

**GLADSTONE CITY COUNCIL  
ADJOURNED MEETING/ WORK SESSION  
CITY HALL COUNCIL CHAMBERS  
October 28, 2014**

**6:45 p.m. EXECUTIVE SESSION 192.660 (2) - (h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed.**

**ADJOURNED MEETING**

**7:30 p.m. CALL TO ORDER  
ROLL CALL  
FLAG SALUTE**

**BUSINESS FROM THE AUDIENCE**

Visitors: Presentations not scheduled on the Agenda are limited to five (5) minutes. Longer presentations should be submitted to the Assistant City Administrator by 5:00 p.m. Wednesday prior to the Tuesday City Council meeting.

**CONSENT AGENDA**

- 1. Approval of Oregon Liquor Control Commission Liquor License – McLoughlin Market Place**

**REGULAR AGENDA**

- 2. Ringle Lawsuit Settlement (no attachments)**

**WORK SESSION**

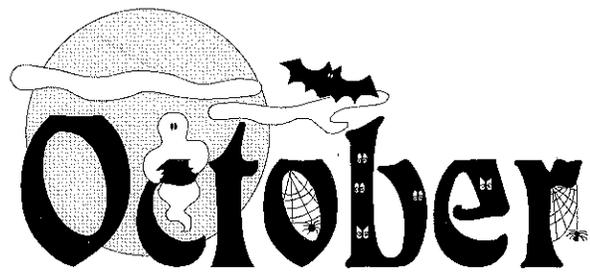
- 3. Water and Stormwater Master Plans / Rate Studies (additional information available on city's website)**

**BUSINESS FROM THE COUNCIL**

**ADJOURN**

**Information: Due to a conflict with Veteran's Day the November Regular City Council Meeting is Scheduled for 7:30 p.m. Monday, November 10, 2014.**





## CONSENT AGENDA



# City of Gladstone Staff Report

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Report Date: October 23, 2014  
Meeting Date: October 28, 2014  
To: City Council  
From: Pete Boyce, City Administrator

## AGENDA ITEM

Oregon Liquor Control Commission Liquor License – McLoughlin Market Place

## History/Background

Owners of McLoughlin Market Place, 19800 SE McLoughlin Blvd. are applying to change ownership of the existing liquor license.

## Proposal

Recommend approval of the application to the Oregon Liquor Control Commission

## Options

Other options include not giving a recommendation or to recommend denying the application.

## Cost Impact

There are no costs associated with this recommendation other than staff time to process the city council agenda item and reporting back to the applicant.

## Recommended Staff Action

Staff requests City Council recommends to the Oregon Liquor Control Commission that the application be granted.

Department Head: N/A  
Date:

Administration: Pete Boyce  
Date: 10/23/14







OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY**

1. Trade Name McLOUGHLIN MARKET PLACE 2. City GLADSTONE

3. Name KIM HYUNG JA  
 (Last) (First) (Middle)

4. Other names used (maiden, other) \_\_\_\_\_

5. \*SSN\* \_\_\_\_\_ 6. Place of Birth \_\_\_\_\_ 7. DOB \_\_\_\_\_ 8. Sex M  F   
 (State or Country) (mm) (dd) (yyyy)

\*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 sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent 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)). If you consent to these uses, please sign here:

Applicant Signature: \_\_\_\_\_

9. Driver License or State ID # \_\_\_\_\_ 10. State OR.

11. Residence Address \_\_\_\_\_ HAPPY VALLEY OR 97086  
 (number and street) (city) (state) (zip code)

12. Mailing Address (if different) \_\_\_\_\_  
 (number and street) (city) (state) (zip code)

13. Contact Phone 503-698-6477 14. E-Mail address (optional) \_\_\_\_\_

15. Do you have a spouse or domestic partner?  Yes  No  
 If yes, list his/her full name: SUK KEWN KIM

16. If yes to #15, will this person work at or be involved in the operation or management of the business?  
 Yes  No

17. List all states, other than Oregon, where you have lived during the past ten years:  
OREGON ONLY

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?  
 Yes  No  Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.  
 If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony?  Yes  No  Unsure  
 If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

1-3

20. Trade Name ORIENT FOOD MARKET 21. City GRESHAM

22. Do you have any arrests or citations that have not been resolved?  Yes  No  Unsure  
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.)  Yes  No  Unsure  
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.)  Yes  No  Unsure  
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?  
 Yes  No  Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

**Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license.** If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol?  N/A  Yes  No  Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

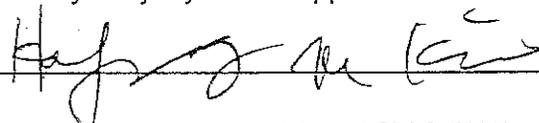
27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?  
 N/A  Yes  No  Unsure If yes or unsure, explain:

**Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license.** If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon?  N/A  Yes  No  Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature:  Date: 10-02-14  
1-4



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY**

1. Trade Name McLOUGHLIN MARKET PLACE 2. City GLADSTONE

3. Name KIM SUR KEWN  
(Last) (First) (Middle)

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15. Do you have a spouse or domestic partner?  Yes  No  
If yes, list his/her full name: HYUNG JA KIM

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1-5

20. Trade Name ORIENT FLOOD MARKET 21. City GRESHAM

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 Yes  No  Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

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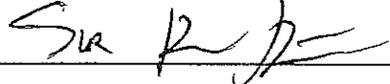
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Applicant Signature:  Date: 10-02-14



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: HYUNG JA KIM Phone: 503-656-0071

Trade Name (dba): McLOUGHLIN MARKET PLACE

Business Location Address: 19800 SE McLOUGHLIN BLVD

City: GLADSTONE, OR ZIP Code: 97027

**DAYS AND HOURS OF OPERATION**

<b>Business Hours:</b>	<b>Outdoor Area Hours:</b>	<b>The outdoor area is used for:</b>
Sunday <u>0630</u> to <u>1200PM</u>	Sunday _____ to _____	<input type="checkbox"/> Food service Hours: _____ to _____
Monday <u>0630</u> to <u>1200PM</u>	Monday _____ to _____	<input type="checkbox"/> Alcohol service Hours: _____ to _____
Tuesday <u>0630</u> to <u>1200PM</u>	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how _____
Wednesday <u>0630</u> to <u>1200PM</u>	Wednesday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees. _____ (Investigator's Initials)
Thursday <u>0630</u> to <u>1200PM</u>	Thursday _____ to _____	
Friday <u>0630</u> to <u>1200PM</u>	Friday _____ to _____	
Saturday <u>0630</u> to <u>1200PM</u>	Saturday _____ to _____	

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

**ENTERTAINMENT**

Check all that apply:

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

**DAYS & HOURS OF LIVE OR DJ MUSIC**

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

**SEATING COUNT**

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

**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: [Signature] Date: 10-02-14

# **WORK SESSION**



# City of Gladstone Staff Report

---

Report Date: October 23, 2014  
Meeting Date: October 28, 2014  
To: City Council  
From: Pete Boyce, City Administrator

## AGENDA ITEM

Water and Stormwater Master Plans / Rate Studies

### History/Background

City Council authorized the development of master plans for both water and stormwater utilities. The plans have been completed along with rate studies and submitted to the City by consultant Brown and Caldwell.

### Proposal

The purpose of this work session item is for Brown and Caldwell to present the reports to City Council and answer questions. City Council cannot take any action at a work session. There will be future agenda items at regular City Council meetings where councilors and the mayor could consider acceptance of the reports or ask additional questions. Implementation of the reports will also need to be discussed at future meetings. At these future meetings City Council may choose to implement portions or the entirety of the reports.

### Options

N/A At this time staff is only asking city council to listen to the presentation from Brown and Caldwell and ask questions.

### Cost Impact

Cost impact is outlined in the masterplans. There will be additional staff time involved, over the course of decades, with administering the plans but it is difficult to estimate.

### Recommended Staff Action

Staff recommends city council listen to the presentation and ask questions.

Department Head: N/A  
Date:

Administration: Pete Boyce  
Date: 10/23/14

