

City of Bandon

555 Hwy 101, PO Box 67 Bandon, OR 97411 (541) 347-2437

Bandon by the Sea

CITY COUNCIL CONSENT AGENDA	DATE: 6-3-2024	
SUBJECT: LIQUOR LICENSE	ITEM NO: 3.12	

BACKGROUND:

Bandon Bait & Tackle as changed owners. Brian Foley, the new owner, is requesting the existing liquor license be put in his name.

FISCAL IMPACT:

None

RECOMMENDATION:

Motion to approve liquor license for Brian Foley of Bandon Bait & Tackle

SUBMITTED BY:

June Hinojosa, City Recorder

LIQUOR LICENSE APPLICATION

Page 2 of 4

APPLICANT INFORMATION					
Identify the applicants applying or individual(s) applying for the					
Name of entity or individual applicant #1: Swaded LLC			Name of entity or individual applicant #2:		
Name of entity or individual applicant #3:			Name of entity or individual applicant #4:		
BUSINESS INFORMATION					
Trade Name of the Business (name customers will see): Bandon Bait & Tackle					
Premises street address (The ph		business	s and where the liquor lice		
City: Bandon	Zip Code: 97411			County:	
Business phone number: 541-347-3905			Business email: bandonbait0@		
Business mailing address (who	ere we will send	any ite	ms by mail as descr	ribed in <u>OAR 845-004-0065[1]</u> .):	
^{City:} Bandon	State: OR			Zip Code: 97411	
Does the business address cur liquor license? XYes No	rently have an O	LCC	Does the business marijuana license?	address currently have an OLCC?	
APPLICATION CONTACT INFORM an applicant or licensee, the Authori					
Application Contact Name:					
Brian W. Foley		Email	1.		
541-347-3905		bandonbait0@gmail.com			

LIQUOR LICENSE APPLICATION

Bandon Bait & Tackle

Page 4 of 4

Applicant Signature(s): Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

- Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-006-0362 and attests that:
- Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
- 2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

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.

Brian W. Foley	Brian Day	5/14/24
Applicant name	Signature	Date
Applicant name	Signature	Date
Applilcant name	Signature	Date
Applicant name	Signature	Date

Applicant/Licensee Representative(s): If you would like to designate a person/entity to act on your behalf you must complete the Authorized Representative Form. You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.

LIQUOR LICENSE APPLICATION

☐ Warehouse

☐ Wholesale Malt Beverage and Wine

Page 1 of 4 **Check** the appropriate license request option: ☐ New Outlet ☐ Manage of Ownership ☐ Greater Privilege ☐ Additional Privilege Select the license type you are applying for. More information about all license types is available online. **Full On-Premises** LOCAL GOVERNMENT USE ONLY LOCAL GOVERNMENT After providing your recommendation, return this □ Caterer form to the applicant WITH the recommendation marked below ☐ Public Passenger Carrier Name of City OR County (not both) □ Other Public Location ☐ For Profit Private Club ☐ Nonprofit Private Club Please make sure the name of the Local Government is printed legibly or stamped below Winery Date application received: ☐ Primary location Optional: Date Stamp Received Below Additional locations: □2nd □3rd □4th □5th **Brewery** ☐ Primary location Additional locations: □2nd □3rd **Brewery-Public House** ☐ Primary location Additional locations: □2nd □3rd **Grower Sales Privilege** ☐ Recommend this license be granted ☐ Primary location ☐ Recommend this license be denied Additional locations: □2nd □3rd □ No Recommendation/Neutral Distillery ☐ Primary location **Printed Name** Date Additional tasting locations: (Use the DISTT form HERE) □ Limited On-Premises ☑ Off Premises Signature

Bandon Bait & Tackle

Trade Name