

New ____	Change of Ownership <input checked="" type="checkbox"/>	Greater privilege ____
Additional privilege ____		Other ____

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

NO. 201601

In the Matter of the Application of maclay country Inn

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

Retail on premises sales & consumption

RECOMMENDATION

This matter coming before the Board of County Commissioners on the application of \_\_\_\_\_ 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 8/13/2025



# OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Julie Allen Phone: [REDACTED]

Trade Name (dba): Macleay Country Inn

Business Location Address: 8362 Macleay Road SE

City: Salem ZIP Code: 97317-9038

## DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:30am to 10pm  
Monday 11:30am to 10pm  
Tuesday 11:30am to 10pm  
Wednesday 11:30am to 10pm  
Thursday 11:30am to 10pm  
Friday 11:30am to 10pm  
Saturday 11:30am to 10pm

Outdoor Area Hours:

Sunday N/A to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for: N/A

☐ 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:

- |  |  |
|--|--|
| <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 checked="" type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing <input type="checkbox"/> Nude Dancing | <input checked="" type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Live Entertainment                            | <input type="checkbox"/> Pool Tables                       |
| <input type="checkbox"/> Minor Entertainers                            | <input type="checkbox"/> Other: _____                      |

## DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

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

## SEATING COUNT

Restaurant: 49 Outdoor: \_\_\_\_\_ Lounge: 60  
Banquet: \_\_\_\_\_ Other (explain): \_\_\_\_\_ Total Seating: 109

### 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: Julie Allen Date: 8/11/2025  
[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

**Local Government Recommendation – Liquor License****Annual Liquor License Types**

Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

**Section 1 – Submission – To be completed by Applicant:****License Information**

Legal Entity/Individual Applicant Name(s): Farfalles Family Inc.

Proposed Trade Name: Macleay Country Inn

Premises Address: 8362 Macleay Road SE

Unit:

City: Salem

County: Marion

Zip: 97317-9038

Application Type: ☐ New License Application ☒ Change of Ownership ☐ Change of LocationLicense Type: Full On-premises Commercial ☐ Additional Location for an Existing License**Application Contact Information**

Contact Name: Chris Allen

Phone: [REDACTED]

Mailing Address: [REDACTED]

City: [REDACTED]

State: Or

Zip: [REDACTED]

Email Address: [REDACTED]

**Business Details**

Please check all that apply to your proposed business operations at this location:

☐ Manufacturing/Production☐ Retail Off-Premises Sales☒ Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

☒ Indoor Consumption☐ Outdoor Consumption☒ Proposing to Allow Minors**Section 1 continued on next page**



## Local Government Recommendation – Liquor License

### Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): Farfalles Family Inc.

Proposed Trade Name: Macleay Country Inn

**IMPORTANT:** You MUST submit this form to the local government PRIOR to submitting to OLCC.  
Section 2 must be completed **by the local government** for this form to be accepted with your CAMP application.

### Section 2 – Acceptance - To be completed by Local Government:

#### Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: Marion County

Optional Date Received Stamp

Date Application Received: 8-11-25

Received by: Jeff Archuleta

MARION COUNTY CLERK

25 AUG 11 P2:27

RECEIVED

### Section 3 – Recommendation - To be completed by Local Government:

- ☐ Recommend this license be granted
- ☐ Recommend this license be denied (Please include documentation that meets [OAR 845-005-0308](#))
- ☐ No Recommendation/Neutral

Name of Reviewing Official:

Title:

Date:

Signature:

After providing your recommendation and signature, please return this form to the applicant.

MARION COUNTY  
BILL BURGESS  
MARION COUNTY CLERK

Receipt #: 67444

Receipt Date: 08/11/2025 01:35 PM

Station: 4

Cashier: JA

Receipt Name: JULIE ALLEN

**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
--------------------	-----	---------

**Receipt Total** **\$25.00**

CREDIT CARD	206868954	\$25.00
-------------	-----------	---------