



Council Business Meeting

May 16, 2023

Agenda Item	Approval of Liquor License Request for Resistance Wine Company	
From	Melissa Huhtala	City Recorder
Contact	recorder@ashland.or.us ; 541-488-5307	
Item Type	Requested by Council <input type="checkbox"/> Update <input type="checkbox"/> Request for Direction <input type="checkbox"/> Presentation <input type="checkbox"/>	

SUMMARY

This is a request for approval of a liquor license application for the Resistance Wine Company, 322 Pioneer St. N., Ashland, OR 97520.

POLICIES, PLANS & GOALS SUPPORTED

AMC Chapter 6.32 Liquor License Review

BACKGROUND AND ADDITIONAL INFORMATION

This is an application for greater Privilege of a Winery Liquor License.

FISCAL IMPACTS

N/A

STAFF RECOMMENDATION

Staff recommends approval of the liquor license application. The City has determined that the location of this business complies with the City's land use requirements. The applicant has a Business License and has registered as a restaurant.

ACTIONS, OPTIONS & POTENTIAL MOTIONS

I move to approve the liquor license for Resistance Wine Company.

REFERENCES & ATTACHMENTS

Attachment 1: Application



LIQUOR LICENSE APPLICATION

Page 1 of 3

Check the appropriate license request option:

[New Outlet](#) | [Change of Ownership](#) | [Greater Privilege](#) | [Lesser Privilege](#)

Select the license type you are applying for.

More information about all license types is available [online](#).

Full On-Premises

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

Winery

- Primary location
- 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

- Primary location
- Additional locations: 2nd 3rd

Distillery

- Primary location
- Additional tasting locations: 2nd 3rd 4th 5th 6th

Limited On-Premises

Off Premises

Warehouse

Wholesale Malt Beverage and Wine

INTERNAL USE ONLY

Application received:

Minimum documents acquired:

LOCAL GOVERNING BODY USE ONLY

City/County name:

Date application received:

Optional: Date Stamp

- Recommend this license be granted
- Recommend this license be denied

Printed Name

Date

Return this form to:

Investigator name:

Chad M. Gray

Email:

chad.gray@oregon.gov

LIQUOR LICENSE APPLICATION

Page 2 of 3

APPLICANT INFORMATION	
Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.	
Name of entity or individual applicant #1: CU2.0, 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): Resistance Wine Company		
Business phone number: 301-461-3120	Business email: drakes@resistancewineco.com	
Premises street address (The physical location of the business and where the liquor license will be posted): 322 Pioneer St N		
City: Ashland	Zip Code: 97520	County: Jackson
Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1]): [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Does the business address currently have an OLCC liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICATION CONTACT INFORMATION		
Contact Name: Kirk Drake		
Phone number: 301-461-3120	Email: drakes@resistancewineco.com	
Mailing address: [REDACTED]		
City: [REDACTED]	Zip Code: [REDACTED]	County: [REDACTED]

Please note: liquor license applications are public records.

LIQUOR LICENSE APPLICATION

ATTESTATIONS

By signing this form, you attest that each of the following statements are true. I understand the Commission may require a licensee to provide proof of any of the below or below referenced documents at any time.

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 un-waivable 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.

Willis Drake



11/28/22

Print name

Signature

Date

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)



LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE

PRINT FORM

RESET FORM

LLC Name CU2.0, LLC

Trade Name of Business (Name Customers Will See) Resistance Wine Company

The LLC named in this document is a (see page 1 for definitions): Manager-Managed LLC Member-Managed LLC

This section is ONLY for a manager-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

Name of Managing Member (please print)	Name of Managing Member (please print)
Willis Kirk Drake III	

This section is for BOTH a manager-managed LLC and a member-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

Name of Member (please print)	Percentage of issued membership held
Willis Kirk Drake III	100%

This section is ONLY for an LLC with the listed officers. (Directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President	N/A
Secretary	N/A
Treasurer	N/A
Vice president with responsibility over the operation of the business	N/A

SERVER EDUCATION DESIGNEE (Directions on page 1)

Name (please print)	Date of Birth
Willis Kirk Drake III	05/03/1977

SIGNATURE (Directions on page 1)

10-3-22

NAME of Signing Person (please type or print) Willis Kirk Drake III

DATE 11/28/22

SIGNATURE of signing person (may electronically sign)

This box for OLCC use ONLY

Only for an applicant of record: SOS Number _____ Current at time of issuing license (yes/no) _____

Does the entity hold, or has it ever held, an OLCC-issued liquor license? _____



ALCOHOL
SERVICE
PERMIT

TEMPORARY

PERMIT NUMBER: 76G3N2

Willis Drake

[REDACTED], [REDACTED]

BIRTHDATE:

[REDACTED]



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	Drake III Last	Willis First	Kirk Middle
2. Other names used (maiden, other):			
3. Do you have a Social Security Number? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must list your SSN: [REDACTED]			
<p>SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a)).</p>			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	[REDACTED] (yyyy)
6. Driver License or State ID #: [REDACTED]			7. State Oregon
8. Contact Phone: [REDACTED]			
9. E-mail Address: [REDACTED]			
10. Mailing Address:	[REDACTED] (Number and Street)	[REDACTED] (City)	[REDACTED] (State) [REDACTED] (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.			



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, **currently hold** or **have you previously held** a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	Drake III Last	Willis First	Kirk Middle
Signature:			Date: 11/28/22

This box for OLCC use ONLY
 _____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



SUPPLIER-RETAILER RELATIONS AFFIRMATION

Trade Name of Business: _____

Business Location: _____
(Number, Street) (City) (Zip Code)

I have read the Commission's "Supplier-Retailer Relations" guidelines.

Today's Date _____

Name (print)

ALC

Signature

Name (print)

Signature

Name (print)

Signature

Name (print)

Signature



Bond Waiver Certification

The OLCC may waive the required surety bond for licensees or permit holders that meet specific criteria. **If you qualify for a waiver, complete the certification at the bottom of this form and submit it in lieu of a surety bond with your initial permit application and/or renewal application.**

This waiver will need to be received and approved by the OLCC **PRIOR** to your license or permit being issued or renewed.

If you have questions about the privilege tax bond or waiver, please email OLCC.Bonds@oregon.gov.

As per Oregon Revised Statute (ORS) 473.065 (4), unless the OLCC determines that a licensee or permit holder presents an unusual risk for nonpayment of any license fees, privilege taxes, agricultural products taxes or other tax, penalty or interest imposed under this chapter or ORS chapter 471, the OLCC shall waive the bond required under ORS 471.155 (1) for the licensee or permit holder if:

(a) The licensee or permit holder was not liable for a privilege tax under this chapter in the immediately preceding calendar year and does not expect to be liable for a privilege tax under this chapter in the current calendar year; or

(b) The licensee or permit holder of a business established during the current calendar year does not expect to be liable for a privilege tax under this chapter in the current calendar year.

ORS 473.050 (5) **No privilege tax** shall be levied, collected or imposed upon the first 40,000 gallons, or 151,000 liters, of wine sold annually in Oregon from a United States manufacturer of wines producing less than 100,000 gallons, or 379,000 liters, annually.

Unusual Risks:

1. Non-reporting: licensee or permittee has not filed its privilege tax statements or its Oregon Wine Board statement by the required due date.
2. Licensee or permittee checks returned to OLCC for non-sufficient funds.
3. Any activity that is noncompliant with Commission statutes or rules.

APPLICANT / PERMITTEE NAME CU2.0, LLC

TRADE NAME (OF BUSINESS) Resistance Wine Company

PERMIT/LICENSE TYPE Winery

PREMISES ADDRESS 322 Pioneer St N **CITY/STATE** Ashland

CONTACT PHONE NUMBER [REDACTED]

I certify that my OREGON license or permit type is one or more of the following: Winery, Grower Sales Privilege, Warehouse, Direct Shipper, Wine Self Distribution.

I certify, as a licensee or permittee, that I owed no privilege tax in the prior calendar year and will not owe any tax in the current calendar year. I request a waiver for the bond required under ORS 471.155.

I certify that I am the duly appointed and authorized representative and that the foregoing statement is true and complete.

PRINT NAME Willis Kirk Drake III

SIGNATURE  **DATE** 11/28/22

RESISTANCE WINE COMPANY

2018 Malbec

We think our 2018 Malbec is a huge success, made even more special by being our first year of making this varietal. It is an exceptional medium-bodied red wine with notes of fresh blackberry, peppercorn, black plum, sweet toasted cedar. This delightful wine is ready to drink now, and will continue to age gracefully for several years.

Glass	\$15.00	Bottle	\$40.00
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2018 Syrah

Our 2018 Syrah was harvested by hand and sorted by cluster and berry before beginning fermentation in a whole-berry state. The product of a hot growing season, this wine shows off ripe raspberry and black cherry flavors, sweet vanilla and allspice, soft tannins, and a lingering finish.

Glass	\$13.00	Bottle	\$35.00
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2020 Rose

Our 2020 Rosé is dry and crisp, similar to the 2019 Rosé, with some wonderful differences you will appreciate if you loved our 2019 Rosé as much as we do.

Glass	\$8.00	Bottle	\$20.00
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2020 Collab

2020 was such a crazy year and after launching and almost entirely selling out of our 2017 Syrah and 2019 Rose – we felt we better add a white wine quickly! The 2020 growing season was a hot dry summer like the past few years in the Rogue Valley. The Collab blend is made up of Marsanne Roussanne Blends with some Viognier grapes.

Glass	\$11.00	Bottle	\$30.00
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Charcuterie Board

Meats, Cheeses, Baguette, Olives and other yummy stuff that compliments our wine.	\$25.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/03/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hart Insurance Agency PO Box 1240 Grants Pass OR 97528	CONTACT NAME: Julie A Maphet PHONE (A/C No. Ext): (541) 479-5521 E-MAIL ADDRESS: jmaphet@hartinsurance.com	FAX (A/C, No): (541) 474-1890
	INSURER(S) AFFORDING COVERAGE	
INSURED CU 2.0 LLC dba: Resistance Wine Company 322 Pioneer Street N Ashland OR 97520-9629	INSURER A: Oregon Mutual Insurance Compan	14907
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: Cert ID 23863


REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employment Practices GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OMO923466	10/28/2021	10/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1M/2M
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			OMO923466	10/28/2021	10/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Oregon Liquor and Cannabis Commission PO Box 22297 Milwaukee OR 97269	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CU2.0, LLC Phone: 301-461-3120

Trade Name (dba): Resistance Wine Company

Business Location Address: 322 Pioneer St N

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10am to 7pm
 Monday to
 Tuesday to
 Wednesday to
 Thursday to
 Friday to
 Saturday 10am to 7pm

Outdoor Area Hours: **

Sunday 10am to 7pm
 Monday to
 Tuesday to
 Wednesday to
 Thursday to
 Friday to
 Saturday 10am to 7pm

The outdoor area is used for: **

Food service Hours: 10am to 7pm
 Alcohol service Hours: 10am to 7pm
 Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.
 _____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: *The outdoor tasting areas will only be open during warm weather. **

ENTERTAINMENT Check all that apply:

Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A

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

SEATING COUNT

Restaurant: N/A Outdoor: 32
 Lounge: 16 Other (explain): N/A
 Banquet: N/A Total Seating: 48

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: x *RLJ* Date: x 11/28/22

DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

BASIC PERMIT

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

OR-W-21596

2. DATE OF PERMIT

03/20/2023

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

CU2.0, LLC

DBA: RESISTANCE WINE COMPANY

322 PIONEER ST
ASHLAND, OR 97520

3. REGISTRY NUMBER (if applicable)

BWN-OR-21547

4. DATE OF APPLICATION

12/20/2022



6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

See Attached

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a. Distilled Spirits - distiller rectifier (processor) warehouseman and/or warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b. Wine - producer and blender blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c. Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d. Wholesaler – Purchasing for resale at wholesale the following alcoholic beverages: while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN

 ORIGINAL PERMIT AMENDED PERMIT

REASON FOR AMENDMENT

DATE OF AMENDMENT

SIGNATURE AND TITLE OF AUTHORIZED TTb OFFICIAL

Jenita V. Wilson

Specialist

AUTHORIZED TRADE NAMES

*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: OR-W-21596

REGISTRY NUMBER: BWN-OR-21547

<u>TYPE</u>	<u>TRADE NAME</u>
Labeling Trade Name	Resistance Wine Company

REASON FOR AMENDMENT