

December 6, 2021  
5:00 pm City Council Meeting  
City Hall Court Room  
48318 E 1st Street  
Oakridge OR, 97463

**SPECIAL / WORK SESSION**



1. **CALL MEETING TO ORDER**
2. **Pledge of Allegiance**
3. **Roll Call**
4. **Additions, Corrections or Adjustments to the Agenda**
5. **Public Comment– 30 Minutes**  
*Individual speakers must be recognized by the presiding officer, provide their name and address, and will be allowed up to 3 minutes or less with Council approval. The Council will not engage in any discussion or make any decisions based public comment at this time. The Council may take comments under advisement for discussion and action at a future Council meeting. The Mayor may direct the City Administrator to follow up on comments received.*
6. **Mayor Comments / Announcements / Proclamation**
7. **Council Comments / Announcements**
8. **Business from the City Administrator**
  - 8.1 OLCC Application
9. **Public Hearings**
10. **Appointments**
11. **Public Comment**
12. **Work Session – City Administrator Recruitment Process**
13. **Adjourn**

**Citizens have four ways of attending and commenting:**

1. Use your computer, tablet or smartphone and go to: <https://us02web.zoom.us/j/3664311610>, meeting ID: 3664311610.
2. Use your telephone and dial: +1 669 900 9128. Meeting ID: 366 431 1610.
3. Send comments by email to: [cityadministrator@ci.oakridge.or.us](mailto:cityadministrator@ci.oakridge.or.us) by 2pm the day of the meeting.
4. Citizens may can attend in person at the Oakridge City Hall Court Room. There will be an audio and video feed.

**Detailed instructions are available at City Hall, on the city website, and the city Facebook page.**

**Accommodation for Physical Impairments:** In order to accommodate persons with physical impairments, please notify the City of any special physical or language accommodations you may require as far in advance of the meeting as possible. To make arrangements, Contact City Hall at 541-782-2258. For the hearing impaired, the City's TTD Number is 541-782-4232.

## **Business of the City Council**

City of Oakridge, Oregon

December 2, 2021

**Agenda Title: OLCC Liquor License  
Application Recommendation**

**Agenda Item No: 10.2**

**Proposed Council Action: A motion to  
recommending granting the license.**

**Exhibit: 1) OLCC Permit Request**

**City Administrator: Bryan Cutchen**

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**ISSUE: Ownership of the Corner Bar, located at 48292 E 1<sup>st</sup> Street, has changed hands and requires the city council to make a recommendation on their liquor license application.**

**FISCAL IMPACT: Undetermined revenue from liquor sales.**

**OPTIONS: 1) Recommend granting the liquor license.  
2) Recommend denial of the liquor license.**

**RECOMMENDATION: Staff recommends option 1.**

**RECOMMENDED MOTION: I move recommend approval of the liquor license for The Corner Bar.**



# LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

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 1 <sup>st</sup> Location	Date application received and/or date stamp:
Brewery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	
<input type="checkbox"/> Brewery-Public House (BPH) 1 <sup>st</sup> location	Name of City or County:
BPH Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	
<input type="checkbox"/> Distillery	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date: _____
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	OLCC USE ONLY
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 <sup>st</sup> location	
GSP Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Date application received: <u>10/13/21</u>
<input type="checkbox"/> Limited On-Premises	Date application accepted: <u>11/16/21</u> <u>10/13/21</u>
<input type="checkbox"/> Off-Premises	License Action(s):  N/O
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	
Winery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/> (4 <sup>th</sup> ) <input type="checkbox"/> (5 <sup>th</sup> ) <input type="checkbox"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**<sup>1</sup> applying for the license(s): ROBBURRITOVILLE INCORPORATED

ROBBURRITO INCORPORATED  
App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

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

THE CORNER BAR

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

48292 E. FIRST ST.

City <u>ORRIDGE</u>	County <u>LANE</u>	Zip Code <u>97463</u>
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<sup>1</sup> Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) DBA THE CORNER BAR			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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 license certificate, renewal application and other mailings as described in <u>OAR 845-004-0065[1]</u> .) PO Box 446			
City OAKRIDGE	State OR	Zip Code 97463	
9. Phone Number of the Business Location [REDACTED]		10. Email Contact for this Application and for the Business robburrtoville@gmail.com	
11. Contact Person for this Application ROBERT HENDERSON		Phone Number 712-330-7759	
Contact Person's Mailing Address (if different)	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.

**ATTESTATION: \*\*READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM\*\***

I understand that marijuana is prohibited on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. 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.

I affirm that I have read OAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311[6]) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

**Applicant(s) Signature**

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

ROBERT HENDERSON  
App. #1: (PRINT NAME)

[Signature]  
App. #1: (SIGNATURE)

10-1-21  
App. #1: Signature Date

Atty. Bar Information (if applicable)

App. #2: (PRINT NAME)

App. #2: (SIGNATURE)

App. #2: Signature Date

Atty. Bar Information (if applicable)

App. #3: (PRINT NAME)

App. #3: (SIGNATURE)

App. #3: Signature Date

Atty. Bar Information (if applicable)

App. #4: (PRINT NAME)

App. #4: (SIGNATURE)

App. #4: Signature Date

Atty. Bar Information (if applicable)



**OREGON LIQUOR CONTROL COMMISSION**  
**INDIVIDUAL HISTORY FORM**

PRINT FORM

RESET FORM

1. Name (Print):	HENDERSON Last	ROBERT First	EARL 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]			
<p><b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> 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) &amp; 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 <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)).</p>			
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)	[REDACTED] (dd)	[REDACTED] (yyyy)
6. Driver License or State ID #:	[REDACTED]	7. State	OR
8. Contact Phone:	[REDACTED]		
9. E-mail Address:	robburritoville@gmail.com		
10. Mailing Address:	PO Box 446 (Number and Street)	OAKRIDGE (City)	OR 97463 (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 CONTROL 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.

<del>ROBERT</del> Name (Print):	HENDERSON Last	ROBERT First	EARL Middle
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Signature:  Date: 10-1-21

**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 BUSINESS INFORMATION

Please Print or Type

Applicant Name: ROBERT HENDERSON Phone: 712-330-7759

Trade Name (dba): THE CORNER BAR

Business Location Address: 48292 E. FIRST ST

City: OAKRIDGE ZIP Code: 97463

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>3</u>	to	<u>10</u>
Monday	<u>—</u>	to	<u>—</u>
Tuesday	<u>—</u>	to	<u>—</u>
Wednesday	<u>4</u>	to	<u>2:30</u>
Thursday	<u>4</u>	to	<u>2:30</u>
Friday	<u>4</u>	to	<u>2:30</u>
Saturday	<u>4</u>	to	<u>2:30</u>

#### Outdoor Area Hours:

Sunday	<u>3</u>	to	<u>10</u>
Monday	<u>—</u>	to	<u>—</u>
Tuesday	<u>—</u>	to	<u>—</u>
Wednesday	<u>4</u>	to	<u>2:30</u>
Thursday	<u>4</u>	to	<u>2:30</u>
Friday	<u>4</u>	to	<u>2:30</u>
Saturday	<u>4</u>	to	<u>2:30</u>

The outdoor area is used for:

- Food service Hours: 4 to 2:30
- Alcohol service Hours: 4 to 2:30
- 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	<u>9</u>	to	<u>1:00</u>
Saturday	<u>9</u>	to	<u>1:00</u>

### SEATING COUNT

Restaurant: 60 Outdoor: 12-15

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 62-65

**OLCC USE ONLY**

Investigator Verified Seating: \_\_\_\_ (Y) \_\_\_\_ (N)

Investigator Initials: \_\_\_\_\_

Date: \_\_\_\_\_

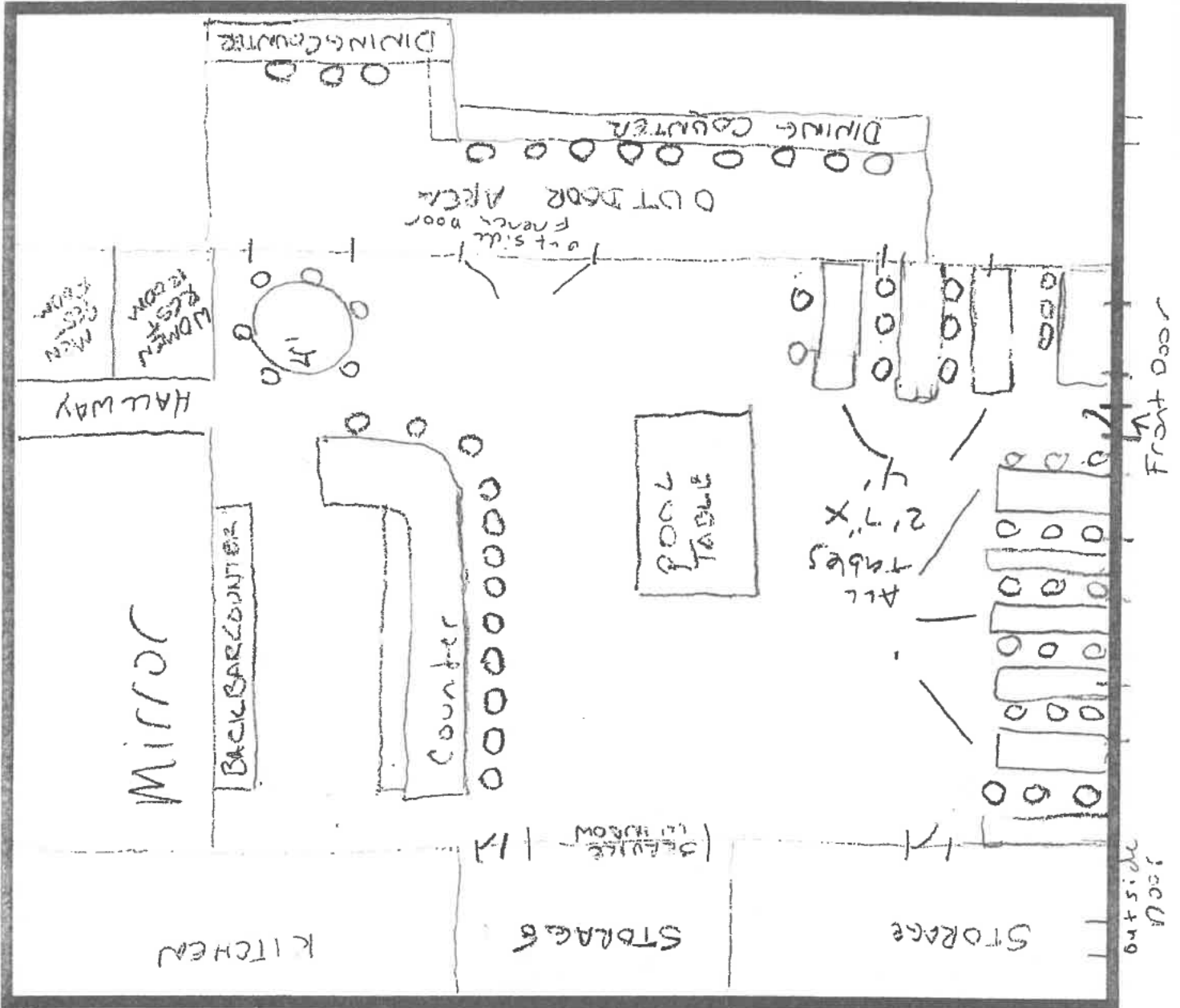
I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 10-1-21



# OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

- **Your floor plan must be submitted on this form.**
- 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 (e.g. dining area, bar, lounge, dance floor, video lottery room, kitchen, restrooms, outside patio and sidewalk cafe areas.)
- Include all tables and chairs (see example on back of this form). Include dimensions for each table if you are applying for a Full On-Premises Sales license.



ROBERT HENDERSON  
Applicant Name

THE CORNER BAR  
Trade Name (dba):

OAKRIDGE, OR 97463  
City and ZIP Code

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

Date: \_\_\_\_\_ Initials: \_\_\_\_\_