



## HERMISTON POLICE DEPARTMENT

330 S. First Street ★ Hermiston, OR 97838

PHONE(541) 567-5519 FAX(541) 567-8469

EMAIL records@hermiston.or.us

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TO: City Manager Byron Smith  
FROM: Chief Jason Edmiston   
DATE: January 25<sup>th</sup>, 2016  
SUBJECT: Liquor License Application – La Hacienda Mexican Restaurant

After review of the liquor license application for the “Full On-Premises Sales, Commercial Establishment Change of Ownership” for La Hacienda Mexican Restaurant located at 285 E. Main 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 Martha Echeverria.

It is therefore my recommendation this license be granted.



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

<p><u>Application is being made for:</u></p> <p><b>LICENSE TYPES</b></p> <p><input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input checked="" type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p> <p><b>90-DAY AUTHORITY</b></p> <p><input checked="" type="checkbox"/> 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</p> <p><b>APPLYING AS:</b></p> <p><input type="checkbox"/> Limited Partnership    <input type="checkbox"/> Corporation    <input type="checkbox"/> Limited Liability Company    <input checked="" type="checkbox"/> Individuals</p>		<p><b>ACTIONS</b></p> <p><input checked="" type="checkbox"/> Change Ownership</p> <p><input type="checkbox"/> New Outlet</p> <p><input type="checkbox"/> Greater Privilege</p> <p><input type="checkbox"/> Additional Privilege</p> <p><input type="checkbox"/> Other _____</p>	<p><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received: <u>01-22-2016</u></p> <p>The City Council or County Commission: <u>CITY OF HERMISTON</u> (name of city or county)</p> <p>recommends that this license be:</p> <p><input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____ (signature) (date)</p> <p>Name: _____</p> <p>Title: _____</p> <hr/> <p><b>OLCC USE ONLY</b></p> <p>Application Rec'd by: <u>S. FETTERHOFF</u></p> <p>Date: <u>1-20-16</u></p> <p>90-day authority: <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① \_\_\_\_\_ ③ \_\_\_\_\_  
 ② MARTHA ECHEVERRIA ④ \_\_\_\_\_

2. Trade Name (dba): La Hacienda mexican RESTAURANT

3. Business Location: 285 E main STREET Hermiston Umatilla OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97838

4. Business Mailing Address: 695 E main Hermiston OR  
(PO box, number, street, rural route) (city) (state) (ZIP code) 97838

5. Business Numbers: 541-564-5955  
(phone) (fax)

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

7. If yes to whom: GASTON NOGALES Type of License: F-COM

8. Former Business Name: EL MALECON

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

10. What is the local governing body where your business is located? CITY OF HERMISTON  
(name of city or county)

11. Contact person for this application: MARTHA ECHEVERRIA 541-341-2128  
(name) (phone number(s))  
695 E MAIN ST. HERMISTON mecheverria8@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 Martha Echeverria Date 1/20/16 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_