



# CITY OF GEARHART

## LIQUOR LICENSE APPLICATION

Submission Date: 12/29/25

**IMPORTANT:** This is a four-page form. **You are required to complete all 5 sections of the form.**  
If a question does not apply, please indicate N/A. Please include full names (last, first middle) and full dates of birth (month/day/year). Incomplete forms shall receive an unfavorable recommendation.  
Thank you for your assistance and cooperation.

You must obtain/apply for a Business License and confirm zoning prior to submitting your application.

### SECTION 1: TYPE OF APPLICATION

New Application - \$100.00 Application Fee  
 Change in Previous Application (Ownership, Location, Privilege) - \$75.00 Application Fee  
 License Renewal - \$35.00 Application Fee → Applicant must possess current business license  
Business License Expiration Date \_\_\_\_\_  
 Special Event (Temporary) - N/A - please use the Liquor License Special Event Application form

### SECTION 2: DESCRIPTION (NATURE) OF BUSINESS

Name of business (dba): Prep Kitchen, LLC

Business address 3601 Oregon Coast Hwy City Gearhart State/Zip Code 97138

Mailing address 3601 Oregon Coast Hwy City Gearhart State/Zip Code 97138

Telephone # 503-717-5103 Fax # \_\_\_\_\_

Email prepKitchenllc@gmail.com

Name(s) of business manager(s) First Joshua Middle Ryan Last Money

Date of birth 03/28/1984 Social Security # 537-19-6254 ODL# 2381442 M  F

Home address 2027 Fernwood St City Seaside State/Zip Code 97138

(attach additional pages if necessary)

Type of business Restaurant

Type of food served Sandwiches, wraps, soup, brunch

Type of entertainment (dancing, live music, exotic dancers, etc.) None

Days and hours of operation Mon-Fri 8am-6pm, Sat 9am-3pm, 5pm-10pm

Food service hours: Breakfast 8am-11am Lunch 11am-6pm Dinner 5pm-10pm

Restaurant seating capacity 14 Outside or patio seating capacity N/A

How late will you have outside seating? N/A How late will you sell alcohol? 9:00 pm

How many full-time employees do you have? 2 Part-time employees? 0

### SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants Prep Kitchen, LLC  
Owners: Joshua Money, Reco Yanez

Type of liquor license (refer to OLCC form) Full On-Premises Sales, Commercial

#### Form of entity holding license (check one and answer all related applicable questions):

**INDIVIDUAL:** If this box is checked, provide full name, date of birth, and residence address.  
Full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Residence address \_\_\_\_\_

**PARTNERSHIP:** If this box is checked, provide full name, date of birth and residence address for each partner. If more than two partners exist, use additional pages. If partners are not individuals, also provide for each partner a description of the partner's legal form and the information required by the section corresponding to the partner's form.

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Residence address \_\_\_\_\_  
Full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Residence address \_\_\_\_\_

**CORPORATION:** If this box is checked, complete (a) through (c).

(a) Name and business address of registered agent.

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Business address \_\_\_\_\_

(b) Does any shareholder own more than 50% of the outstanding shares of the corporation? If yes, provide the shareholder's full name, date of birth, and residence address.

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Residence address \_\_\_\_\_

(c) Are there more than 35 shareholders of this corporation?  Yes  No. If 35 or fewer shareholders, identify the corporation's president, treasurer, and secretary by full name, date of birth, and residence address.

Full name of president: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_  
Full name of treasurer: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_  
Full name of secretary: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_

**LIMITED LIABILITY COMPANY:** If this box is checked, provide full name, date of birth, and residence address of each member. If there are more than two members, use additional pages to complete this question. If members are not individuals, also provide for each member a description of the member's legal form and the information required by the section corresponding to the member's form.

Full name: Joshua Money Date of birth: 3/28/1984  
Residence address: 2027 Fernwood St, Seaside, OR 97138

Full name: Reco Yanez Date of birth: 11/23/1977  
Residence address: 131 Ave G, Seaside, OR 97138

**OTHER:** If this box is checked, use a separate page to describe the entity, and identify with reasonable particularity every entity with an interest in the liquor license.

#### **SECTION 4: HISTORY SYNOPSIS**

Name and address of all businesses and locations for which the applicant ever possessed a license to sell alcoholic beverages, both in Oregon and elsewhere. (attach additional pages, if necessary)

Name of business (dba): \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Name of business (dba): \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Name of business (dba): \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Name of business (dba): \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Name of business (dba): \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

**SECTION 5: APPLICANT SIGNATURE**

I have confirmed zoning of the property allows use and operating hours as proposed.

Yes  Zone C2 No

I have obtained/applied for a Business License for this location. Yes  No

A false answer or omission of any requested information on any page of this form shall result in an unfavorable recommendation.

Joshua Money

Signature of Applicant

12/29/25

Date

Return Completed form to:

City of Gearhart

ATTN: Liquor License Submission

PO Box 2510

Gearhart, OR 97138

Or Email to: [info@cityofgearhart.com](mailto:info@cityofgearhart.com)

**FOR CITY USE ONLY**

Sources Checked:

DMV by \_\_\_\_\_  LEDS by \_\_\_\_\_  Gearhart PD Records by \_\_\_\_\_

Public Records by \_\_\_\_\_

Number of alcohol-related incidents during past year for location \_\_\_\_\_

Number of Gearhart arrest/suspect contacts for \_\_\_\_\_

Police Department Representative Signature

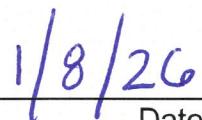
**It is recommended that this application be:**

Approved  
 Denied

\*Cause of unfavorable recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Signature

Chad Sweet  
City Administrator  
City of Gearhart

  
Date

VSX 4113  
**PAID**  
~~(K) 12/30~~



OREGON LIQUOR & CANNABIS COMMISSION  
Local Government Recommendation – Liquor License

**Section 1 Continued – Submission - To be completed by Applicant:**

Legal Entity/Individual Applicant Name(s): Prep Kitchen, LLC

Proposed Trade Name: Prep Kitchen

**IMPORTANT:** You MUST submit this form to the local government PRIOR to submitting to OLCC. Section 2 must be completed **by the local government** for this form to be accepted with your CAMP application.

**Section 2 – Acceptance - To be completed by Local Government:**

**Local Government Recommendation Proof of Acceptance**

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name:

Optional Date Received Stamp

Date Application Received:

Received by:

**Section 3 – Recommendation - To be completed by Local Government:**

- Recommend this license be granted**
- Recommend this license be denied** (Please include documentation that meets OAR 845-005-0308)
- No Recommendation/Neutral**

Name of Reviewing Official:

*Chad Sweet*

Title: *City Administrator.*

Date: *1/9/26.*

Signature:

After providing your recommendation and signature, please return this form to the applicant.



## Local Government Recommendation – Liquor License

Annual Liquor License Types	
Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

## Section 1 – Submission – To be completed by Applicant:

## License Information

Legal Entity/Individual Applicant Name(s): Prep Kitchen, LLC

Proposed Trade Name: Prep Kitchen

Premises Address: 3601 Oregon Coast Hwy

Unit:

City: Gearhart

County: Clatsop

Zip: 97138

Application Type:  New License Application  Change of Ownership  Change of Location

License Type: Full On-Premises Sales, Commercial

 Additional Location for an Existing License

## Application Contact Information

Contact Name: Joshua Money

Phone: 253-312-7991

Mailing Address: 3601 Oregon Coast Hwy

City: Gearhart

State: OR

Zip: 97138

Email Address: prepkitchenllc@gmail.com

## Business Details

Please check all that apply to your proposed business operations at this location:

 Manufacturing/Production Retail Off-Premises Sales Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

 Indoor Consumption Outdoor Consumption Proposing to Allow Minors

Section 1 continued on next page



**OREGON LIQUOR & CANNABIS COMMISSION**  
**Local Government Recommendation – Liquor License**

Per OAR 845-005-0304(3): The Commission requires an applicant for issuance of a new license issued under ORS chapter 471, to provide written notice of the application to the local government in the form of a complete, accurate, and legible Commission form.

The local government is as follows:

- (a) If the address of the premises proposed to be licensed is within a city's limits, the local government is the city.
- (b) If the address of the premises proposed to be licensed is not within a city's limits, the local government is the county.

**INSTRUCTIONS:**

**Step 1:** Applicant completes all of Section 1 (including top of Page 2).

**Step 2:** Applicant submits both pages of the form to the appropriate local government. NOTE: The local government may require additional forms and/or fees.

**Step 3:** Local government completes at least Section 2 and returns all pages of the form, or a copy thereof, to the applicant. The local government is allowed up to 45 days to complete Section 3.

**Step 4:** Applicant takes the form with at least Sections 1 and 2 completed and includes it with their CAMP application to meet the Local Government Recommendation document requirement. Submissions that do not have at least Sections 1 and 2 completed will not be accepted.

**Step 5:** The local government issues its final recommendation in Section 3 and returns the completed form to the applicant. If the applicant has already submitted their initial application via CAMP, they hold on to the final recommendation and provide it to their investigator, when requested. If they have not already submitted their application, they upload the fully completed Local Government Recommendation form with their initial application submission.

**Applicants within the city of Portland ONLY:** After completing the attached form, please follow these steps to complete the Local Government Recommendation process:

- Apply via the [City of Portland website](#).
- Once you have completed the application with the City of Portland, you will receive an email notifying you that your application has been accepted, usually within two business days. The email will contain an attachment titled "ABC Public Notice."
- Upload the ABC Public Notice document with your CAMP application to meet the Local Government Recommendation document requirement.

NOTE: This document only provides proof of submission. Once you receive your final recommendation from the City of Portland, you will need to provide that to your assigned OLCC investigator.

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## Prep Kitchen Annual Liquor License Info

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**Josh and Reco** <prepkitchenllc@gmail.com>

Mon, Dec 29, 2025 at 7:29 AM

To: Chad Sweet <chadsweet@cityofgearhart.com>, Angoleana Torres <planning@cityofgearhart.com>, Krysti Ficker <krysti@cityofgearhart.com>

All,

Good morning! Not sure who exactly this needs to get sent to, here's our Local Government Recommendation and Gearhart Application for our annual liquor license for your review. Please let me know if you have any questions or need any more info.

Thanks,

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Josh Money and Reco Yanez  
Prep Kitchen, LLC  
**3601 Oregon Coast Hwy**  
**Gearhart, OR 97138**  
503-717-5103  
pkgearhart.com



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### 2 attachments

 **LOCAL-GOVERNMENT-RECOMMENDATION - Prep Kitchen for 2026.pdf**  
276K

 **Gearhart Liquor License Application.pdf**  
301K