



# Council Business Meeting

September 19, 2023

<b>Agenda Item</b>	Approval of Liquor License Request for House of India	
<b>From</b>	Dana Smith	Clerk of the Council Pro Tem
<b>Contact</b>	<a href="mailto:recorder@ashland.or.us">recorder@ashland.or.us</a> ; 541-488-5307	
<b>Item Type</b>	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 Liquor License Approval for House of India, (DBA SMAGS Corporation) at 1667 Siskiyou Boulevard.

**POLICIES, PLANS & GOALS SUPPORTED**

AMC Chapter 6.32 Liquor License Review

**BACKGROUND AND ADDITIONAL INFORMATION**

This is an application for a New Outlet of a Limited-On Premises Commercial 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 the House of India restaurant.

**REFERENCES & ATTACHMENTS**

Attachment 1: Application



# LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

- New Outlet |  Change 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

- 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

## LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT:

**After providing your recommendation, return this application to the applicant WITH the recommendation marked below**

**City/County name:**

(Please specify city or county)

**Date application received:**

Optional: Date Stamp Received Below

Recommend this license be granted

Recommend this license be denied

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**House of India**

Trade Name



# LIQUOR LICENSE APPLICATION

APPLICANT INFORMATION	
<b>Identify</b> 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: <b>SMAGS Corporation</b>	Name of entity or individual applicant #2: <b>vellanki9@gmail.com</b>
Name of entity or individual applicant #3:	Name of entity or individual applicant #4:

BUSINESS INFORMATION		
<b>Trade Name</b> of the Business (name customers will see): <b>House of India</b>		
<b>Premises street address</b> (The physical location of the business and where the liquor license will be posted): <b>1667 Siskiyou Blvd.</b>		
City: <b>Ashland</b>	Zip Code: <b>97520</b>	County: <b>Jackson</b>
Business phone number: <b>541-708-6566</b>	Business email: <b>vellanki9@gmail.com</b>	
<b>Business mailing address</b> (where we will send any items by mail as described in <a href="#">OAR 845-004-0065[1]</a> ): <b>1667 Siskiyou Blvd.</b>		
City: <b>Ashland</b>	State: <b>Oregon</b>	Zip Code: <b>97520</b>
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	

AUTHORIZED REPRESENTATIVE – A liquor applicant or licensee may give a representative authorization to make changes to the license or application on behalf of the licensee or to receive information about a license or application.		
<b>I give permission for the below named representative to:</b>		
<input checked="" type="checkbox"/> Make changes regarding this license/application on my behalf.		
<input checked="" type="checkbox"/> Sign application forms regarding this license/application on my behalf.		
<input checked="" type="checkbox"/> Receive information about the status of this application, including information about pending compliance action or communications between OLCC and the licensee/applicant.		
<b>Representative Name:</b> <b>Aishwarya Vellanki</b>		
Phone number: <b>[REDACTED]</b>	Email: <b>[REDACTED]</b>	
<b>Mailing address:</b> <b>1667 Siskiyou Blvd.</b>		
City: <b>Ashland</b>	State: <b>Oregon</b>	Zip Code: <b>97520</b>



# LIQUOR LICENSE APPLICATION

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**APPLICATION CONTACT INFORMATION** – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative section must be filled in and the appropriate permission(s) must be selected.

Application Contact Name:

Srinivasarao Vellanki

Phone number:

Email:

vellanki9@gmail.com

## TERMS

- “Real property” means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- “Common area” is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area’s designation as a “common area” is typically identified in the lease or rental agreement.

## ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the “Application Information” section of this form has read and understands OAR 845-005-0311 and attests that:
  1. At least one applicant listed in the “Application Information” section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
  2. No person not listed as an applicant in the “Application Information” section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
  3. The licensed premises at the premises street address proposed to be licensed either:
    - a. Does not include any common areas; or
    - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
      - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in “common areas” and that this requirement applies at all times, even when the business is closed.
  4. The licensed premises at the premises street address either:
    - a. Has no area on property controlled by a public entity (like a city, county, or state); or
    - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

House of India

OLCC Liquor License Application (Rev. 6.1.23)

Scanned with CamScanner



• Each applicant listed in the "Application Information" section of this form has read and understands OAR 845-006-0362 and attests that:

1. 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.

Srinivasarao Vellanki

V. Srinivas Rao

8-16-23

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)



# OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: SMAGS Corporation Phone: 541-708-6566

Trade Name (dba): House of India

Business Location Address: 1667 Siskiyou Blvd

City: Ashland ZIP Code: 97520

### DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 9 pm  
 Monday 11 am to 9 pm  
 Tuesday 11 am to 9 pm  
 Wednesday 11 am to 9 pm  
 Thursday 11 am to 9 pm  
 Friday 11 am to 9 pm  
 Saturday 11 am to 9 pm

Outdoor Area Hours:

Sunday 11 am to 9 pm  
 Monday 11 am to 9 pm  
 Tuesday 11 am to 9 pm  
 Wednesday 11 am to 9 pm  
 Thursday 11 am to 9 pm  
 Friday 11 am to 9 pm  
 Saturday 11 am to 9 pm

The outdoor area is used for:

Food service Hours: 11 am to 9 pm  
 Alcohol service Hours: 11 am to 9 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: If the weather does not permit appropriate service outdoors,  
we will limit service to the indoors.

### ENTERTAINMENT

Check ALL that apply:

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

\*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

Restaurant: 72 Outdoor: 8 Lounge: \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Other (explain): \_\_\_\_\_ Total Seating: 80

#### 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: V. Seemra Rao Date: 8-16-23

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

Rev: 2.1.23





# OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM  
RESET FORM

1. Name (Print):	Vellanki Last	Srinivasarao First	Middle	
2. Other names used (maiden, other):				
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]				
<b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> 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.  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)).				
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 #: 7776123			7. State Oregon	
8. Contact Phone: 541-499-9111				
9. E-mail Address: vellanki9@gmail.com				
10. Mailing Address:	1667 Siskiyou Blvd. (Number and Street)	Ashland (City)	Oregon (State)	97520 (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 & CANNABIS 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):	Vellanki Last	Srinivasarao First	Middle
Signature:	V. Srinivasarao		Date: 8-16-23

**This box for OLCC use ONLY**

\_\_\_\_\_ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?





# FLOOR PLAN FORM

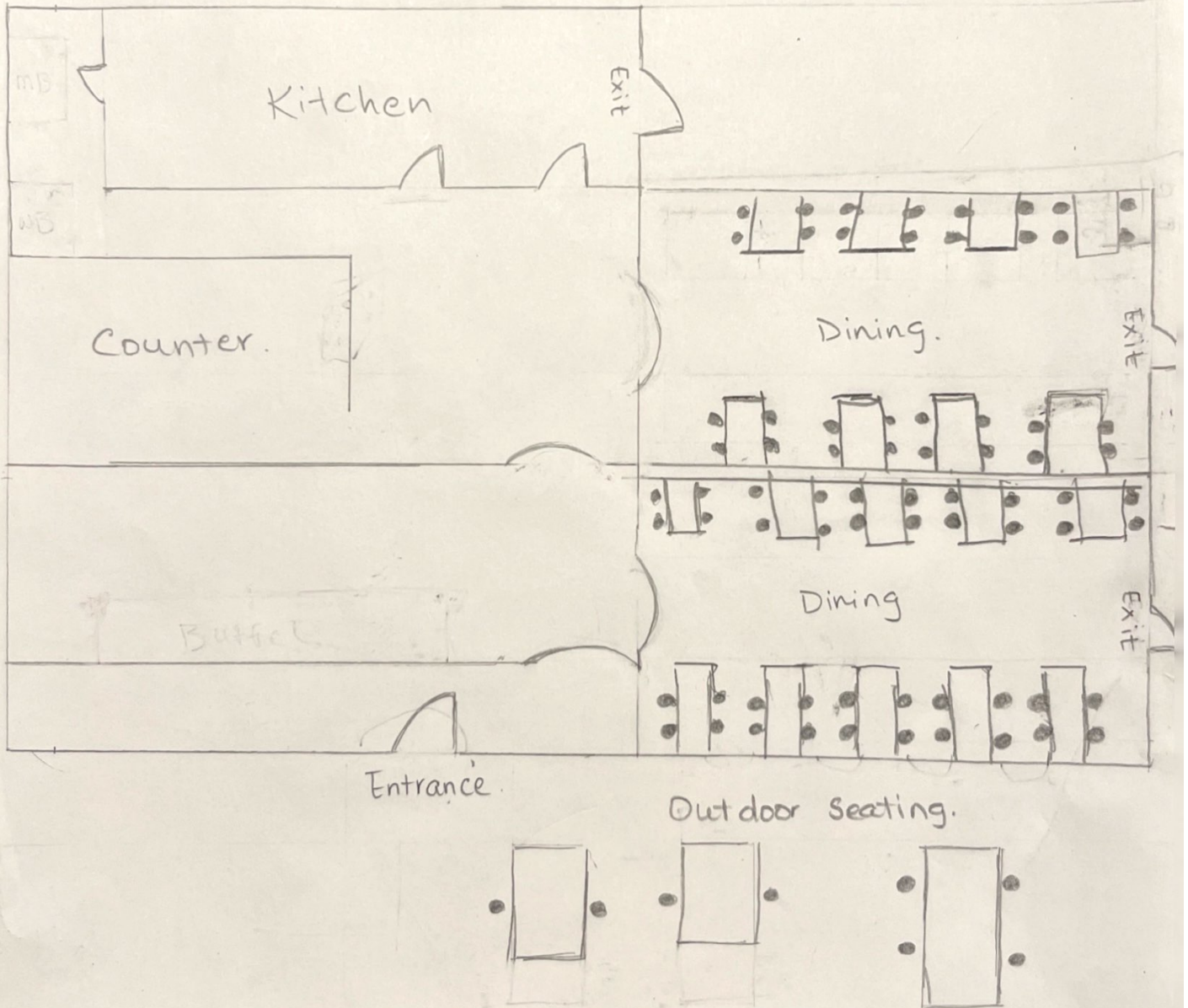
Your floor plan must be submitted on this form

SMAGS Corporation

Applicant Name

House of India

Trade Name (dba)



.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_





Oregon Liquor & Cannabis Commission  
**CORPORATE QUESTIONNAIRE**

PRINT FORM

RESET FORM

Corporation or Foreign Corporation Name SMAGS Corporation

Trade Name of Business (Name Customers Will See) House of India

**LIST OFFICERS** (Please follow directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President (if required)	Srinivasarao Vellanki
Secretary (if required)	Aishwarya Vellanki
Treasurer (list only if have one)	
Vice president with responsibility over the operation of the business (list only if have one)	

**LIST BOARD OF DIRECTORS** (Please follow directions on page 1. You may include information on a separate sheet.)

Name (please print)	Name (please print)
Srinivasarao Vellanki	

**LIST SHAREHOLDERS** (Please follow directions on page 1. You may include information on a separate sheet.)

Name (please print)	Percentage of issued shares held
Srinivasarao Vellanki	100

**SERVER EDUCATION DESIGNEE** (Please follow directions on page 1)

Name (please print)	Date of Birth
Srinivasarao Vellanki	

**OFFICER'S SIGNATURE** (Please follow directions on page 1)

NAME of Signing Officer (please type or print) Srinivasarao Vellanki

V. Srinivasarao DATE 8-16-23  
 SIGNATURE of signing officer (may electronically sign)

**This box OLCC use ONLY**  
 Does the entity hold, or has it ever held, an OLCC-issued liquor license? \_\_\_\_\_