

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

NO. ~~20215~~ 20125

In the Matter of the Application of

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

El tamarindo Restaurant
Sports Bar Live Music
Full on-premises

RECOMMENDATION

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

Ten4, 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 Daniel
County Sheriff 9/5/2023

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: ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

☐ Limited On-Premises

☐ Off Premises

☐ Warehouse

☐ Wholesale Malt Beverage and Wine

LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT:

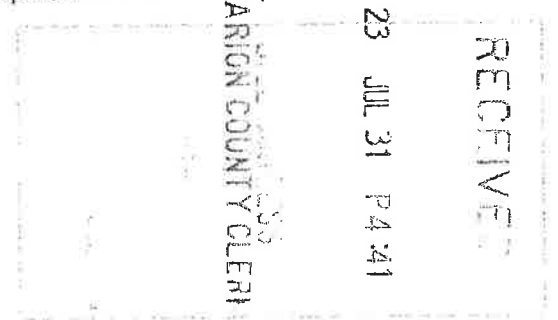
After providing your recommendation, return this application to the applicant WITH the recommendation marked below

City/County name:

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

Printed Name

Date

El Tamarindo Restaurant Sports Bar Live Music

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:

Ten4 LLC

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):

El Tamarindo Restaurant Sports Bar Live Music

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

3180 Lancaster Dr NE

City:

Salem

Zip Code:

97305

County:

Marion

Business phone number:

503-930-0542

Business email:

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

City:

Salem

State:

OR

Zip Code:

97301

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:

Roxanna Gonzalez Soliz

Phone number:

503-930-0542

Email:

Mailing address:

City:

Salem

State:

OR

Zip Code:

97301

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:

Zachary Dablow

Phone number:

503-485-4168

Email:

zachary@dablowlaw.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

El Tamarindo Restaurant Sports Bar Live Music

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.

Roxanna Gonzalez Soliz

Print name

Signature

Date

Atty. Bar Info (if applicable)

Zachary Dablow

Print name

Zachary Dablow

Signature

07/12/2023

Date

073723

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)

Digitally signed by Zachary Dablow
DN: cn=Zachary Dablow, o=Zachary Dablow
c=US, email=Zachary Dablow, ou=Zachary Dablow
Reason: I am the author of this document
Date: 2023.07.12 09:42:07-06



**FULL ON-PREMISES, COMMERCIAL (F-COM)
FULL ON-PREMISES, FOR-PROFIT PRIVATE CLUB (F-FPC)
FOOD SERVICE AFFIRMATION**

Applicant / Licensee Ten4, LLC

Trade Name of the Business (Name Customers Will See)

El Tamarindo Restaurant Sports Bar Live Music

Business Address 3180 Lancaster Dr NE, Salem, OR 97305
(Number, Street Address, City, and Zip Code)

I affirm that I have read OAR 845-006-0459, OAR 845-006-0460, and OAR 845-006-0466 and

I affirm:

- I understand that "meal" means a food item, or combination of food items, prepared or cooked on the licensed premises that the Commission determines is a main course and is a serving of food sufficient to satisfy the appetite of one individual. Food items that are appetizers, snacks, and desserts do not qualify as a meal. Examples include, but are not limited to, popcorn, peanuts, chips, a serving of food that is not sufficient to satisfy the appetite of one individual, and food items offered by the licensee as other than a meal.
- I understand that "dining seats" means seating at tables or food counters as defined in OAR 845-006-0340(2)(j) located in areas of the licensed premises regularly open to the public where the Commission determines that each table top or seating area provides a minimum space that will accommodate a place setting consisting of a plate or dish, glassware, napkin and utensils for each seat. Seats at counters in entertainment areas and at bars as defined in OAR 845-006-0340 do not qualify as dining seating.
- I will have at least 30 dining seats during a time period which must last at least two hours prior to 10:00 p.m.
- I will make at least five different meals available at all times and in all areas where alcohol service is available. However, I may make fewer than five different meals available if the OLCC has determined that the clearly dominant emphasis in the areas with alcoholic beverage service is food service.
- I will always have a food preparation area and equipment on my licensed premises that are adequate to meet the food service requirements of this license.
- I am authorized to sign this form on behalf of the applicant or licensee.

Name (print) Roxana Gonzalez Soliz Date 7/12/2023

Signature Roxana G Soliz

Seafood

Mariscos

Camarones al ajo \$17⁰⁰
(onions & mushrooms)

Camarones a la diablo \$17⁰⁰
(onions & mushrooms)

Camarones Pinalados \$17⁰⁰

Calamares empanizados \$20⁰⁰

Coctel de camarón
(small) \$15⁰⁰ (large) \$22⁰⁰

Campechana
(small) \$15⁰⁰ (large) \$22⁰⁰

Pescado frito \$15⁰⁰

Ceviche de camarón \$17⁰⁰

Ceviche de camarón con pulpo \$17⁰⁰

Ceviche de pescado \$15⁰⁰

Ceviche de camarón con mango \$20⁰⁰

Aguachile \$17⁰⁰

Botana de camarón \$20⁰⁰
(Mango y pepino)



📍 **3180 LANCASTER DR NE SALEM OR. 97305**

WARNING: Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of food borne illness.

Tamarindo

Restaurant Sports Bar
LIVE-MUSIC

Meats

Carnes

Came asada (onion, guacamole, salad, rice and beans)	\$15 ⁰⁰
Pollo asado (onion, guacamole, salad, rice and beans)	\$15 ⁰⁰
Camitas de Puerco (with guacamole)	\$15 ⁰⁰
Alitas con papas	\$15 ⁰⁰
Ensalada de Pollo	\$15 ⁰⁰

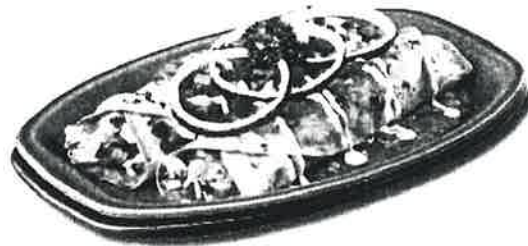
Tacos \$2⁰⁰

Asada
Pastor
Cabeza
Lengua
Chorizo
Pollo
Carnitas

COMBINATIONS

With Rice & Beans

Enchilada
Burrito
Taquito
Flautas
Chimichangas
Tostada
Taco salado



One item \$7.95
Two item \$9.95

REFRESCOS \$3⁰⁰

Sodas

Pepsi
Diet Pepsi
Siera Mist
Limonada
Crush orange
Dr peper



AGUAS \$3⁰⁰

Flavor Water

Horchata
Jamaica
Tamarindo
Melón

📍 3180 LANCASTER DR NE SALEM OR. 97305



OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Ten4, LLC

Phone: 503-930-0542

Trade Name (dba): El Tamarindo Restaurant Sports Bar Live Music

Business Location Address: 3180 Lancaster Dr NE

City: Salem

ZIP Code: 97305

DAYS AND HOURS OF OPERATION

Business Hours:

Outdoor Area Hours:

The outdoor area is used for:

Sunday 11 Am to 3 Am
Monday 11 Am to 9 Pm
Tuesday 11 Am to 9 Pm
Wednesday 11 Am to 9 Pm
Thursday 11 Am to 9 Pm
Friday 11 Am to 3 Am
Saturday 11 Am to 3 Am

Sunday 11 Am to 3 Am
Monday 11 Am to 9 Pm
Tuesday 11 Am to 9 Pm
Wednesday 11 Am to 9 Pm
Thursday 11 Am to 9 Pm
Friday 11 Am to 3 Am
Saturday 11 Am to 3 Am

☒ Food service Hours: 11 Am to 3 Am
☐ 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:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Live Music | <input checked="" type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input checked="" type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input checked="" type="checkbox"/> Dancing <input type="checkbox"/> Nude Dancing | <input type="checkbox"/> Social Gaming |
| <input checked="" type="checkbox"/> Live Entertainment | <input type="checkbox"/> Pool Tables |
| <input checked="" 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 8 pm to 2:30 Am
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday 8 pm to 2:30 Am
Saturday 8 pm to 2:30 Am

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: Roxana S. Soto

Date: 7/12/2023

www.oregon.gov/olcc

Rev: 2.1.23



OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

Your floor plan must be submitted on this form

Ten4, LLC

Applicant Name

El Tamarindo Restaurant Sports Bar Live Music

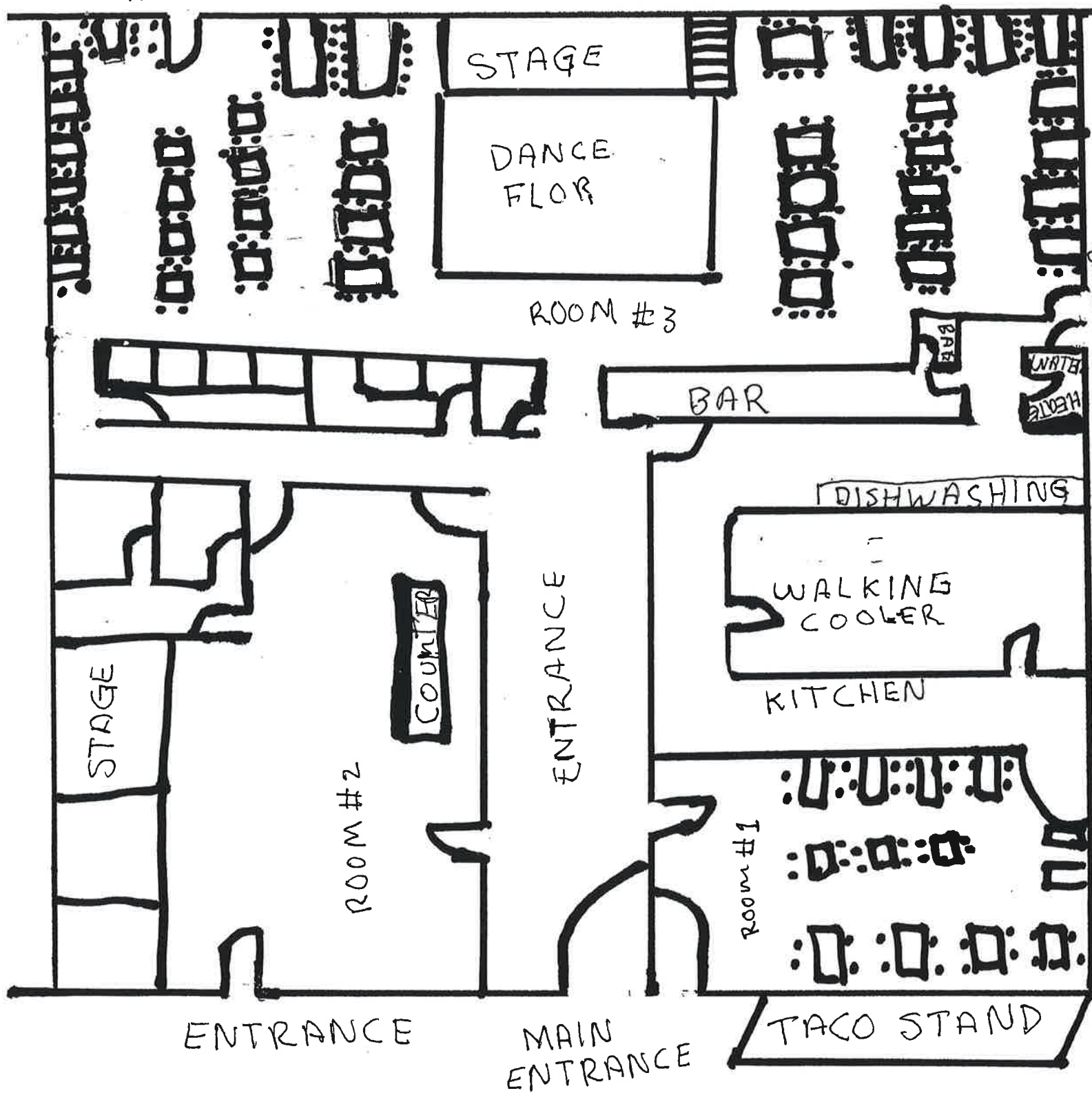
Trade Name (dba)

See attached.

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

Date: _____ Initials: _____

EXIT DOOR



FLOOR PLAN FORM

Outdoor
Seats



OREGON LIQUOR & CANNABIS COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM
RESET FORM

1. Name (Print):	Gonzalez Soliz	Roxana	
	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]			
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: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED]		
	(mm)	(dd)	(yyyy)
6. Driver License or State ID #:	[REDACTED]	7. State	OR
8. Contact Phone: 503-930-0542			
9. E-mail Address: [REDACTED]			
10. Mailing Address:	[REDACTED]	Salem	OR 97301
	(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.			



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): Gonzalez Soliz Last

Roxana First

Middle

Signature:

Roxana G. Soliz

Date:

7/12/23

This box for OLCC use ONLY

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

**LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE**

RESET FORM

LLC Name Ten4, LLCTrade Name of Business (Name Customers Will See) El Tamarindo Restaurant Sports Bar Live MusicThe 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
Roxana Gonzalez Soliz	100%

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
Roxana Gonzalez Soliz	

SIGNATURE (Directions on page 1)

NAME of Signing Person (please type or print)

Roxana Gonzalez Soliz

DATE

7/12/23

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? _____

MARION COUNTY
BILL BURGESS
MARION COUNTY CLERK

Receipt #: 132

Receipt Date: 07/31/2023 04:53 PM

Station: 34

Cashier: SKM

Receipt Name: ZACHARY DABLOW PC

Comments:

Thank You!
BILL BURGESS

MARION COUNTY CLERK
Retain this receipt for your records.

Miscellaneous Fees		
LIQUOR LICENSE FEE	YES	\$25.00

Receipt Total		\$25.00
CHECK	1178	\$25.00