



## HERMISTON POLICE DEPARTMENT

330 S. First Street ★ Hermiston, OR 97838  
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TO: City Manager Byron Smith  
FROM: Chief Jason Edmiston   
DATE: March 14<sup>th</sup>, 2019  
SUBJECT: Liquor License Application – The Alebrije

After review of the liquor license application for the "Limited On-Premises" for The Alebrije located at 230 SW 11<sup>th</sup> Street, Hermiston, I find nothing of substance after performing a criminal history check consistent with established parameters utilized by the city, to deny the application submitted by Gabriela Rodriguez.

It should be noted I believe the application is not filled out correctly. This is something OLCC will have to address as one question appears to not have been answered correctly thereby resulting in two additional questions being skipped per the instructions.

Additionally, I feel the need to put on the record my reservation(s) with information listed on the Business Information page of the packet. Under the "Seasonal Variations" section which was checked "yes," the applicant has written "we do events on back in parking lot to serve food and beer 2 times a month." It should be known, I have signed Temporary Sales Licenses for events that have taken place in parking lots (premise open to the public) but those are temporary and not repetitive such as "2 times a month" as written in this application. With limited resources on the part of OLCC in Eastern Oregon, I am concerned a couple times a month could turn into more due to a lack of oversight.

It is therefore my recommendation based on established parameters utilized by the city, this information/request be presented to the City Council.



OREGON LIQUOR CONTROL COMMISSION

## LIQUOR LICENSE APPLICATION

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: <u>03.13.2019</u>
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County: <u>Hermiston</u>
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	
<input checked="" type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Bahruks Rodriguez \_\_\_\_\_  
(Applicant #1) (Applicant #2)

\_\_\_\_\_  
(Applicant #3) (Applicant #4)





OREGON LIQUOR CONTROL COMMISSION

**LIQUOR LICENSE APPLICATION**

3. Applicant #1 <i>Gabriela Rodriguez</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>The Alebrije</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>230 sw 11th st</i>			
City <i>Hermiston</i>	County <i>Umatilla</i>	Zip Code <i>97838</i>	
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 mail) <i>130 e cornell pl</i>			
City <i>Hermiston</i>	State <i>Oregon</i>	Zip Code <i>97838</i>	
9. Phone Number of the Business Location <i>541-701-0620</i>			
10. Contact Person for this Application <i>Luis Diaz</i>		Phone Number <i>541-701-4774</i> <i>541-701-4775</i>	
Mailing Address <i>130 e cornell pl</i>	City <i>Hermiston</i>	State <i>OR</i>	Zip Code <i>97838</i>

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

**Applicant Signature(s)**

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

*Gabriela Rodriguez*

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



## OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Gabriel Rodriguez Phone: 541-701-4774

Trade Name (dba): The Alebrije

Business Location Address: 230 SW 11th St

City: Hermiston ZIP Code: 97838

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 9 AM to 8:00 PM  
Monday 9 AM to 9:00 PM  
Tuesday 9 AM to 9:00 PM  
Wednesday 9 AM to 9:00 PM  
Thursday 9 AM to 9 PM  
Friday 9 AM to 9 PM  
Saturday 9 AM to 9 PM

#### Outdoor Area Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday 9 AM to 9 PM  
Saturday 9 AM to 9 PM

The outdoor area is used for:

☒ Food service Hours: 9 AM to 9 PM  
☒ Alcohol service Hours: 9 AM to 9 PM  
☐ Enclosed, how Parking Area w/ Fence

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations: ☒ Yes ☐ No If yes, explain: we do events on back in parking lot to serve food and beer 2 times a month

### ENTERTAINMENT

Check all that apply:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Live Music     | <input type="checkbox"/> Karaoke                |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games    |
| <input checked="" type="checkbox"/> DJ Music       | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing                   | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Nude Entertainers         | <input type="checkbox"/> Pool Tables            |
|  | <input type="checkbox"/> Other: _____           |

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday 4 PM to 9 PM  
Saturday 4 PM to 9 PM

### SEATING COUNT

Restaurant: 23 Outdoor: 30  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: 53

#### 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: Gabriel Rodriguez Date: 2-26-19

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 12/07)