



# HERMISTON POLICE DEPARTMENT



330 S. First Street  
Hermiston, Oregon 97838  
[www.hermiston.or.us/police/home](http://www.hermiston.or.us/police/home)  
*Sine Metu Sine Gratia*

Phone: 541-567-5519  
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*Without Fear Without Favor*

TO: City Manager Byron Smith  
FROM: Chief Jason Edmiston   
DATE: March 21<sup>st</sup>, 2022  
SUBJECT: Liquor License Application – Neighbor Dudes

After review of the liquor license application for “Limited On-Premises” for Neighbor Dudes located at 405 N 1<sup>st</sup> Street Suite 104, 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 Tammy Speelman on behalf of 52 Toebeans LLC.

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 <sup>st</sup> Location	Date application received and/or date stamp: <b>3.17.2022</b>
Brewery Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	Name of City or County: <b>Hermiston</b>
<input type="checkbox"/> Brewery-Public House (BPH) 1 <sup>st</sup> location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
BPH Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	By: _____
<input type="checkbox"/> Distillery	Date: _____
<input type="checkbox"/> Full On-Premises, Commercial	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Full On-Premises, Caterer	Date application received: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date application accepted: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	License Action(s): _____
<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 (GSP) 1 <sup>st</sup> location	
GSP Additional location (2 <sup>nd</sup> ) <input type="checkbox"/> (3 <sup>rd</sup> ) <input type="checkbox"/>	
<input checked="" type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<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):

52 Toebeens LLC

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)  
**Neighbor Dudes**

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
**405 N. 1<sup>st</sup> St. Suite #104**

City <b>Hermiston</b>	County <b>Umatilla</b>	Zip Code <b>97838</b>
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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.



# LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>Neighbor Dudes</i>			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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 <a href="#">OAR 845-004-006511</a> .) <i>1090 W. Linda Ave</i>			
City <i>Hermiston</i>	State <i>OR</i>	Zip Code <i>97838</i>	
9. Phone Number of the Business Location <i>541.314.5154</i>		10. Email Contact for this Application and for the Business <i>tamm-1@yahoo.com</i>	
11. Contact Person for this Application <i>Tammy Speelman</i>		Phone Number <i>541.314.5154</i>	
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 unwalvable 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**

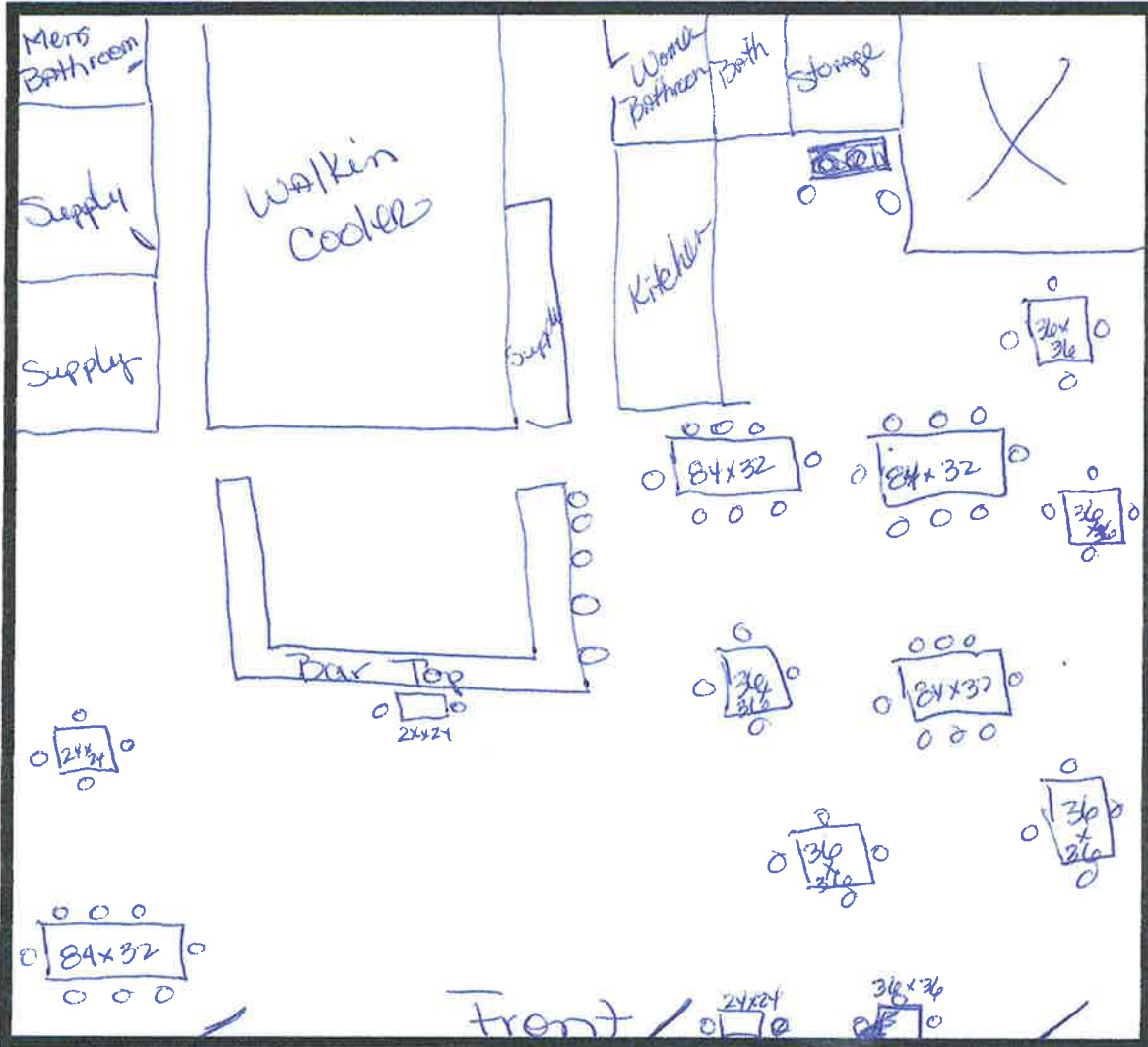
- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf 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.**

<i>Tammy Speelman</i> App. #1: (PRINT NAME)	<i>Tammy Speelman</i> App #1: (SIGNATURE)	_____ 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  
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.



Applicant Name: Tommy Spelman  
 Trade Name (dba): Neighbor Dudes  
 City and ZIP Code: Hermiston OR 97838

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

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

**1-800-452-OLCC (6522)**  
[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 09/12)