



# CITY OF GEARHART

## LIQUOR LICENSE APPLICATION

Submission Date: \_\_\_\_\_

**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): \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Name(s) of business manager(s) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_ ODL# \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

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

*(attach additional pages if necessary)*

Type of business \_\_\_\_\_

Type of food served \_\_\_\_\_

Type of entertainment (dancing, live music, exotic dancers, etc.) \_\_\_\_\_

Days and hours of operation \_\_\_\_\_

Food service hours: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Restaurant seating capacity \_\_\_\_\_ Outside or patio seating capacity \_\_\_\_\_

How late will you have outside seating? \_\_\_\_\_ How late will you sell alcohol? \_\_\_\_\_

How many full-time employees do you have? \_\_\_\_\_ Part-time employees? \_\_\_\_\_

**SECTION 3: DESCRIPTION OF LIQUOR LICENSE**

Name of *Individual, Partnership, Corporation, LLC, or Other* applicants \_\_\_\_\_  
\_\_\_\_\_

Type of liquor license (refer to OLCC form) \_\_\_\_\_

**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 \_\_\_\_\_  
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: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residence address: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Residence address: \_\_\_\_\_

**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 \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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)

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**FOR CITY USE ONLY**

Sources Checked:

DMV by \_\_\_\_\_  LEADS 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

\_\_\_\_\_  
Date

Chad Sweet  
City Administrator  
City of Gearhart