



HERMISTON POLICE DEPARTMENT



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Hermiston, Oregon 97838
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Sine Metu Sine Gratia

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Without Fear Without Favor

TO: City Manager Byron Smith
FROM: Chief Jason Edmiston 
DATE: January 21st, 2020
SUBJECT: Liquor License Application – Westing Grocery, LLC

After review of the liquor license application for “Off-Premises” for Westing Grocery, LLC doing business as Hermiston Grocery Outlet located at 1874 N. 1st 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 Alan and Nicole Westing.

It is my recommendation this information/request be presented to the City Council.

CC: City Recorder Lilly Alarcon-Strong



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 st Location	Date application received: <u>01/21/2020</u>
<input type="checkbox"/> Brewery 2 nd Location	Name of City or County: <u>Hermiston</u>
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 st location	By: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 rd 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 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" 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 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
Date application received: _____	
By: _____	
Date application accepted as initially complete: _____	
By: _____	
License Action(s): _____	

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

Westing Grocery, LLC
(Applicant #1) Michael R. West, owner

Grocery Outlet Inc.

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Westing Grocery, LLC</i>		Applicant #2 Grocery Outlet Inc.	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Hermiston Grocery Outlet</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>1874 N. 1st Street</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>523 NE Montana Avenue</i>			
City <i>Hermiston</i>	State <i>OR</i>	Zip Code <i>97838</i>	
9. Phone Number of the Business Location <i>804-677-9010</i>		Email Contact for this Application <i>awesting.nwesting@gobmio.com</i>	
Contact Person for this Application <i>Nicole Westing</i>		Phone Number <i>804-677-9010</i>	
Mailing Address <i>523 NE Montana Avenue</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.

Westing Grocery, LLC
(Applicant #1)
Nicole Westing, owner

Panel B...
(Applicant #2)

(Applicant #3)

(Applicant #4)