

MEMORANDUM

TO: Mayor and City Council

FROM: Richard Meyers, City Manager

SUBJECT: NEW FULL ON-PREMISES LIQUOR LICENSE FOR SAN SUSHI & TERIYAKI, 60 GATEWAY BLVD

DATE: January 5, 2022

Background

Staff received the attached liquor license application for a Full On-Premises for San Sushi & Teriyaki, 60 Gateway Blvd. The Police Department has completed the necessary background investigation with no derogatory information noted.

Recommendation

It is staff's recommendation that Council forward a favorable recommendation to the OLCC.

Cost

Staff time required to process the application.


Richard Meyers, City Manager



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 st Location	Date application received and/or date stamp: Received
<input type="checkbox"/> Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	JAN 05 2022
<input type="checkbox"/> Brewery-Public House (BPH) 1 st location	Name of City or County: City of Cottage Grove <small>City of Cottage Grove City Manager's Office</small>
<input type="checkbox"/> BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Recommends this license be:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<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 st location	
<input type="checkbox"/> GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	OLCC USE ONLY
<input type="checkbox"/> Limited On-Premises	Date application received: 11-10-21
<input type="checkbox"/> Off-Premises	Date application accepted: 11-16-21
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	License Action(s): N/O
<input type="checkbox"/> Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> (4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**¹ applying for the license(s):

TIGA SAN SUSHI 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) SAN sushi & teriyaki		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 60 Gateway Blvd		
City Cottage Grove	County Lane	Zip Code 97424

¹ 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) san sushi & teriyaki			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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 OAR 845-004-0065[1].) 60 Gateway Blvd			
City Cottage Grove	State OR	Zip Code 97424	
9. Phone Number of the Business Location 541-649-1525		10. Email Contact for this Application and for the Business samsushi552@gmail.com	
11. Contact Person for this Application IBONG RACHMAT SUBAGDJA		Phone Number 541-326-2899	
Contact Person's Mailing Address (if different) 1009 megan lane	City Phoenix	State OR	Zip Code 97535

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 unwaivable 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.**

IBONG RACHMAT SUBAGDJA

App. #1: (PRINT NAME)

App. #1: (SIGNATURE)

App. #1: Signature Date

Atty. Bar Information (if applicable)

INYOMAN SUDARMAWAN TL

App. #2: (PRINT NAME)

App. #2: (SIGNATURE)

App. #2: Signature Date

Atty. Bar Information (if applicable)

DJOKO HANDJOJO

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 BUSINESS INFORMATION

Please Print or Type

Applicant Name: TIGA SAN SUSHI, LLC Phone: 541-649-1525

Trade Name (dba): san sushi & teriyaki

Business Location Address: 60 Gateway Blvd

City: Cottage Grove ZIP Code: 97424

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 10 pm
Monday 11 am to 10 pm
Tuesday 11 am to 10 pm
Wednesday 11 am to 10 pm
Thursday 11 am to 10 pm
Friday 11 am to 10 pm
Saturday 11 am to 10 pm

Outdoor Area Hours:

Sunday 11 am to 10 pm
Monday 11 am to 10 pm
Tuesday 11 am to 10 pm
Wednesday 11 am to 10 pm
Thursday 11 am to 10 pm
Friday 11 am to 10 pm
Saturday 11 am to 10 pm

The outdoor area is used for:

☐ Food service Hours: 11 am to 10 pm
☐ Alcohol service Hours: 11 am to 10 pm
☐ Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: ☐ Yes ☒ No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: _____ |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: 31 Outdoor: 18
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 49

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) _____ (N)
Investigator Initials: _____
Date: _____

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: *Robert* Date: 10/28/2021

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)