Council Business Meeting

September 6, 2022

Age	enda Item	Approval of Liquor License Reque	est Blue Toba
Fro	m	Melissa Huhtala	City Recorder
Cor	ntact	Melissa.huhtala@ashland.or.us; (541) 552-2084

SUMMARY

This is a request for approval of a liquor license application for Blue Toba, 145 Main St., Ashland, OR 97520.

POLICIES, PLANS & GOALS SUPPORTED

AMC Chapter 6.32 Liquor License Review

PREVIOUS COUNCIL ACTION

N/A

BACKGROUND AND ADDITIONAL INFORMATION

This is an application for a Full-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 Blue Toba.

REFERENCES & ATTACHMENTS

Attachment 1: Application



LIQUOR LICENSE APPLICATION

Page 1 of 3

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 Nonprofit Private Club Primary location Additional locations: 2nd 3rd 4th 5th Brewery Primary location Additional locations: 2nd 3rd Brewery-Public House Primary location Additional locations: 2nd 3rd Brewery-Public House Primary location Additional locations: 2nd 3rd Frower Sales Privilege Primary location Additional locations: 2nd 3rd Distillery Primary location Additional locations: 2nd 3rd Recommend this license be granted Recommend this license be denied Return this form to: Investigator name: Email:	select the license type you are applying for.	
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LIQUOR LICENSE APPLICATION

Page 2 of 3

APPLICANT INFO	RMATION	SPANIE .	CALL PAR	
	T 19 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			y (example: corporation or LLC) al page if more space is needed.
Name of entity or in Blue Toba LLC	ndividual applic	ant #1:	Name of e	entity or individual applicant #2:
Name of entity or in	ndividual applic	ant #3:	Name of e	ntity or individual applicant #4:
BUSINESS INFOR	MATION			
Trade Name of the Blue Toba	Business (name o	customers will see):	22 6 94 2 190	
Business phone nur 541-708-6214	nber:		Business bluetoba	email: @live.com
Premises street add 145 Main St	iress (The physical	location of the bus	iness and where the	e liquor license will be posted);
City: Ashland	Zip 975	Code: 20		County: Jackson
Business mailing ad 1774 Homes Ave	Idress (where w	e will send any	items by mail	as described in OAR 845-004-0065[1].):
City: Ashland		State: OR		Zip Code: 97520
Does the business a liquor license? ☐ Ye		y have an OLCO		usiness address currently have an OLCC license? Yes No
APPLICATION CO	NTACT INFO	RMATION		
Contact Name: Djunias Hutabarat				
Phone number: 541-482-0266			nail: uetoba@live.c	com
Mailing address: 1774 Homes Ave				
City: Ashland		Zip Coo 97520	de:	County: Jackson

Please note: liquor license applications are public records.

LIQUOR LICENSE APPLICATION

Page 3 of 3

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 <u>OAR 845-005-0311</u> 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.

Djunias Hutabarat	Kullanh (HEMBER)	7/01/2022	
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

RESET FORM

Blue Toba LLC	
LLC Name	
Blue Toba Trade Name of Business (Name Customers Will See)	
Trade Name of Dusiness (Name Casioniers VIII See)	
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)
This section is for BOTH a manager-managed LLC and a member on a separate sheet.)	r-managed LLC. (Directions on page 1. You may include information
Name of Member (please print)	Percentage of issued membership held
Djunias Hutabarat	100%
This section is ONLY for an LLC with the listed officers. (Direction Title	S on page 1. You may include information on a separate sheet.) Name (please print)
President	Name (please prim)
Secretary	
Treasurer	
Vice president with responsibility over the operation of the business	
SERVER EDUCATION DESIGNEE (Directions on page 1) Name (please print)	Date of Birth
Hayzen Spivey	Date of Data
SIGNATURE (Directions on page 1)	
Djunias Hutabarat NAME of Signing Person (please type or print)	
the (M BYBBR)	DATE 7/1/2022
SIGNATURE of signing person (may electronically sign)	DATE 11110000
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 licens	se?



PRINT FORM	Ē
RESET FORM	

1. Name (Print):	Hutabarat	Djunias	Halomoan	
	Last	First		Middle
2. Other names u	sed (malden, other): Birong (nickname)			
3. Do you have a	Social Security Number (SSN1 issued by the U	United States Social Security Administr	ration? Yes 🔀 🛚 🖪	40 🔲
SOCIAL SECURITY N your Social Security ORS 25.785). If you used only for child: Based on our autho administrative purp	NUMBER DISCLOSURE: As part of your application Number (SSN) to the Oregon Liquor Control Con are an applicant or licensee and fail to provide yo support enforcement purposes unless you indicat rity under ORS 4/1.311 and OAR 845-005-0312(6 loses only: to match your license application to you	nmission (OLCC) for child support enforcer our SSN, the OLCC may refuse to process y te below. i), we are requesting your <u>voluntary conse</u> our Alcohol Server Education records (whe	nent purposes (42 to our application. You nt to use your SSN f are applicable), and t	SC § 666(a)(13) a r SSN will be or the following to ensure your
identity for criminal of your SSN for thes	records checks. OLCC will not deny you any right ie administrative purposes (\$ USC§ 552(a).	ts, benefits or privileges otherwise provide	d by law if you do n	ot consent to use
	to the OLCC's use of my SSN as described a	bove? Check this box:		
		DOVE: Direct this con: [-]		
5. Date of Birth (D	OOB):			
	(mm)	(mm) (dd)		yy)
6. Driver License o	or State ID #:		7. State	
B. Contact Phone:				
9. E-mail Address:	bluetoba@live.com			
10. Mailing Addre	1774 Homes Ave	Ashland	OR	97520
	(Number and Street)	(City)	(State)	(Zip Code)
No Yes Yes or example: you verobation or paro	years, have you been convicted of a felony of a felony of the space provided, be were arrested or went to court, but are unsule, but are unsure of whether there was a conction has been removed from your record, or	elow) Unsure Choose this option are of whether there was a conviction; priviction; or if you know you had a con-	on and provide an you paid a fine or	served



12. Do you, or Oregon? (Not	any entity that you a e: marijuana worker p	re a part of, <u>currently hol</u> ermits are not marijuana	d or have you p licenses.)	reviously held a rec	creational marljuana license in
No X Ye	Please list lic	enses (and year(s) license	ed) below Unsu	re Please inc	clude an explanation:
13. Do you, or No X Yes		re a part of, hold an alcoh enses (and year(s) license		I	Oregon? ude an explanation:
14. Do you or No Yes		e a part of, have any othe plications below Unst		pplications pending include an explana	
Affirmation Even if I receive complete. I un	ney, may not sign you be assistance in comp inderstand the OLCC v	or form, leting this form, I affirm t	by my signature	below, that my ans	attorney or an individual with swers on this form are true and g but not limited to my criminal ense application.
Name (Print):	Hutabarat	Last	Djunias	First	Halomoan Middle
Signature:	andaylos	(MEMBER))		7/01/2022 Date:
This box for 0	DLCC use ONLYDoes the individua	currently hold, or has the	individual previo	ously held, an OLCC	- issued liquor license?



Real Property Attestation

IMPORTANT: Please read Oregon Administrative Rule (OAR) 845-005-0311 here before completing this form.

- OAR 845-005-0311 defines who has an ownership interest in the business proposed to be licensed and allows the OLCC to refuse to issue a license if the applicant is not the owner of the business or an undisclosed ownership interest exists.
- Subsection (4)(b) of this rule includes as an ownership interest any person or entity owning the real or personal property
 of the premises proposed to be licensed, unless the owner of the property has given control over the property to another
 party via a lease or rental agreement or similar agreement.

 As a part of completing this "Real Property Attestation" form, applicants confirm they have read and understand OAR 845-005-0311.

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Business Trade Name (the name customers see)

145 Main St. Ashland, OR, 97520

Business Address (street, city, zip code)

Definitions

- "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

All applicants have read OAR 845-005-0311 and:

- Each applicant shown on the Liquor License Application form has read and understands OAR 845-005-0311.
- Only the applicant(s) shown on the Liquor License Application form have an ownership interest in the real property to be used as a part of the licensed business.
- The licensed premises at the business address proposed to be licensed either:
 - Does <u>not</u> 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.
- The promises address at the business address proposed to be licensed matches the premises business address listed on the Liquor License Application form.
- 5. The licensed premises at the business address above either:
 - 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) or licensee(s) permission to exercise the privileges of the license in the area.



Real Property Attestation

Blue Toba	
Business Trade Name (the name customers see)	
145 Main St. Ashlan	2.0R 97570
Business Address (street, city, zip code)) , , , , , , , , , , , , , , , , , , ,
Analisa and Classical	
Applicant(s) Signature	
 An individual with the authority to sign on behalf of the power of attorney) may sign this form. If an individual o proof of signature authority. Attorneys signing on behal 	rm. C, at least one INDIVIDUAL who is authorized to sign for the applicant (such as the applicant's attorney or an individual withouther than an applicant signs this form, please provide written if of applicants may list the state of bar licensure and bar licent. Applicants are still responsible for all information or
7/01/2022	
Date	
(Print Name)	(State of bar licensure) (Bar number)
f an applicant	
Blue Toba LLC (Djunias Hutabarat-member)	Bullanto (MEMBER)
Applicant #1 (Print Name)	Applicant #1 (Signature)
Applicant #2 (Print Name)	Applicant #2 (Signature)
Applicant #3 (Print Name)	Applicant #3 (Signature)
Applicant #4 (Print Name)	Applicant #4 (Signature)
Rev 11.28.20	



WRITTEN PROPOSAL FOR A FULL ON-PREMISES SALES LICENSE, COMMERCIAL ESTABLISHMENT

Please Print or Type			
Blue Toba LL	С		
Applicant / Licensee			-
Trade Name of the Business (Nam Blue Toba	e Customers Will See)	
145 Main St. As Business Address	shland, OR, 97520		
	er, Street Address, City	v and Zin Code)	
I certify that I have read and will foll	iow OAR 845-006-045	9, 845-006-0460, and 845-0	06-0466.
I will offer at least five different mea at least three hours if my business i business is not open after 5:00 pm.	is open after 5:00 nm	neal period. My regular mea and will last at least two hou	l period will last rs if my
	5:00pm	9:00pm	
My regular meal period will be from		to	
	(Start Time)	(End Time)	
minimum space that will accommod and utensils for each seat. I unders and seats in outdoor areas do not qual At times other than my regular meal available in all areas where alcohol are typically served as a main cours	tand that seats at cou ualify as dining seating period I will make at I service is available. S	inters in entertainment areas g. least five different substantia	, seats at bars,
understand that discouraging food discouraging food service include no over-pricing food for the clientele of provide required food service; and far requested by the patron.	ot taking, preparing, or my business: offering	r delivering a food order in a	timely manner,
understand that if my answers are application.	not true and complete	, the OLCC may deny my lice	ense
Blue Toba LLC (memb	er: Djunias Hutabarat		
Signature 13- han ly	(MEMBER)	7/01/2022 Date	

Rev: 6.1,19 Page 1 of 2



CERTIFICATE OF LIABILITY INSURANCE

08/05/2022

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 iteu of such endorsement(s).

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMEL INDICATED. NOTWITHS LANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST. TYPE OF INSURANCE A X DOMMERCIAL GENERAL LIABILITY CLAIMS-MADE X DOCUM ACPBPO13200918183 O7/01/2022 O7/01/2023 DESCRIPTION EACH OX. OXINGEET EACH OX. OXINGEET DESCRIPTION EACH OX. OXINGEET CONT. AGGREGATE LIMIT APPLIES PER X POLICY PERSONA GENERAL GENERAL	N NUMBER: ABOVE FOR THE 1 WITH RESPECT TO A LIMITS UNRINCE S	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required). Rev. 145 Main, St. Archived, OR 075 00.	- 5	

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ACORD 25 (2016/03)

Milwaukee OR 97269



Please Print or Type		
Applicant Name: Blue To	oba LLC	Phone: 541-708-6214
Trade Name (dba): Blue	Toba	
Business Location Addr	ress: 145 Main St	
City: Ashland, OR		ZIP Code: 97520
DAYS AND HOURS OF	OPERATION	
Business Hours:	Outdoor Area Hours:	The outdoor area is used for:
Sunday to	Sunday N/A to	
Monday to Tuesday 400pm to 11.00pm	Monday NA to	☐ Alcohol service Hours: to
Wednesday 4.00pm to 11.00pm	Wednesday N/A to	☐ Enclosed, how
Thursday 400pm to 11:00pm Friday 400pm to 12:00pm	Thursday NA to	The exterior area is adequately viewed and/or
Saturday 400pm to 1200em	- Fliday No to	
Check all that apply: Live Music Recorded Music DJ Music Check all that apply: Karaoke Coin-operated Games Video Lottery Machines		Sunday to
Dancing	Social Gaming	Thursday to
□ Nude Entertainers	Pool Tables	Saturday to
	Other:	
SEATING COUNT		
Restaurant: \$26 0	outdoor:	OLCC USE ONLY
ounge: <u>多29</u> 0	ther (explain):	Investigator Verified Seating:(Y)(N)(N)
Banquet: To	otal Seating: 👼 65	Date:
understand if my answers	s are not true and complete, the OLC	C may deny my licence application
Applicant Signature:	when Ho (MEMBER)	Date:

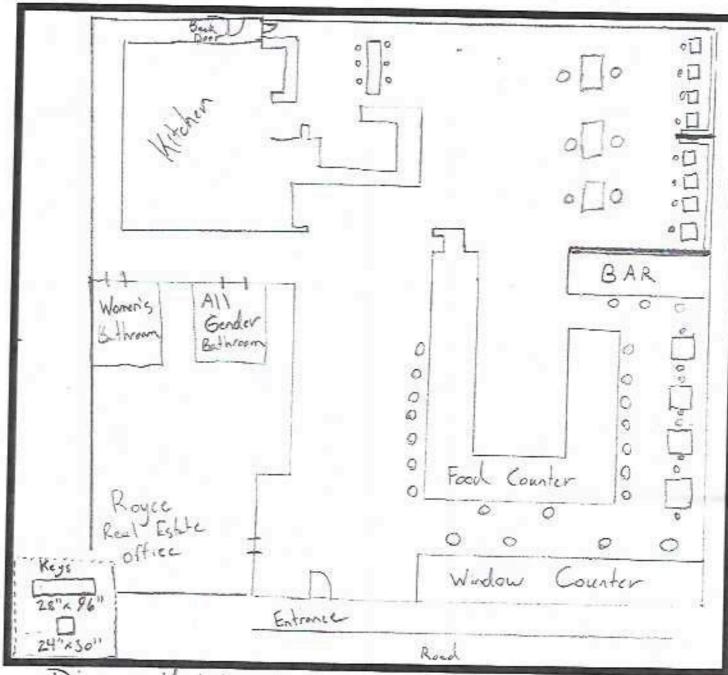
1-800-452-OLCC (6522) www.oregon.gov/olcc

(rev. 12/07)



FLOOR PLAN

- Your floor plan must be submitted on this form.
- Use a separate Floor Plan Form for each level or floor of the building.
- The floor plan(s) must show the specific areas of your premises (e.g. dining area, bar, lounge, dance floor, video lottery room, kitchen, restrooms, outside patio and sidewalk cafe areas.)
- Include all tables and chairs (see example on back of this form). Include dimensions for each table if you are applying for a Full On-Premises Sales license.



7: 11	Road
Applicant Named Laborat	MINOR POSTING ASSIGNMENT(S)
Trage Name (dba); Ashland, OR, 97520 City and ZIP Code	Date:Initials:

1-800-452-OLCC (6522) www.oregon.gov/olcc

(rev. 09/12)