



Gladstone Police Department Memorandum

TO: City Administrator Eric Swanson

FROM: Chief Jeff Jolley 

DATE: November 8, 2016

SUBJECT: Rad Mama's Place, LLC

The OLCC Liquor License Application from Rad Mama's Place, LLC is approved.



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 10-31-16

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Melissa Mayea Rad mama's Place, LLC

② _____ ④ _____

2. Trade Name (dba): Rad Mama's Place LLC

3. Business Location: 439 Portland Ave Gladstone OR 97027
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 18975 Addie St. Gladstone OR 97027
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-621-7828
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Melissa Mayea
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Gladstone
(name of city or county)

11. Contact person for this application: Melissa Mayea
(name) (phone number(s))
18975 Addie St. Gladstone OR 97027 Radmamasplace@gmail.com 503-621-7828
(address) (fax) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① Melissa Mayea Date 09/23/2016 ③ _____

② _____ Date _____ ④ _____ Initials: _____ Date: _____

RECEIVED

OC Date 10/5/16

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1243568-90

Please Print or Type

LLC Name: Rad mama's place, LLC Year Filed: 2016 ✓

Trade Name (dba): ~~Same as above~~ Rad mama's Place

Business Location Address: 439 Portland Ave

City: Gladstone OR ZIP Code: 97027

List Members of LLC:

Percentage of Membership Interest:

1. Melissa Mayza
(managing member)

100%

2. _____
(members)

3. _____

4. _____

5. _____

6. _____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: Melissa Mayza DOB: 10/27/1979

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: Melissa Mayza Date: 9/23/16
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

1. Trade Name Rad Mama's Place LLC 2. City Gladstone

3. Name Mayea Melissa Marie
 (Last) (First) (Middle)

4. Other names used (maiden, other) Melissa Hubbard

5. *SSN _____ 6. Place of Birth Oregon 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 Oregon

11. Residence Address 18975 Addie St Gladstone OR 97027
 (number and street) (city) (state) (zip code)

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

13. Contact Phone 503-621-7828 14. E-Mail address (optional) _____

15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: Brian Scott Mayea

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

Initials: MS

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

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.

20. Trade Name Rad Mama's Place LLC

21. City Gladstone

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.

I believe it was in 2003? I was young and made a poor choice that I have never made again.

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: Melina Mayza Date: 09/23/2016



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Rad mama's Place, LLC Phone: 503-621-7828
 Trade Name (dba): Rad mama's Place, LLC
 Business Location Address: 439 Portland Ave
 City: Gladstone OR ZIP Code: 97027

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>NOT OPEN</u>	to	
Monday	<u>11:00 AM</u>	to	<u>8 PM</u>
Tuesday	<u>"</u>	to	<u>"</u>
Wednesday	<u>"</u>	to	<u>"</u>
Thursday	<u>"</u>	to	<u>"</u>
Friday	<u>"</u>	to	<u>"</u>
Saturday	<u>11 AM</u>	to	<u>8 PM</u>

Outdoor Area Hours:

Sunday	<u>N/A</u>	to	<u>N/A</u>
Monday	<u>N/A</u>	to	<u>N/A</u>
Tuesday	<u>N/A</u>	to	<u>N/A</u>
Wednesday	<u>N/A</u>	to	<u>N/A</u>
Thursday	<u>N/A</u>	to	<u>N/A</u>
Friday	<u>N/A</u>	to	<u>N/A</u>
Saturday	<u>N/A</u>	to	<u>N/A</u>

The outdoor area is used for: Storage only

Food service Hours: _____ to _____
 Alcohol service Hours: _____ to _____
 Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.
 _____ (Investigator's Initials)

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: pandora Radio

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>/</u>	to	<u>/</u>
Monday	<u>/</u>	to	<u>/</u>
Tuesday	<u>/</u>	to	<u>/</u>
Wednesday	<u>/</u>	to	<u>/</u>
Thursday	<u>/</u>	to	<u>/</u>
Friday	<u>/</u>	to	<u>/</u>
Saturday	<u>/</u>	to	<u>/</u>

SEATING COUNT

Restaurant: 18 Outdoor: N/A
 Lounge: N/A Other (explain): _____
 Banquet: N/A Total Seating: 18

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: Melina Mayea Date: 9/23/16

