

**City of Falls City
City Council Regular Meeting
Thursday September 10, 2015
Meeting Location: 320 N Main Street, Falls City, Oregon 97344**

Council Present: Mayor Terry Ungricht, Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop

Staff Present: Domenica Protheroe, City Clerk; JoHanna Hewitt, City Clerk; Don Poe, Public Works Lead

Mayor Ungricht called the meeting to order at 7:00 PM.

1) Roll Call

Clerk Protheroe took roll call. Lori Jean Sickles arrived 7:02 PM and Julee Bishop arrived at 7:05PM.

2) Pledge of Allegiance

Mayor Ungricht led the pledge.

3) Motion to adopt the entire Agenda

A motion was made by Councilor Sickles and seconded by Councilor Meier to adopt the entire Agenda with the addition of Items F; Infrastructure Finance Authority (IFA) financing contract and G; Frink's Store Liquor License Application permitting off-site sales. Motion carried 5-1-0. Ayes: Lori Jean Sickles, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop. Nays: Jennifer Drill

4) Consent Agenda: Motion Action Approving Consent Agenda Items

A motion was made by Councilor Meier and seconded by Councilor D. Sickles to approve the Consent Agenda. Motion carried 6-0-0. Ayes: Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop.

5) Public Comments:

None

6) New Business:

A) Resignation of Jim Miner from Parks and Recreation Committee-

A motion was made by Councilor Gerald Melin and seconded by Julie Bishop to accept the resignation of Jim Miner from the Parks and recreation Committee. Motion carried 6-0-0-. Ayes: Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop

B) Falls City/Bureau of Land Management (BLM) Cooperative Agreement-

A motion was made by Councilor Sickles and seconded by Councilor Meier to approve Resolution 11-2015, Falls City/Bureau of Land Management (BLM) Cooperative Agreement, L15Ac00118 for aid in funding the Dutch Creek Crossing project. Motion carried 6-0-0 Ayes: Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop

C) Water Plant Agreement/HACH-

Councilor Drill wanted to pursue additional vendor bids for testing water sensors, but as Mayor Ungricht pointed out, the City is in an ongoing agreement with HACH for another 7 years. Don Poe, Public Works Lead added HACH is the only company that can test our water sensors and make PCL cards for treatment plant sensors. He informed Councilor Drill that HACH has the advantage on the Pacific Northwest market due to their punctuality, documentation and providing inspection technician initials every three months.

A motion was made by Councilor Meier, and seconded by Councilor L. Sickles to allow staff to enter into a maintenance agreement for the Water Treatment Plant with HACH. Motion carried 5-1-0 Ayes: Lori Jean Sickles, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop. Nays: Jennifer Drill

D) Wastewater System Report-

The existing Sewer Facility Plan can be “tweaked” with an engineer at an additional cost. Problems have been identified as follows; pump failure, issues with Carey Ct. and S. Main Streets. The City has not been pumping its sewer tanks as often as they should be due to cost. . Mayor Ungricht pointed out that the Sewer Fund margin is too close. He stated a \$3.00 increase on sewer billing would provide additional income to cover expenditures. Water testing alone is \$6,300 annually. Mayor Ungricht added that the City of Coburg just did a pond system servicing 900 users with a minimum charge of \$87.00. Mayor Ungricht invited Councilors to come to his office to look at number data he has compiled for his findings. He would like to see an annual Cost of Living increase for each utility service charge. Councilor D. Sickles agreed. Councilor Bishop agreed it has been an ongoing problem for a long time; she stated she was told, “If rates were increased and became unaffordable, people could move out.” Mayor Ungricht said he ran for office to keep rate increases away, and then added his time in office has been a harsh learning experience. Councilor Drill would like to gather more input from citizens. She requested the sewer fee increase be added to the next Town Hall agenda accompanied by a Power Point presentation.

A motion was made by Councilor Melin and seconded by Councilor Drill that the City of Falls City direct the Public Works Committee to study the current rate system and propose suggestions to Council on their findings. Motion carried 6-0-0 Ayes: Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop

E) Infrastructure Finance Authority Award Letter-

A congratulatory letter to Falls City on an award for \$20,000 to be put toward the Water Master Plan, Project #V16001.

F) Infrastructure Finance Authority (IFA) Financing Contract-

Agenda Report IFA Financing Contract was distributed at the beginning of the meeting. (Exhibit A)

A motion was made by Councilor Sickles and seconded by Councilor Meier to approve Resolution 12-2015, a Resolution entering into the contract with IFA for \$20,000. Motion carried 6-0-0 Ayes: Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop.

G) Frink’s General Store Liquor License Application permitting off-site sales-

The liquor license reapplication became required due to Frink’s General Store moving locations. (Exhibit B)

A motion was made by Councilor Meier and seconded by Councilor L. Sickles that the liquor license be granted. Motion carried 5-1-0 Ayes: Lori Jean Sickles, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop. Nays: Jennifer Drill.

7) Correspondence, Comments and Ex-Officio Reports-

Councilor Drill requested the sandwich sign be placed outside the community Center during City Council meetings to encourage increased public participation. Councilor Drill brought everyone up to date on the Emergency and Disaster Preparedness Plan. She and representatives from the community, including the Fire Department, churches, City and school had met and drafted a base plan. The Falls City Basic Emergency Preparedness Plan (FCBEPP) has been based on the most likely

natural disaster to strike the area, an earthquake. She would like copies of FCBEPP to go out with the City's utility statements, posted in churches, the school and on Facebook. The FCBEPP consists of two alternate plans; Plan A- designed for area bridges remaining intact. Plan B- designed for use if the bridges are out. Mayor Ungricht suggested that Councilor Drill bring the FCBEPP before City Council for their final approval on the special project prior to distribution of flyers. He reminded all present that individual Council and committees members cannot act on their own. Councilor Drill agreed to speak with Mayor Ungricht before sending the information out. Councilor Drill announced the Town Hall Meeting on September 29 at 7PM. They will be discussing water and sewer rates along with emergency preparedness.

Councilor Meier called a number of places in regards to the surplus fire truck and ambulance. He found someone interested and will get an ad on Craigslist, in the City's newsletter and get bids. Mayor Ungricht suggested getting their weight at Cherry City and making that scrap price the bottom line for an acceptable bid.

Councilor Melin voiced concern regarding the possible closing of the library. The Wagner Trust Fund will be depleted in approximately early 2017. Councilor Sickles gave assurance the school would not evict the library from the building and that closing of the library was only a remote possibility but added that neither the school nor the City have the funds to keep it running. The possibility of having the RARE Candidate part time was discussed.

Councilor D. Sickles would like to cover the stands (bleachers) and run a water line to the concession stand at the school. He asked Public Works if they would use their equipment and dig the trench to put in the line. Don Poe, Public Works Lead asked when this project would take place. Councilor D. Sickles replied it would take place after the 2016 Football season. The school's water bill was mentioned. Mayor Ungricht suggested that the water bill be discussed with Council after the statement is received.

Councilor Bishop was concerned about trees hanging over the street near Sheldon & S. Main St. Don Poe offered to help take them down.

8) Mayors Report

- a) Republic Services will have a 1.8% increase as per contract.
- b) Volunteer Tommy Russell painted the stairway.
- c) Jill will clean up the weeds for Councilor T. Meier's wife to plant.
- d) Public Works has been working Dayton St. Bridge, built in 1963, making repairs. Mayor Ungricht estimated an amount of \$2600 from the Street Fund may be needed toward the cost of repairs. Grants are being researched to apply for and secure. This requires a plan executed by an engineer with an estimated cost of \$3000. If not, the Dayton St. Bridge will have to be closed due the safety risks. In addition, a pole may be set to prevent golf carts and ATV's from using the pedestrian bridge.
- e) There was a chlorine leak at the Waste Water Plant. This was fixed however, the pump failed. The water pump was shut down and off the reservoir for two and one half days. No leakage charges will be issued to customers during August due to the 48 hours to repair the Plant.
- f) Request For Proposal (RFP) process- Is in final draft and Domenica, City Clerk, is going over it.
- g) The Rite Aid flu clinic was announced.
- h) Councilor Sickles thanked Mayor Ungricht for bringing issues before Council.

A motion was made by Councilor L. Sickles and seconded by Councilor Bishop to appoint a review panel to hire an engineer for the Master Water Plan. The panel consists of Councilor D. Sickles, Domenica Protheroe,

Guy Mack, Don Poe and Mayor Ungricht. All of whom have expertize with aspects of this project. Motion carried 6-0-0 Ayes: Lori Jean Sickles, Jennifer Drill, Tony Meier, Gerald Melin, Dennis Sickles, Julee Bishop.

9) Council Announcements

10) Adjourn

The meeting adjourned at 8:10 pm.



Mayor Terry Ungricht

Attested: 

City Clerk JoHanna Hewitt

Exhibit A

AGENDA REPORT

TO: CITY COUNCIL
FROM: MAYOR TERRY UNGRICHT
SUBJECT: IFA FINANCING CONTRACT
DATE: 08/20/2015

SUMMARY

Falls City applied for a \$20,000.00 grant from the Infrastructure Finance Authority (IFA).

BACKGROUND

Staff has been working with State and Federal financing agencies to secure money to help with the Master Water Plan. Staff had notified Council that we had submitted for \$20,000.00 from IFA, staff submitted letter of acceptance from IFA of the award of \$20,000.00 in the current Council packet.

This award comes with the stipulation that Falls City include a Water rate study and a water management and Conservation plan. Staff had planned on a rate study, which Council was informed about. In research on the water management And Conservation plan; these are needed before the beginning of most projects that will be identified in the Master Water Plan, the City is regulated to have this plan by 2017, and this might help secure the Berry Creek water rights mandate.

Since the time the packet was delivered, staff received the Financing Contract from IFA. Staff would like to move forward on official acceptance of the contract and brings this issue to Council for their approval.

PREVIOUS COUNCIL/COMMITTEE ACTION

City staff has reported on applying for funding.

ALTERNATIVES/FINANCIAL IMPLICATIONS

This will reduce our portion of funding the Master Water Plan by \$20,000.00, but will require the mandated addition of a rate study and a water management and Conservation plan.

STAFF RECCOMENDATION

Accept motion entering into agreement.

EXHIBIT

Exhibit A – IFA Financing Contract

PROPOSED MOTIONS

I move the City Council of the City of Falls City approve Resolution 12-2015 A Resolution entering into a Finance Contract with the State of Oregon Infrastructure Finance Authority for a grant of \$20,000.00 to be used towards a Master Water Plan.

AGENDA REPORT

TO: CITY COUNCIL
FROM: MAYOR TERRY UNGRICHT
SUBJECT: FRINK'S GENERAL STORE OFF-PREMISES SALES LIQUOR LICENSE APPLICATION
DATE: 09/10/2015

SUMMARY

Frink's General Store has applied for an off-premises liquor license for their new location.

BACKGROUND

The Oregon Liquor Control Commission requires licensing for different types of liquor sales.

PREVIOUS COUNCIL/COMMITTEE ACTION

City Council previously approved a liquor license for Frink's General Store for their prior location. An off-premises liquor license would allow the market to sell factory-sealed containers of malt beverages in containers holding not more than 2¼ gallons, wine, and cider at retail for drinking off site.

ALTERNATIVES/FINANCIAL IMPLICATIONS

N/A

STAFF RECCOMENDATION

N/A

EXHIBIT

Exhibit A – Liquor License Application

PROPOSED MOTIONS

I move that the City Council of the City of Falls City allow staff to approve Frink's General Store Off-Premises Sales Liquor License.



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: MT

Date: 6/18/15

90-day authority: Yes No

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

- ① Cathy Louise Frink ③ _____
- ② Kirby Kent Frink ④ _____

2. Trade Name (dba): Frink's General Store

3. Business Location: 319 N. main St. Falls City Polk OR 97344
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 319 N. main St. Falls City OR 97344
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-787-8036 503-787-8036
(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: Home town Grocery or United market

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

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

11. Contact person for this application: Cathy Frink 503-787-8036 503-787-3535
(name) (phone number(s)) (phone number(s))
319 N. main St 503-787-8036 Kirby.Kent@live.com
(address) (fax number) (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 Cathy Louise Frink Date 6/18/15 ③ _____ Date _____
- ② Kirby Kent Frink Date 6/18/15 ④ _____ Date _____

JUN 12 2015

SALEM REGIONAL OFFICE
Date



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

1. Trade Name Frink's General Store 2. City Falls City
 3. Name Frink Cathy Louise
 (Last) (First) (Middle)
 4. Other names used (maiden, other) Ogden
 5. [REDACTED] Place of Birth [REDACTED] [REDACTED] 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: Cathy Louise Frink

9. Driver License or State ID # [REDACTED] 10. State OR
 11. Residence Address 58 N. Main St Falls City OR 97344
 (number and street) (city) (state) (zip code)
 12. Mailing Address (if different) _____
 (number and street) (city) (state) (zip code)
503-787-8036 - Store
 13. Contact Phone 503-308-8698 - cell 14. E-Mail address (optional) Kirby Kent @ live.com

15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: Kirby Kent Frink

OSP/DMV

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

JUN 16 2015

17. List all states, other than Oregon, where you have lived during the past ten years:
None INITIALS: [Signature]

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 Frink's General Store 21. City Falls City

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. *CF*

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.

Frink's General Store 401 N. Main, Falls City
2012 to present

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. *CF*

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: *CF*

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: Cathy Louise Frink Date: 6/10/15



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY

1. Trade Name Frink's General Store 2. City Falls City
 3. Name Frink Kirby Kent
 (Last) (First) (Middle)
 4. Other names used (maiden, other) _____
 5. *SSN [REDACTED] Place of Birth [REDACTED] 7. [REDACTED] 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 # [REDACTED] 10. State OR
 11. Residence Address 58 N main st Falls City OR 97344
 (number and street) (city) (state) (zip code)
 12. Mailing Address (if different) _____
 (number and street) (city) (state) (zip code)
 13. Contact Phone 503-787-1403 14. E-Mail address (optional) KirbyKent@live.com
 15. Do you have a spouse or domestic partner? Yes No
 If yes, list his/her full name: Cathy Louise Frink **OSP/DMV**
 Search Completed
 16. If yes to #15, will this person work at or be involved in the operation or management of the business? **JUN 10 2015**
 Yes No
 17. List all states, other than Oregon, where you have lived during the past ten years. INITIALS: [Signature]
None
 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 Frink's General Store 21. City Falls City

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.

Frink's General Store 401 N. Main St, Falls City
2012 to present

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: Kirby Just Date: 6/10/15



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Cathy Frink Phone: 503-787-8036

Trade Name (dba): Frinks General Store

Business Location Address: 319 N. main St.

City: Falls City ZIP Code: OR

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 6 to 10
Monday 6 to 10
Tuesday 6 to 10
Wednesday 6 to 10
Thursday 6 to 10
Friday 6 to 10
Saturday 6 to 10

Outdoor Area Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

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: Summer hrs 6-10 -
winter hrs Sunday - thur 6-9, Fri & Sat 6-10

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: N/A
Date: _____

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

Applicant Signature: Cathy Frink Date: 6/10/15

1-800-452-OLCC (6522)

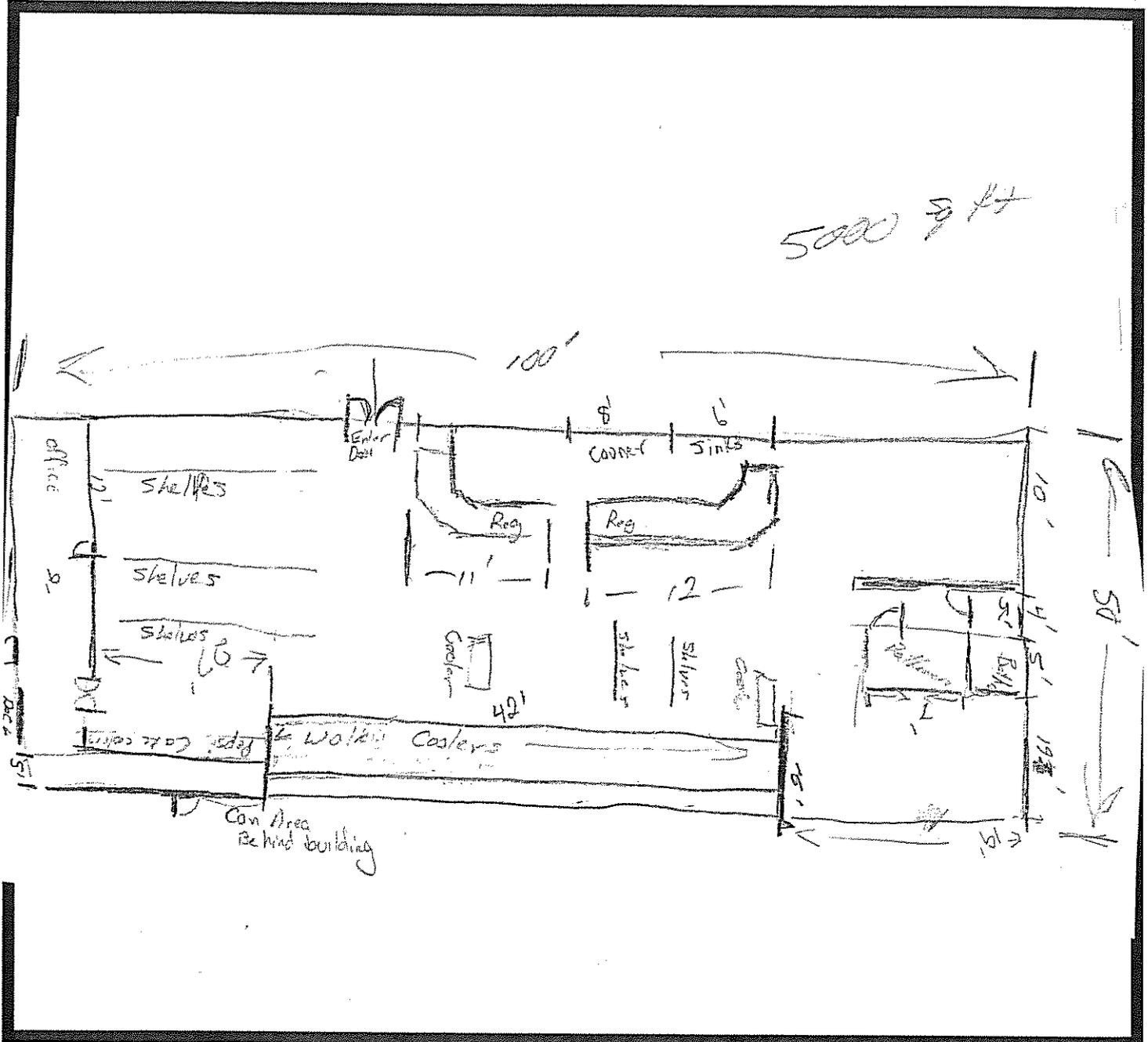
www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION 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.



Cathy Frink
Applicant Name
Frink's General Store
Trade Name (dba):
Falls City 97344
City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)
N/A
Date: 6/24/15 Initials: MH