

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

1. Application. <u>Do not include</u> any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

concentration is being made for.			
License Applied For:	CITY AND CO	DUNTY USE ONLY	
Brewery 1st Location	Date application received a	nd/or data stamp:	
Brewery 2nd Location		illoyof date stamp.	
Brewery 3rd Location			
Brewery-Public House 1st Location	<u> </u>)	
Brewery-Public House 2nd Location			
Brewery-Public House 3rd Location	Name of City or County:		
Distillery		llacaista	
Full On-Premises, Commercial	City of	Helmisty)	
Full On-Premises, Caterer	Recommends this license b	e:	
Full On-Premises, Passenger Carrier		1	
☐ Full On-Premises, Other Public Location	D Granted D beni	eu	
Full On-Premises, For Profit Private Club			
Full On-Premises, Nonprofit Private Club	By:		
Grower Sales Privilege 1st Location	2.4		
Grower Sales Privilege 2nd Location	Date:		
Grower Sales Privilege 3rd Location	orcc	USE ONLY	
Limited On-Premises	Date application received:		
Off-Premises	4-17-20		
Off-Premises with Fuel Pumps	7-11-20		
☐ Warehouse	- By: Path Rhod		
☐ Wholesale Malt Beverage & Wine	or Transport		
☐ Winery 1st Location	License Action(s):		
☐ Winery 2nd Location			
☐ Winery 3rd Location			
☐ Winery 4th Location	0.10.11		
Winery 5th Location	- AlPriv		
2. Identify the applicant(s) applying for the license(s). for the license(s): Extapa Hermiston Inc (Applicant #1)	ENTITY (example: corporation or LLG	C) or INDIVIDUAL(S) applying	
(Applicant #3)	(Applicant#4)		
3. Trade Name of the Business (Name Customers W	ill See)		
Ixtapa Mexican Restauro			
4. Business Address (Number and Street Address of	the Location that will have the liquo	or license)	
115 E. Oregon Ave		-	
City	County	Zip Code	
Hermiston	Umatilla	97801	



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5. Trade Name of the Business (Name Customer	will See)	***	
Ixtapa Mexican Res	taurant		
6. Does the business address currently have an O	LCC liquor license?	YES NO)
7. Does the business address currently have an O	.CC marijuana license?	YES V NO)
8. Mailing Address/PO Box, Number, Street, Rura	Route (where the OI CC	will send your	mail
115 E. Oregon Ave		vin sena your	many
City	State		Zip Code
Hermiston	OR		97801
9. Phone Number of the Business Location	10. Email Contact for	10. Email Contact for this Application	
(541) 993-3305		Juan ixtapa @ live. com	
11. Contact Person for this Application		Phone Numb	per
Julio Valera		503-8	30-2977
Contact Person's Mailing Address (if different)	City	State	Zip Code
Po Box 1323	Silverton	OR	97381
Please note that liquor license applications are pub vebsite for a period of several weeks. understand that marijuana (such as use, consumpti he licensed premises.	on, ingestion, inhalation, s	samples, give-	away, sale, etc.) is <u>prohibited</u> or
attest that all answers on all forms, documents, ar	d information provided to	the OLCC are	true and complete.
pplicant Signature(s)			
Each individual person listed as an applicant must fan applicant is an entity, such as a corporation must sign the application.	or LLC, at least one persor		
A person with the authority to sign on behalf of to power of attorney) may sign the application. If a provide proof of algorithms authority.	he applicant (such as the a person other than an app	applicant's atte plicant signs th	orney or a person with ne application, please
ppin(sillar)	(Applicant#2)		
pplicant#3)	(Applicant#4)		

	IA .
ktapa Hermiston, Inc.	Phone: 541/993-3305
TXTUPA. MERZICAN	RESTAURANT
ress: 115 E. Oregon Street	
Oregon	ZIP Code: 97801
OPERATION RESTAURANT	3 OUT DOOR AREA
Outdoor Area Hours: O pm	AS Alcohol service Hours: 11:00amo 00 00 1 AS Enclosed, how fence The exterior area is adequately viewed and/or supervised by Service Permittees.
Yes 🖾 No If yes, explain:	
neck all that apply:	AYS & HOURS OF LIVE OR DJ MUSIC
☐ Karaoke ☐ Coln-operated Games ☐ Video Lottery Machines ☐ Social Gaming ☐ Pool Tables ☐ Other:	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Monday Tto
Outdoor:20 Other (explain): Fotal Seating: 14 &	Investigator Verified Seating:(Y)(N) Investigator Initials:(\$\frac{1}{2} = \frac{1}{2}
rs are not true and complete, the OLCC n	nay deny my license application. Date: 10/22/10
1-800-452-OLCC (652 www.oregon.gov/olcc	
	OPERATION RESTAURANT Outdoor Area Hours: Opm Sunday 11:00 am to 9:30 pm Monday 11:00 am to 9:30 pm Tuesday 11:00 am to 9:30 pm Wednesday 11:00 am to 9:30 pm Friday 11:00 am to 10:30 pm Saturday 11:00 am to 10:30 pm

(rev. 12/07)