



HERMISTON POLICE DEPARTMENT

330 S. First Street ★ Hermiston, OR 97838

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

EMAIL records@hermiston.or.us

TO: City Manager Byron Smith
FROM: Chief Jason Edmiston 
DATE: November 14th, 2016
SUBJECT: Liquor License Application – Holiday Inn Express & Suites Hermiston

After review of the liquor license application for the “Limited On-Premises Sales, Off-Premises Sales, New Outlet” for Holiday Inn Express & Suites Hermiston, located at 245 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 Steven C. Arrasmith, Jimmy J. Rauschert, and Pamela L. Frye.

It is therefore my recommendation this license be granted.



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

<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 checked="" 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 type="checkbox"/> Other _____
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RECEIVED

OCT 26 2016

Oregon Liquor Control Commission
Bend, Oregon

CITY AND COUNTY USE ONLY

Date application received: 11-14-2016

The City Council or County Commission: Hermiston
(name of city or county)

recommends that this license be:

Granted Denied

By: _____ (signature) _____ (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: Crowley

Date: 10/26/16

90-day authority: Yes No

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

① Hermex, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Holiday Inn Express & Suites Hermiston

3. Business Location: 245 N. 1st Street Hermiston Umatilla OR 97838
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 840 Beltline Road, Suite 202 Springfield OR 97477
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-746-8444 541-746-2590
(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: Steven Arrasmith - General Manager
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Hermiston, Umatilla County
(name of city or county)

11. Contact person for this application: Sean J Prechtel 541-284-0610
(name) (phone number(s))
840 Beltline Road, Suite 202, Springfield, OR 97477 541-746-2590 sprechtel@innsighthotels.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 By Syman B Corp. its Manager Date 9/28/16 ③ _____ Date _____

② By [Signature] its President Date _____ ④ _____ Date _____