



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

Full On-Premises Sales (\$402.60/yr)

Commercial Establishment

Caterer

Passenger Carrier

Other Public Location

Private Club

Limited On-Premises Sales (\$202.60/yr)

Off-Premises Sales (\$100/yr)

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: _____

ACTIONS

Change Ownership

New Outlet

Greater Privilege

Additional Privilege

Other () _____

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

Limited Partnership

Corporation

Limited Liability Company

Individuals

1168891
P 2653

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:
City of Oregon City
(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: _____

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Cedar Creek events & catering LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Trails End Saloon

3. Business Location: 1320 Main St OREGON CITY Clack OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1320 Main St. OREGON CITY OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 656 3031
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: Tom Snyder (T.S. INC.) Type of License: full on premises

8. Former Business Name: Trails End Saloon

9. Will you have a manager? Yes No Name: Eric Hallingstad
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Oregon City,
(name of city or county)

11. Contact person for this application: Eric Hallingstad 503 807 0256
(name) (phone number(s))

1595 S Windy City RD Molino 97042 ehallingstad@yahoo.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 11/1/12 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Cedar Creek Events + Catering Year Filed: 2009

Trade Name (dba): Cedar Creek Events and Catering

Business Location Address: 15955 S. Windy City, RD, Molino OR 97042

City: Molino ZIP Code: 97042

List Members of LLC:

Percentage of Membership Interest:

1. Eric Hallingstad
(managing member)

100%

2. _____
(members)

3. _____

4. _____

5. _____

6. _____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: Eric Hallingstad DOB: 02/11/1975

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Signature: [Signature] _____ Date: 01/21/12
(name) (title)