



HERMISTON POLICE DEPARTMENT

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TO: City Manager Byron Smith
FROM: Chief Jason Edmiston 
DATE: May 13th, 2016
SUBJECT: Liquor License Application – Indulge

After review of the liquor license application for the “Off-Premises Sales, New Outlet, Change Location” for Indulge located at 106 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 Deborah A. Westwood.

It is therefore my recommendation this license be granted.



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Att: Stan Fetterhoff

<p>Application is being made for:</p> <p>LICENSE TYPES</p> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____		<p>ACTIONS</p> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other <u>CHG LOCATION</u>	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: <u>05/10/2016</u></p> <p>The City Council or County Commission: <u>City of Hermiston</u> <small>(name of city or county)</small></p> <p>recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ <small>(signature) (date)</small></p> <p>Name: _____</p> <p>Title: _____</p>
<p>90-DAY AUTHORITY</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>APPLYING AS:</p> <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Individuals		<p>OLCC USE ONLY</p> <p>Application Rec'd by: <u>S. FETTERHOFF</u></p> <p>Date: <u>5-6-16</u></p> <p>90-day authority: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Deborah Westwood ③ _____

② _____ ④ _____

2. Trade Name (dba): Indulge

3. Business Location: 106 E Main Street Hermiston, Umatilla county, Oregon, 97838
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: same
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5415676196
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

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: Deborah Westwood 541-567-6196
(name) (phone number(s))
same dawnewstart@hotmail.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 [Signature] Date 5/6/16 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____