTED]			
9. E-mail Address:	Sanchezlulu89@gmail.com			
10. Mailing Address:	[REDACTED] (Number and Street)		Salem (City)	OR 97301 (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 ☒ Yes ☐ (If yes, explain in the space provided, below) Unsure ☐ 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):	<u>Sanchez Armas</u> Last	<u>Wurdes</u> First	<u>Sara Giovanna</u> Middle
Signature: <u>[Signature]</u>			Date: <u>12-19-2023</u>

This box for OLCC use ONLY

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

OREGON LIQUOR CONTROL COMMISSION
SOCIAL SECURITY NUMBER (SSN) DISCLOSURE FORM



1. Name (Print) Sanchez Wardes Giovana
(Last) (First) (Middle)

2. Date of Birth [REDACTED]
(Month) (Day) (Year)

3. Contact Phone [REDACTED]

4. Email Sanchezlulu89@gmail.com

5. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration?

☒ No ☐ Yes

6. For which OLCC license(s) and/or permit(s) are you applying?

- ☒ Liquor License
☐ Liquor Service Permit
☐ Marijuana License
☐ Marijuana Worker Permit

I affirm that my answers are true and complete. I understand that if my answers are not true and complete, the OLCC may deny my license and/or permit application(s).

Signature: [Signature]

Date: 12-19-2023

MARION COUNTY
BILL BURGESS
MARION COUNTY CLERK

Receipt #: 13343

Receipt Date: 01/02/2024 09:53 AM

Station: 5

Cashier: JCK

Receipt Name: MICHELADAS Y ANTOJITOS EL POERICO

Comments:

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
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Receipt Total **\$25.00**

CASH \$25.00