

CITY OF LINCOLN CITY

LINCOLN CITY COUNCIL AGENDA

MONDAY OCTOBER 25, 2021 6:00 PM

6:00 PM - The Lincoln City Council meeting for October 25, 2021 will be held via Zoom. The City Council Chambers will be open and the meeting will be broadcast live in the Council Chambers. It will also be live on Channel 4 and through streaming on the web at www.lincolncity.org.

Public comments can be submitted to publiccomment@lincolncity.org, by attending the City Council meeting, or by attending through Zoom invitation.

Public comments submitted by email to publiccomment@lincolncity.org will be summarized and entered into the record.

Citizens present in the Council Chambers will be given the opportunity to comment via Zoom. Laptops will be set up for those comments. Citizens present in the Council Chambers will be required wear a face covering and must observe social distancing. A member of the Information Technology staff will be present during the meeting to assist with any technical issues.

Citizens requesting to give public comment via Zoom must email publiccomment@lincolncity.org no later than noon on the meeting day. The request must include the person's name, the subject the person wishes to address and the Zoom screen name the person intends to use for the meeting. A Zoom invitation will be sent to the person requesting prior to the meeting. Persons who will give public comment via Zoom will be placed in a Zoom waiting room upon entering the meeting until the public comment portion of the meeting at which time they will be admitted into the meeting through Zoom.

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired, for a hearing-impaired device, or for other accommodations for persons with disabilities, should be made at least 48 hours in advance of the meeting to the City Recorder, 541-996-1203.

The Lincoln City Council reserves the right to add or delete items as needed, change the order of the agenda, and discuss any other business deemed necessary at the time of the meeting.

All information for this meeting is available at www.lincolncity.org under "Agenda, Packets & Video". This meeting will be televised on Channel 4. For additional rebroadcast times, please consult the Channel 4 guide on the hour.

- A. CALL TO ORDER**
- B. ROLL CALL**
- C. PLEDGE OF ALLEGIANCE**
- D. CONSENT AGENDA**
 - 1. Regular Meeting – Minutes of Work Session – October 11, 2021 3:00 PM
 - 2. Regular Meeting – Minutes of Regular Meeting – October 11, 2021 6:00 PM
 - 3. Oregon Liquor Control Commission - Request for Limited On-Premises Liquor License for Scout Northwest Trading Company
 - 4. Oregon Liquor Control Commission - Request for Full On-Premises Liquor License for Autobahn 101
 - 5. Oregon Liquor Control Commission - Request for Limited On-Premises Liquor License for The Pines Dine
 - 6. Council Consent for Personnel Appointment
- E. COUNCIL DELIBERATIONS**
- F. COMMENTS FROM CITIZENS PRESENT ON AGENDA/NON-AGENDA ITEMS**
 - 7. Public Comment on City Manager Recruitment Information
- G. PRESENTATIONS**
- H. PUBLIC HEARING / ORDINANCE**
- I. PUBLIC HEARINGS / PUBLIC COMMENTS**
- J. ORDINANCES**
- K. RESOLUTIONS**
- L. SPECIAL ORDER OF BUSINESS**
 - 1. Budget Committee Interview-Michelson
 - 2. Planning Commission Interview - Petersen
- M. CITY MANAGER/CITY ATTORNEY REPORTS**
- N. ACTIONS, IF ANY, BASED ON WORK SESSION OR EXECUTIVE SESSION**
- O. ADDITIONAL COMMENTS FROM CITIZENS PRESENT ON NON-AGENDA ITEMS**
- P. ANNOUNCEMENTS OR COMMENTS BY CITY COUNCIL**
- Q. ADJOURNMENT**

CITY OF LINCOLN CITY

CITY COUNCIL MINUTES OF WORK SESSION MEETING

October 11, 2021, 3:00 PM

The final minutes for this meeting are supplemented by an electronic recording of the meeting, which may be viewed online at www.lincolncity.org under the tab "Agendas, Packets and Videos". The staff reports, resolutions, ordinances, and other documents related to this meeting are also available at the same location. This meeting is rebroadcast on Cable Channel 4. (See Channel 4 guide on the hour at <http://www2.lincolncity.org/program-guide/>).

APPROVED BY CITY COUNCIL

DATE:

1. CALL TO ORDER

Mayor Wahlke called the meeting to order at 3:00 PM.

Attendee Name	Title	Status	Arrived
Susan Wahlke	Mayor	Present	3:00 PM
Vacant	Councilor Ward 1	Present	3:00 PM
Judy Casper	Councilor Ward 3	Present	3:00 PM
Riley Hoagland	Councilor Ward 2	Present	3:00 PM
Rick Mark	Councilor Ward 3	Present	3:00 PM
Mitch Parsons	Councilor Ward 1	Present	3:00 PM
Vacant	Councilor Ward 2		

Staff Present: Lila Bradley, Interim City Manager; Richard Appicello, City Attorney; Lt. Broderick, Lincoln City Police Department; Abigail Edwards, Human Resources Director; Alison Robertson, Economic Development and Urban Renewal Director; Jeanne Sprague, Parks and Recreation Director; Stephanie Reid, City Engineer; Anne Marie Skinner, Planning and Community Development Director; Michael Phillips, Administrative Assistant to the City Manager; Ken Murphy, Emergency Services Coordinator; David Twigg, I.T. Support Specialist; Tony LaSoya, IT Director; Jamie Young, City Recorder.

2. DISCUSSION ITEMS

A. Lincoln City Evacuation Plan

Council and Ms. Bradley discussed the beach accesses at NW 15th Street and NW 34th Street. Lt. Broderick said there have not been too many calls since 15th Street was re-opened. Oregon State Parks controls the beach itself. Ms. Bradley said that the barricades were removed at NW 34th and had to be put back. Mayor Wahlke said that there has been discussion at a State level about closing this access. Ms. Sprague said that she could work with the State. Mr. Appicello said that this is a two-part approach, Council will need to come back in December to re-visit the temporary closure of NW 15th and NW 34th Street and the second part is to talk to the State regarding their public hearing process for permanent closure.

B. Website Review PowerPoint

Michael Phillips, the Executive Assistant to the City Manager, gave a presentation of the website. Councilor Hoagland asked about the "G" on the tab icon rather than the City logo. Mr. LaSoya said that he would contact Granicus about checking that changed that to the City logo. Councilor Hoagland thanked Mr. Phillips for the presentation and asked if we can have something about the City as the initial item, the visitors see. Mr. LaSoya acknowledged Mr. Phillips has done this entire project and it would not have been completed without him. Ms. Bradley would like to see each Councilor have a biography on the page.

C. Evacuation Plan

Ken Murphy, Emergency Services Coordinator, presented the emergency evacuation plan. Mayor Wahlke thanked Mr. Murphy for his work in the emergency evacuation plan. Councilor Casper inquired about the Chlorine buffer zone. Mr. Murphy said those are proposed boundaries in case we do have an event.

D. Manager Report

Ms. Bradley said she will be off October 12th & 13th and October 29th through November 12th and would recommend Ms. Edwards as Interim City Manager as the Chief is not available. Ms. Bradley said that Paul Schuytema would have a presentation that will need to be added to the agenda under presentations. Mayor Wahlke said that Mr. Schuytema gave plenty of notice regarding his presentation; it was forgotten on the agenda.

Mr. Appicello said there will be a couple of changes under the consent portion of the agenda; the NW 34th Street Beach access and the Nelscott Forcemain project, Council is not making a decision to spend money rather directing staff to go ahead and start the public contract bidding portion of the project. Ms. Bradley also said that we would need a discussion during the Council meeting about boards and committees.

E. Council Questions on Agenda Items for Regular Meeting

F. Other Questions from Council

Councilor Hoagland mention it was Indigenous People's Day. Councilor Hoagland also mentioned adding a fish cleaning station at 51st street, Forest Fairies, and Scottish Tourism and Highland Titles. Mayor Wahlke asked this be brought up under Council comments at the end of the meeting.

3. ADJOURNMENT

Mayor Wahlke Adjourned the Meeting at 3:59 PM.

SUSAN WAHLKE, MAYOR

ATTEST:

JAMIE YOUNG, CITY RECORDER

CITY OF LINCOLN CITY

CITY COUNCIL MINUTES OF MEETING

October 11, 2021, 6:00 PM

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APPROVED BY CITY COUNCIL

DATE:

A. CALL TO ORDER

Mayor Wahlke called the meeting to order at 6:00 PM. Mayor Wahlke advised the public that there are now three ways to provide public comment.

1. Comments can be made through email to publiccomment@lincolncity.org;
2. Comments can be made via Zoom if a request is emailed to publiccomment@lincolncity.org by noon on the meeting day;
3. Comments can be made in person at the Council Chambers (COVID-19 precautions are taken).

Mayor Wahlke also said that today is Indigenous People's Day. Mayor Wahlke added a presentation under item G and moved Resolution 2021-44 and the Oath of Office Ceremony after the consent agenda.

B. ROLL CALL

Attendee Name	Title	Status	Arrived
Susan Wahlke	Mayor	Present	6:00 PM
Elaine Starmer	City Council Ward 1	Present	6:17 PM
Judy Casper	Councilor Ward 3	Present	6:00 PM
Riley Hoagland	Councilor Ward 2	Present	6:00 PM
Rick Mark	Councilor Ward 3	Present	6:00 PM
Mitch Parsons	Councilor Ward 1	Present	6:00 PM
Vacant	Councilor Ward 2		

Staff Present: Lila Bradley, Interim City Manager; Richard Appicello, City Attorney; Lt. Broderick, Lincoln City Police Department; Abigail Edwards, Human Resources Director; Alison Robertson, Economic Development and Urban Renewal Director; Jeanne Sprague, Parks and Recreation Director; Stephanie Reid, City Engineer; Anne Marie Skinner, Planning and Community Development Director; Ken Murphy, Emergency Services Coordinator; Tony LaSoya, I.T. Director; Jamie Young, City Recorder.

C. PLEDGE OF ALLEGIANCE

Skipped due to the meeting being held remotely.

D. CONSENT AGENDA

MOTION:	Consent Agenda
MOVER:	Judy Casper, Councilor Ward 3
SECONDER:	Rick Mark, Councilor Ward 3
AYES:	Wahlke, Casper, Hoagland, Mark, Parsons
RESULT:	Passed

1. Regular Meeting – Minutes of Work Session – September 27, 2021, 3:00 PM
2. Regular Meeting – Minutes of Regular Meeting – September 27, 2021, 6:00 PM
3. Oregon Liquor Control Commission - New- Off-Premises Liquor License
4. Oregon Liquor Control Commission - Request for Full On-Premises Liquor License for The Sea Spritz
5. ARPA Funds for Nelscott Forcemain Project Funding
6. Traffic Control Measures - Status of NW 34th Court and NW 15th

K. RESOLUTIONS

2. Resolution 2021-44: A Resolution Declaring the Official Results of the Canvas of Votes of the Special Election Held in the City of Lincoln City, Oregon on September 21, 2021.

MOTION:	Motion to Approve Resolution 2021-44 Canvass of Votes
MOVER:	Rick Mark, Councilor Ward 3
SECONDER:	Mitch Parsons, Councilor Ward 1
AYES:	Wahlke, Casper, Hoagland, Mark, Parsons
RESULT:	Passed via Voice Vote

L. SPECIAL ORDER OF BUSINESS

4. Oath of Office Ceremony and Seating of Councilor-elect Elaine Starmer
The City Recorder performed the Oath of Office with Councilor Starmer.

E. COUNCIL DELIBERATIONS

2 – Lincoln City Council Minutes October 11, 2021

None

F. COMMENTS FROM CITIZENS PRESENT ON AGENDA/NON-AGENDA ITEMS

None

G. PRESENTATIONS

1. Build Back Better Grant

Paul Schuytema, Executive Director of Economic Development Alliance of Lincoln County, gave a presentation and asked for a letter of support from the Council. Council gave unanimous consent for the Mayor to sign.

H. PUBLIC HEARING / ORDINANCE

None

I. PUBLIC HEARINGS / PUBLIC COMMENTS

1. Continuance of Public Hearing [GC portion of former Ordinance 2021-14 (now renumbered as Ordinance 2021-22)]

MOTION:	Motion to Approve a Continuance of the Public Hearing Ordinance 2021-22 GC 17.32 - Continuance to November 8, 2021
MOVER:	Judy Casper, Councilor Ward 3
SECONDER:	Riley Hoagland, Councilor Ward 2
AYES:	Wahlke, Starmer, Casper, Hoagland, Mark, Parsons
RESULT:	Passed via Voice Vote

This ordinance was previously number 2021-14.

J. ORDINANCES

None

L. SPECIAL ORDER OF BUSINESS

3. Construction Award for Lincoln Square ADA Improvements, Phase 2

Mayor Wahlke recused herself due to a conflict of interest. Council President Casper led the discussion. Ms. Reid presented the project.

MOTION:	Motion to Award Contract for Lincoln Square Parking Improvements Phase II to RK Concrete Construction in the Amount of \$334,217.26
MOVER:	Rick Mark, Councilor Ward 3
SECONDER:	Riley Hoagland, Councilor Ward 2
AYES:	Wahlke, Starmer, Casper, Hoagland, Mark, Parsons
RESULT:	Passed by Roll Call Vote

5. Internet and Data Transport Services - Water and Wastewater Contract Award

MOTION: Motion to Award Contract for Internet and Data Transport Services - Water and Wastewater to Wave Business Solutions in the Amount of \$270,000 with a monthly recurring charge of \$840.

MOVER: Riley Hoagland, Councilor Ward 2

SECONDER: Mitch Parsons, Councilor Ward 1

AYES: Wahlke, Starmer, Casper, Hoagland, Mark, Parsons

RESULT: Passed by Roll Call Vote

M. CITY MANAGER/CITY ATTORNEY REPORTS

6. 2021 Holiday Meeting Schedule

MOTION: Motion to Cancel the Meetings Thanksgiving and Christmas Week

MOVER: Judy Casper, Councilor Ward 3

SECONDER: Mitch Parsons, Councilor Ward 1

AYES: Wahlke, Starmer, Casper, Hoagland, Mark, Parsons

RESULT: Passed via Voice Vote

Mayor Wahlke confirmed the deadline for the Ward II Council Seat. Ms. Bradley had the City Recorder go over the applications received for the vacant committee seats. Mayor Wahlke appointed Councilor Starmer to be an interviewer on the Parks Board. Councilor Hoagland asked about having formal questions for applicant interviews. Mr. Appicello said that he would get with Ms. Edwards and work on the questions with unanimous consent from Council. Mr. Appicello will also work with the Planning Director and Finance Department on the questions.

7.

MOTION: Motion to Approve the Evacuation Plan

MOVER: Rick Mark, Councilor Ward 3

SECONDER: Riley Hoagland, Councilor Ward 2

AYES: Wahlke, Starmer, Casper, Hoagland, Mark, Parsons

RESULT: Passed by Voice Vote

8.

MOTION: Motion to Appoint Abigail Edwards as Interim City Manager for the Dates of 10/12 & 10/13 and 10/29-11/12.

MOVER: Judy Casper, Councilor Ward 3

SECONDER: Rick Mark, Councilor Ward 3

AYES: Wahlke, Starmer, Casper, Hoagland, Mark, Parsons

RESULT: Passed by Roll Call Vote

Mayor Wahlke inquired about the deadline for vacant Ward II Council Seat applications. Mr. Appicello confirmed the deadline is November 1st and said there is a meeting on the 9th of November. Councilor Casper asked to confirm the deadline ends November 1st and the information is on the website. Mr. Appicello said that was correct. Councilor Casper asked if Council would have questions for the Candidates. Mr. Appicello said the questions would be in the agenda packet. Councilor Casper asked who would make the questions. Mr. Appicello said it would be him and Ms. Edwards. Mr. Appicello asked that Council revisit the 34th Street closure in December for action or extension. Council gave unanimous

consent to continue the discussion with the State and re-visit the temporary closure of NW 34th Street and 15th Street.

N. ACTIONS, IF ANY, BASED ON WORK SESSION OR EXECUTIVE SESSION

9.

MOTION:	Motion to Proceed with Scheduling Preliminary Interviews for the Five Candidates and for the City Attorney to Make Contact with the Other City Attorney
MOVER:	Riley Hoagland, Councilor Ward 2
SECONDER:	Judy Casper, Councilor Ward 3
AYES:	Wahlke, Casper, Hoagland, Mark, Parsons
ABSTAIN:	Starmer
RESULT:	Passed by Voice Vote

Councilor Mark inquired about the interview process and who is involved. Mr. Appicello said he did not recall there being a Department Head panel and is fuzzy on how it was handled. Ms. Edwards said there are two sets of questions, one is the Council interview questions and the other is for an interview panel. Ms. Edwards said there were two separate panels previously. Mr. Appicello said it is not a public meeting. Councilor Mark asked who the interview panel would be. Ms. Edwards said that is to be determined. Mayor Wahlke said in 2014 there were four candidates interviewed. Mayor Wahlke said there were that many panels with a mixture of people interviewing and then a follow-up with Council. Mayor Wahlke said the preliminary interviews would be held via Zoom and at this point should just be Council in Executive Session unless there was something else agreed upon before June. Ms. Edwards will pull the information and send it to Council as a reminder. Councilor Mark asked if Ms. Edwards has previous experience or can check with other Cities on a process. Council agrees with wanting Department Heads involved in the process.

10.

MOTION:	Motion to Staff look into a Fish Cleaning Station, Forest Fairy, Scottish Tourism and Report Back
MOVER:	Riley Hoagland, Councilor Ward 2
SECONDER:	Elaine Starmer, Committee Member
AYES:	Wahlke, Starmer, Casper, Hoagland, Mark, Parsons
RESULT:	Passed by Voice Vote

Mayor Wahlke asked if Council needed to take action on the new website. Ms. Bradley said she would like Council to agree to have a biography on the new website. Councilor Casper asked if there was a deadline. Ms. Bradley said by the end of November. Councilor Starmer asked about the length of the biography. Ms. Bradley said that she would send out some guidelines and examples. Council gave unanimous consent.

O. ADDITIONAL COMMENTS FROM CITIZENS PRESENT ON NON-AGENDA ITEMS

None

P. ANNOUNCEMENTS OR COMMENTS BY CITY COUNCIL

Councilor Mark said he is enjoying the Haunted Taft tours. They are packed and a lot of fun. Councilor Mark encourages everyone to attend. Mayor Wahlke said as part of the BAMA Board she appreciates Councilor Mark and Councilor Hoagland helping with the Haunted tours, the proceeds go to supporting the Executive Director and helping the organization grow.

Councilor Casper received a request to have a "Griff Day" or a memorial bench in memory of Griff Ford. Mr. Appicello said that we are set up with a memorial process through the Parks Board. Council gave unanimous consent for Councilor Hoagland to speak with the Ford Family.

Councilor Hoagland welcomed Councilor Starmer to the Council. Councilor Hoagland asked about adding close captioning. Mr. LaSoya will check into that feature. Councilor Hoagland mentioned the Pines Dine and the vendors located in the Taft area. Councilor Hoagland read a statement from Governor Kate Brown recognizing Indigenous Peoples Day. Councilor Hoagland recognized the nine tribes in Oregon, Burns Paiute of Harney County, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz, Confederated Tribes of Umatilla Reservation, Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Indians, Coquille Indian Tribe, and the Klamath Tribes.

Councilor Parsons spoke about the speed sign on NE Voyage Ave and asked that it be flipped the other direction.

Mayor Wahlke attended Oregon Main Street Conference and will be bringing information forward soon. Mayor Wahlke also mentioned there is an "If I Were Mayor" contest and the prizes. Mayor Wahlke can be contacted for entry information.

Q. ADJOURNMENT

Mayor Wahlke adjourned the meeting at 7:23 PM

SUSAN WAHLKE, MAYOR

ATTEST:

JAMIE YOUNG, CITY RECORDER

Council Communication

Oregon Liquor Control Commission - Request for Limited On-Premises Liquor License

Meeting Date:	October 25, 2021	Primary Staff Contact:	Jamie Young
Department:	City Council	E-Mail:	JYoung@lincolncity.org
Secondary Dept:		Secondary Contacts:	
Approval:	Lila Bradley	Estimated Time:	3 min

Questions:

Should the City Council provide a recommendation to the Oregon Liquor Control Commission (OLCC) for a new Limited On-Premises for Scout Northwest Trading Company?

Staff Recommendations:

A review was conducted by Lt. Broderick, who recommends that City Council provide a favorable recommendation to grant the license to the applicant.

Legal Background and Framework:

Oregon Revised Statute (ORS) 471.166 establishes the process for local governments to make recommendation to the OLCC.

Lincoln City Municipal Code Chapter 5.20 sets forth the local process for making recommendations to OLCC.

Council Options:

1. Approve a favorable recommendation for a new Limited On-Premises for Scout Northwest Trading Company.
2. To not approve the license application.
3. To approve the license application.

Attachments:

Scout Northwest Trading Company_Redacted.pdf (PDF)



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

PRINT FORM
RESET FORM

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 st Location	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED OCT 08 2021 By: [Redacted] </div>
Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Brewery-Public House (BPH) 1 st location	
BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date application received and/or date stamp: _____
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location	Name of City or County: _____
GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Recommends this license be: _____
<input checked="" type="checkbox"/> Limited On-Premises	<input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Off-Premises	By: _____
<input type="checkbox"/> Warehouse	Date: <u>10/13/2021</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	OLCC USE ONLY
<input type="checkbox"/> Winery 1 st Location	Date application received: <u>10/4/2021</u>
Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Date application accepted: <u>10/6/2021</u>
(4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/>	License Action(s): <u>N/O</u>

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**¹ applying for the license(s):

Little Gypsy Trading LLC

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

3. Trade Name of the Business (Name Customers Will See)		
Scout Northwest Trading Company		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1500 SE East Devils Lake Rd Suite 116		
City	County	Zip Code
Lincoln City	Lincoln County	97367

¹ Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Scout Northwest Trading Company			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in <u>OAR 845-004-0065(1)</u> .) 1500 SE East Devils Lake Rd Suite 116			
City Lincoln City	State OR	Zip Code 97367	
9. Phone Number of the Business Location 541-418-5305		10. Email Contact for this Application and for the Business [REDACTED]	
11. Contact Person for this Application Jerome Black		Phone Number [REDACTED]	
Contact Person's Mailing Address (if different) N/A	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

I understand that marijuana is **prohibited** on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read OAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311(6)) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

Gill Black	[REDACTED]	8.31.21	
App. #1: (PRINT NAME)	App. #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
Jerome Black	[REDACTED]	8.31.21	
App. #2: (PRINT NAME)	App. #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App. #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App. #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)

OLCC Liquor License Application (Rev. 9.28.20)



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	Black Last	Git First	Rebecca Middle
2. Other names used (maiden, other):			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]			
<p>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 indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> 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)).</p>			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	[REDACTED] (yyyy)
6. Driver License or State ID # [REDACTED]			7. State) OR
8. Contact Phone: [REDACTED]			
9. E-mail Address: [REDACTED]			
10. Mailing Address:	1500 SE East Devils Lake Rd Suite 116 (Number and Street)	Lincoln City (City)	OR 97367 (State) (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.			



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

I previously submitted an application via email, but it was filled out incorrectly.

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	Black Last	Gitl First	Rebecca Middle
Signature:			Date: 8.31.21

This box for OLCC use ONLY

 N Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



**OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM**

PRINT FORM

RESET FORM

1. Name (Print):	Black Last	Jerome First	Allen Middle
2. Other names used (maiden, other):			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]			
<p>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 indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> 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)).</p>			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	[REDACTED] (yyyy)
6. Driver License or State ID #	[REDACTED]	7. State MN	
8. Contact Phone: [REDACTED]			
9. E-mail Address [REDACTED]			
10. Mailing Address:	1500 SE East Devils Lake Rd Suite 116 (Number and Street)	Lincoln City (City)	OR 97367 (State) (Zip Code)
<p>11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?</p> <p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.</p>			



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Little Gypsy Trading LLC Phone: [REDACTED]

Trade Name (dba): Scout Northwest Trading Company

Business Location Address: 1500 SE East Devils Lake Rd Suite 116

City: Lincoln City, OR ZIP Code: 97367

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>10 am</u>	to	<u>7 pm</u>
Monday	<u>10 am</u>	to	<u>7 pm</u>
Tuesday	<u>10 am</u>	to	<u>7 pm</u>
Wednesday	<u>10 am</u>	to	<u>7 pm</u>
Thursday	<u>10 am</u>	to	<u>7 pm</u>
Friday	<u>10 am</u>	to	<u>7 pm</u>
Saturday	<u>10 am</u>	to	<u>7 pm</u>

Outdoor Area Hours:

Sunday	<u>N/A</u>	to	_____
Monday	<u>N/A</u>	to	_____
Tuesday	<u>N/A</u>	to	_____
Wednesday	<u>N/A</u>	to	_____
Thursday	<u>N/A</u>	to	_____
Friday	<u>N/A</u>	to	_____
Saturday	<u>N/A</u>	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: May close earlier during winter.

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: Hatchet Throwing

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

SEATING COUNT

Restaurant: N/A

Outdoor: N/A

Lounge: 9

Other (explain): N/A

Banquet: N/A

Total Seating: 9

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: [REDACTED] Date: 8.31.21

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



City of Lincoln City
P.O. Box 50 | 801 SW Hwy 101, 3rd Floor
Lincoln City, OR 97367
(541) 996-1211
onlinepay@lincolncity.org

XBP Confirmation Number: 107670443

Transaction detail for payment to City of Lincoln City.		Date: 10/08/2021 - 4:44:59 PM MT	
Transaction Number: 158088424PT Visa — XXXX-XXXX-XXXX-9071 Status: Successful			
Account #	Item	Quantity	Item Amount
	Liquor License	1	\$100.00

TOTAL: \$100.00

Billing Information

SCOUT NORTHWEST GITL
BLACK
1500 SE EAST DEVILS LAKE RD
STE 116
LINCOLN CITY, OR 97367



Transaction taken by: newcomb

FINANCE DEPARTMENT

OCT 08 2021

CITY OF LINCOLN CITY
LINCOLN CITY, OR



Council Communication

Oregon Liquor Control Commission - Request for Full On-Premises Liquor License

Meeting Date:	October 25, 2021	Primary Staff Contact:	Jamie Young
Department:	City Council	E-Mail:	JYoung@lincolncity.org
Secondary Dept:		Secondary Contacts:	
Approval:	Lila Bradley	Estimated Time:	3 min

Questions:

Should the City Council provide a recommendation to the Oregon Liquor Control Commission (OLCC) for a new Full On-Premises for Autobahn 101?

Staff Recommendations:

A review was conducted by Lt. Broderick, who recommends that City Council provide a favorable recommendation to grant the license to the applicant.

Legal Background and Framework:

Oregon Revised Statute (ORS) 471.166 establishes the process for local governments to make recommendation to the OLCC.

Lincoln City Municipal Code Chapter 5.20 sets forth the local process for making recommendations to OLCC.

Council Options:

1. Approve a favorable recommendation for a new Full On-Premises for Autobahn 101.
2. To not approve the license application.
3. To approve the license application.

Attachments:

Autobahn 101_Redacted.pdf (PDF)



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

1. Application. Do not include any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 st Location	Date application received and/or date stamp: RECEIVED OCT 11 2021
Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Name of City or County: [REDACTED]
<input type="checkbox"/> Brewery-Public House (BPH) 1 st location	Recommends this license be:
BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	<input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: [REDACTED] /LLPS
<input checked="" type="checkbox"/> Full On-Premises, Commercial	Date: 10/15/2021
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date application received: 10/5/2021
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application accepted: 10/6/2021
<input type="checkbox"/> Full On-Premises, For Profit Private Club	License Action(s):
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	F-COM C/O
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location	
GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> (4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**¹ applying for the license(s):

CIC Trans LLC

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

3. Trade Name of the Business (Name Customers Will See) AUTOBAHN 101		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 1512 SE HWY 101		
City LINCOLN CITY	County LINCOLN	Zip Code 97367

¹ Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) AUTOBAHN 101			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in OAR 845-004-0065[1].) 1512 SE HWY 101			
City LINCOLN CITY	State OR	Zip Code 97387	
9. Phone Number of the Business Location [REDACTED]		10. Email Contact for this Application and for the Business [REDACTED]	
11. Contact Person for this Application DANA CHERDIVARA			Phone Number [REDACTED]
Contact Person's Mailing Address (if different)	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

I understand that marijuana is prohibited on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read OAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311[6]) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL** who is authorized to sign for the entity must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. Applicants are still responsible for all information on this form.

ION CHERDIVARA	[REDACTED]	9.10.2021	
App #1: (PRINT NAME)	App #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
App #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)

OLCC Liquor License Application (Rev. 9.28.20)



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	CHERDIVARA Last	ION First	N/A Middle
2. Other names used (maiden, other): N/A			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]			
<p>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 indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> 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)).</p>			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	[REDACTED] (yyy)
6. Driver License or State ID #: [REDACTED]			7. State OREGON
8. Contact Phone: [REDACTED]			
9. E-mail Address: [REDACTED]			
10. Mailing Address:	[REDACTED] (Number and Street)	[REDACTED] (City)	[REDACTED] OR [REDACTED] (State) (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.			

CCH TM 10/7/2021



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, *may not* sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	CHERDIVARA Last	ION First	N/A Middle
Signature:			Date: 9.10.2021

This box for OLCC use ONLY

Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

OCT 11 2021

CITY OF LINCOLN CITY

LINCOLN CITY OR

Please Print or Type

Applicant Name: CIC TRANS LLC Phone: [REDACTED]

Trade Name (dba): AUTOBAHN 101

Business Location Address: 1512 SE HWY 101

City: LINCOLN CITY ZIP Code: 97367

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	11:30am	to	10pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday	11:30am	to	10pm
Friday	11:30am	to	10pm
Saturday	11:30am	to	10pm

Outdoor Area Hours:

Sunday	11:30am	to	10pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday	11:30am	to	10pm
Friday	11:30am	to	10pm
Saturday	11:30am	to	10pm

The outdoor area is used for:

- Food service Hours: 11:30am to 10pm
- Alcohol service Hours: 11:30am to 10pm
- Enclosed, how 6 foot fence with gate

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: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	9am	to	10pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	

SEATING COUNT

Restaurant: 58 Outdoor: 22
 Lounge: 6 Other (explain): _____
 Banquet: _____ Total Seating: 86

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: [REDACTED] Date: 09-16-2021

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)

Council Communication

Oregon Liquor Control Commission - Request for Limited On-Premises Liquor License

Meeting Date:	October 25, 2021	Primary Staff Contact:	Jamie Young
Department:	City Council	E-Mail:	JYoung@lincolncity.org
Secondary Dept:		Secondary Contacts:	
Approval:	Lila Bradley	Estimated Time:	3 min

Questions:

Should the City Council provide a recommendation to the Oregon Liquor Control Commission (OLCC) for a new Limited On-Premises for The Pines Dine?

Staff Recommendations:

A review was conducted by Lt. Broderick, who recommends that City Council provide a favorable recommendation to grant the license to the applicant.

Legal Background and Framework:

Oregon Revised Statute (ORS) 471.166 establishes the process for local governments to make recommendation to the OLCC.

Lincoln City Municipal Code Chapter 5.20 sets forth the local process for making recommendations to OLCC.

Council Options:

1. Approve a favorable recommendation for a new Limited On-Premises for The Pines Dine.
2. To not approve the license application.
3. To approve the license application.

Attachments:

The Pines Dine_Redacted.pdf (PDF)



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) The Pines Dine			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in OAR 845-004-0065[1] .) [REDACTED]			
City Lincoln City		State Oregon	Zip Code 97367
9. Phone Number of the Business Location [REDACTED]		10. Email Contact for this Application and for the Business [REDACTED]	
11. Contact Person for this Application Rachelle Rehberg			Phone Number [REDACTED]
Contact Person's Mailing Address (if different) same	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

I understand that marijuana is prohibited on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read [OAR 845-005-0311](#) and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per [OAR 845-005-0311\[6\]](#)) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

Rachelle Rehberg		4/15/2021 1:09 PM PDT	
App #1: (PRINT NAME)	App #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
App #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)



**OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM**

PRINT FORM

RESET FORM

1. Name (Print):	Rehberg <small>Last</small>	Rachelle <small>First</small>	Ruthann <small>Middle</small>
2. Other names used (maiden, other): Brown, Smith			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN: [REDACTED]			
<p>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 indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> 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).</p>			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB): [REDACTED] (mm) [REDACTED] (dd) [REDACTED] (yyyy)			
6. Driver License or State ID # [REDACTED]			7. State OR.
8. Contact Phone [REDACTED]			
9. E-mail Address [REDACTED]			
10. Mailing Address: [REDACTED] <small>(Number and Street)</small>		Lincoln City <small>(City)</small>	OR 97367 <small>(State) (Zip Code)</small>
<p>11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon?</p> <p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.</p>			



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Rachelle Rehberg Phone: [REDACTED]

Trade Name (dba): The Pines Dine

Business Location Address: 5040 SE HWY 101

City: Lincoln City ZIP Code: 97367

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11am</u> to <u>7pm</u>
Monday	<u>11am</u> to <u>7pm</u>
Tuesday	<u>11am</u> to <u>7pm</u>
Wednesday	<u>11am</u> to <u>7pm</u>
Thursday	<u>11am</u> to <u>7pm</u>
Friday	<u>11am</u> to <u>8pm</u>
Saturday	<u>11am</u> to <u>8pm</u>

Outdoor Area Hours:

Sunday	<u>11am</u> to <u>7pm</u>
Monday	<u>11am</u> to <u>7pm</u>
Tuesday	<u>11am</u> to <u>7pm</u>
Wednesday	<u>11am</u> to <u>7pm</u>
Thursday	<u>11am</u> to <u>7pm</u>
Friday	<u>11am</u> to <u>8pm</u>
Saturday	<u>11am</u> to <u>8pm</u>

The outdoor area is used for:

- Food service Hours: 11am to 9pm
- Alcohol service Hours: 11am to 9pm
- Enclosed, how Entire property gated.

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Possibility for shortened hours in off season (winter).
Outdoor alcohol/food service hours extended for possible events.

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: Craft Fair, Comedy.

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 140 Outdoor: 96

Lounge: N/A Other (explain): N/A

Banquet: N/A Total Seating: 236

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: [REDACTED] Date: 6/2/2021 | 2:09 PM PDT

Council Communication

Personnel Appointment Consent

Meeting Date:	October 25, 2021	Primary Staff Contact:	Abigail Edwards
Department:	Human Resources	E-Mail:	ADonowho@lincolncity.org
Secondary Dept:		Secondary Contacts:	Abigail Edwards
Approval:	Lila Bradley	Estimated Time:	5 minutes

Background:

The attached memorandum presents 2 candidates for employment with the City of Lincoln City.

Potential Motions:

A motion to approve the personnel appointments, upon successful completion of any applicable pre-employment conditions, as recommended by staff.

Attachments:

MEMORANDUM TO COUNCIL--Personnel Appointment (PDF)

MEMORANDUM

To: City of Lincoln City Mayor and Council
From: Abigail Edwards, Human Resources Director
Date: October 20, 2021
Re: Council Consent to Ratify Employment Recommendation

To the Honorable Mayor and City Council:

As required by the City Charter, in the Lincoln City Municipal Code Chapter 5, Section 2.9, when an interim City Manager is in place, the appointment or removal of personnel must be approved by the Council.

Interviews were conducted, and the following recommendation has been reviewed and approved by the Interim City Manager. Thank you for considering the following personnel appointments for ratification upon successful completion of pre-employment conditions:

Name:	<u>Jacob Fowler</u>
Position Applied For:	<u>Police Officer</u>
Background Check:	<u>Pending</u>
Pre-Employment Physical/Drug Screening/Psychological Exam:	<u>Pending</u>

Name:	<u>Greg Feik</u>
Position Applied For:	<u>W/WTP Operator</u>
Background Check:	<u>Pending</u>
Pre-Employment Physical/Drug Screening:	<u>Pending</u>

A promotion has been reviewed and approved by the Interim City Manager. Upon completion of the Interim City Manager contract, Lila is planning to retire from the Public Works Director position. The City Engineer, Stephanie Reid, has been cross-trained in all Public Works Director duties, and has been filling in as the interim in Lila's absence from the department. She will serve the City well as the newly appointed Director of Public Works. Thank you for considering the promotion of Stephanie Reid to the position of Public Works Director/Engineer.

Respectfully,



Abigail Edwards
HR Director

Council Communication

City Manager Hiring Criteria for Public Comment

Meeting Date:	October 25, 2021	Primary Staff Contact:	Abigail Edwards
Department:	Human Resources	E-Mail:	ADonowho@lincolncity.org
Secondary Dept:		Secondary Contacts:	Abigail Edwards
Approval:	Lila Bradley	Estimated Time:	10 minutes

The City Council may wish to amend the City Manager recruitment process to include:

- Department Head Interview of Semi-Finalists—This is a confidential interview process, not a public meeting involving the City Council, and does not require special meeting notice or an Executive Session.
- City Council Interview of Semi-Finalists—This is a confidential interview process held in an Executive Session.
- Repeal of any prior adopted interview questions. Interview questions should remain confidential, as is the usual practice for recruitments.

Background:

As part of the City Manager Recruitment Process, public comment is permitted on proposed hiring criteria.

Authority:

The process noted in ORS 192.660(7)(d)(D) must be met in order to retain Executive Session privileges for the hiring of the Chief Executive Officer (City Manager):

D) In the case of a chief executive officer, the governing body has adopted hiring standards, criteria and policy directives in meetings open to the public in which the public has had the opportunity to comment on the standards, criteria and policy directives.

Council Communication

Interview for Budget Committee- Michelson

Meeting Date:	October 25, 2021	Primary Staff Contact:	Jamie Young
Department:	City Council	E-Mail:	JYoung@lincolncity.org
Secondary Dept:		Secondary Contacts:	
Approval:	Lila Bradley	Estimated Time:	15 Minutes

Appointments to the City Budget Committee are made after the applicants are interviewed by the full City Council. There is one candidate interviewing for one vacancy created by Ms. Starmer being elected to the City Council. The position is for a City Resident, partial term plus full term expiring 12/31/2024. Following the interview, the City Councilors will be asked to make a motion to appoint. Council is not required to make the motion for appointment and can ask for additional applicants. This is not a situation where a "ballot" process is used.

Attachments:

Michelson Marty Budget Committee Application_Redacted.pdf (PDF)
 Committee applicant-Marty Michelson ref 1 completed.pdf (PDF)
 Committee applicant-Marty Michelson ref 2 completed.pdf (PDF)
 MEMORANDUM TO CC--APPOINTED BODIES BG CHECK PASS_FAIL DETERMINATION-
 Marty Michelson.pdf (PDF)



**CITY OF LINCOLN CITY
Committee / Board / Commission Application**

Please indicate which committee/board/commission you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Arts Committee | <input type="checkbox"/> Open Space Committee |
| <input checked="" type="checkbox"/> *Budget Committee | <input type="checkbox"/> Parks and Recreation Board |
| <input type="checkbox"/> Building Board of Appeals | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Community Sustainability Committee | <input type="checkbox"/> Transient Room Tax Committee |
| <input type="checkbox"/> Library Board | <input type="checkbox"/> Explore Lincoln City Committee |

* If applying for the Budget Committee, you may not serve on any other City board or committee at the same time. Other City committee volunteer positions allow dual representation if it does not present a conflict of interest.

NAME:	Marty Alan Michelson	DATE:	08/30/2021
HOME ADDRESS:	[REDACTED]		
MAILING ADDRESS:	[REDACTED]		
CITY, STATE, ZIP:	[REDACTED]		
E-MAIL ADDRESS:	[REDACTED]		
HOME PHONE:	[REDACTED]	CELL PHONE:	[REDACTED]

RESIDENCY AND SPECIFIC ELIGIBILITY CRITERIA

- Do you reside within the City limits: Yes Length of Time 6 months
- Do you reside within the Urban Growth Boundary? Yes Length of Time _____
- Do you reside within the Lincoln County School District North: Yes No
- Are you a registered voter in Lincoln County? Yes No
- Are you a Lincoln City business owner or Manager? Yes No
- If yes, please indicate which business you own/manage? _____



QUALIFICATIONS/EXPERIENCE (Additional space is provided on back)

Describe relevant qualifications (i.e. work or volunteer experiences) to include any applicable education and/or training. For example, if you are a hotel owner or operator and applying for the Visitor and Convention Committee; and highlight any skills, interests or hobbies that you believe would bring value to your ability to serve this position:

My wife and I have owned numerous non-owner occupied rental properties in multiple states.

List names of volunteer/work supervisors:

Zoe Pearson, Clinical Supervisor as Therapist, Yamhill County

Stephen Vandervort, Peace & Justice initiative in Oklahoma

Please provide any previous experience with committees, boards or commissions and positions held:

University committies and non-profit service agencies in the State of Oklahoma 25 years

State the name, title and any relationship you have to a City Council member, Commissioner, board member or city employee:

N/A.

Explain why you would like to serve on this board, commission, or committee:

I believe in the ethics of civil service and equitable, just and kind citizenship.

List the name, phone number, and e-mail address (if possible) of two personal or professional references:

Name: Stephen Vandervort Phone: [REDACTED]

Name: Michele Kirkpatrick Phone: [REDACTED]

My signature affirms that all information contained herein is true and correct to the best of my knowledge, and that I understand that any misstatement of fact, or any misrepresentation of credentials may result in this application being disqualified and is cause for removal from any appointed body. Shaded information will not be released due to personal privacy protection laws.

DocuSigned by:

[REDACTED]

SIGNATURE

08/30/2021

DATE



City Recorder
City of Lincoln City
PO Box 50
Lincoln City, OR 97367

COMMITTEE VOLUNTEER EMERGENCY CONTACT INFORMATION FORM

FULL NAME:	Marty Alan Michelson
START DATE:	
NAME OF COMMITTEE, BOARD, OR COMMISSION:	
CITY STAFF REPRESENTATIVE:	
HOME ADDRESS:	[REDACTED]
MAILING ADDRESS:	[REDACTED]
HOME PHONE:	[REDACTED]
CELL PHONE:	[REDACTED]
PERSONAL E-MAIL ADDRESS:	

EMERGENCY CONTACT NAME/RELATIONSHIP:	[REDACTED]
HOME PHONE:	[REDACTED]
CELL PHONE:	

DATE:	08/30/2021
VOLUNTEER SIGNATURE:	DocuSigned by: [REDACTED] TCDA#BC017AB#4C...

ALL PERSONAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE REGARDING A BACKGROUND INVESTIGATION FOR A VOLUNTEER POSITION WITH A LINCOLN CITY APPOINTED BODY

DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

The City of Lincoln City ("the City") to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment, or application for employment (including independent contractor or volunteer assignments, as applicable).

An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the City.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Pinnacle Investigations, 920 North Argonne Road, Suite 200, Spokane Valley, WA, 99212; Phone: 1-800-955-5306; www.pinnacleprof.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.



Human Resources

REFERENCE CHECK - COMMITTEES

Reference regarding: Marty Michelson (**Budget Committee Board**)

Reference: Stephen Vandervort - [REDACTED]

Reference taken by; date / time: September 30, 2021

- What is your professional relationship with the applicant?
 - *We've worked together, volunteered together and have studied in a University setting together.*
- How long have you known him/her?
 - *I have known Marty Michelson since 2005.*
- How long have you worked / served with him/her?
 - *I studied with Marty from 2005-2009, then volunteered alongside Marty from 2008-to present.*
- Did you hire or select him/her? If not, would you hire/select him/her given the opportunity to do so?
 - *I have not hired Marty for a position. If we were in the same line of work, I would undoubtedly hire Marty to work with or for me as he is one of the most dependable humans I've worked with. He's diligent with a strength for detail and quick turnaround time.*
- Do you have personal knowledge of the applicant serving on any boards? If so, please describe. If not, would serving on our Planning Committee be a good match based on your knowledge of the applicant? Would you recommend him/her for the Budget Committee?
 - *To my knowledge, Marty has served on non-profit boards, yes. He's also served on house of worship committees in a volunteer role. He would be an excellent addition to the budget committee.*
- Does the applicant possess good decision making / reasoning skills?
 - *Yes.*
- Does the applicant have good communication / interpersonal skills?
 - *Excellent, yes.*



Human Resources

- Is he/she responsible and reliable?
 - *Extremely, yes.*

- What are his/her strongest skills? Does he/she possess any special skills?
 - *Marty is able to communicate with anyone. He is very personable. But he couples that with being extremely professional and dedicated.*

- If applicable, what was his/her reason for leaving the position he/she held when you worked / volunteered together?
 - *To my knowledge, Marty has only ever given up an obligation due to geographical relocation.*

- Are there any areas he/she could use help in developing (i.e. written communication, organization)? What do we need to provide to help him/her succeed on the Budget Committee?
 - *If you provide Marty with clear expectations and goals for his involvement, he will undoubtedly go above and beyond.*

- Do you have any other feedback you could provide that would help us make a decision?
 - *You should absolutely choose Marty!*



Human Resources

REFERENCE CHECK- COMMITTEES

Reference regarding: Marty Michelson (**Budget Committee Board**)

Reference: Michele Kirkpatrick

Reference taken by; date / time: September 30, 2021

- What is your professional relationship with the applicant? I have a personal friendship with the applicant. He is a close friend.
- How long have you known him? Since 1985, which is 36 years
- How long have you worked / served with him? I have not served with him. As his friend I know he has served and loved people well in all areas and aspects of his life.
- Did you hire or select him? No, If not, would you select him given the opportunity to do so? Yes, I most certainly would select him for almost anything as he is gifted in a myriad of ways.
- Do you have personal knowledge of the applicant serving on any boards? No

If not, would serving on our Planning Committee be a good match based on your knowledge of the applicant? Yes, definitely so as he is a forward thinker, a great problem solver and creative and compassionate in his approaches.

Would you recommend him/her for the Budget Committee? Yes, he has always been fiscally responsible and invests wisely. He is also generous.

- Does the applicant possess good decision making / reasoning skills? He is a great decision maker and uses logic and reasoning balanced with compassion and empathy.
- Does the applicant have good communication / interpersonal skills? Incredibly strong in both communication and interpersonal skills.
- Is he/she responsible and reliable? He always does what he says he will do.



Human Resources

- What are his strongest skills? He is super energetic and very organized in his planning and processing actions
 - Does he possess any special skills? Yes, he is a unity builder, and supports resilience building in multifaceted ways

- If applicable, what was his/her reason for leaving the position he/she held when you worked / volunteered together? N/A

- Are there any areas he/she could use help in developing (i.e. written communication, organization)? What do we need to provide to help him/her succeed on the Budget Committee? No, he is very fit and gifted to serve in this way.

- Do you have any other feedback you could provide that would help us make a decision? I am 100% confident that your committee will be delighted by and benefit from adding Marty to bring advances to your community and families.



MEMORANDUM

To: City of Lincoln City Mayor and Council
From: Abigail Edwards, Human Resources Director
Date: October 4, 2021
Re: Council Volunteer Appointment—Background Report and References

To the Honorable Mayor and City Council:

Human Resources has conducted a background investigation and reference check for a volunteer application for City Appointed Bodies as set forth in the Lincoln City Municipal Code, Section 2.06.015(D).

No adverse information was found for the following applicant, and they have passed the background check.

Name: Marty Michelson
Position Applied For: Budget Committee Board

Reference responses have been returned to the City Recorder for your review. Thank you.

Respectfully,

Abigail Edwards
HR Director

Council Communication

Planning Commission Interview-Petersen

Meeting Date:	October 25, 2021	Primary Staff Contact:	Jamie Young
Department:	City Council	E-Mail:	JYoung@lincolncity.org
Secondary Dept:		Secondary Contacts:	
Approval:	Lila Bradley	Estimated Time:	10 minutes

Geoffrey Petersen has applied for the City Resident position. This position is a 4-year term; The City Resident position is a new term beginning 1/1/22 and expiring 12/31/25, that will be left vacant by the term ending of Mr. Smith.

Mr. Petersen's application is attached. Also attached, please find the questions that have been used in past Planning Commission interviews with the City Council. A copy of these questions has been sent to the candidate.

There is one other application for the Planning Commission, Mr. Johnson; he was previously interviewed at the meeting held on September 13, 2021.

Attachments:

QUESTIONS FOR PLANNING COMMISSION APPLICANTS (PDF)
 Petersen, Geoffrey_ Application Mutiple Committees_Redacted.pdf (PDF)
 Memorandum- Geoffrey Petersen signed.pdf (PDF)
 Committee applicant-Geoffrey Petersen ref 1 completed.pdf (PDF)

QUESTIONS FOR PLANNING COMMISSION APPLICANTS

1. Why do you want to serve on the Planning Commission?
2. What are the top 3 planning issues facing Lincoln City?
3. What should the role of the public be in planning decisions?
4. How should the planning commission balance individual owners' interests with community interests?
5. What should be the role of the planning commission in creating a look or image for the city?
6. How should the city balance housing affordability with regulations?
7. What is the role of the planning commission when a person has a really good idea, but the city's regulations prohibit it? Or, a really bad idea and the regulations allow it?



CITY OF LINCOLN CITY Committee / Board / Commission Application

Please indicate which committee/board/commission you are applying for:

- Arts Committee
- *Budget Committee
- Building Board of Appeals
- Community Sustainability Committee
- Library Board
- Open Space Committee
- Parks and Recreation Board
- Planning Commission
- Transient Room Tax Committee
- ~~Explore Lincoln City Committee~~

** If applying for the Budget Committee, you may not serve on any other City board or committee at the same time. Other City committee volunteer positions allow dual representation if it does not present a conflict of interest.*

NAME:	Geoffrey Petersen	DATE:	09/13/2021
HOME ADDRESS:	[REDACTED]		
MAILING ADDRESS:	[REDACTED]		
CITY, STATE, ZIP:	Lincoln City OR, 97367		
E-MAIL ADDRESS:	[REDACTED]		
HOME PHONE:	[REDACTED]	CELL PHONE:	[REDACTED]

RESIDENCY AND SPECIFIC ELIGIBILITY CRITERIA

Do you reside within the City limits: Yes Length of Time 4 years


Do you reside within the Urban Growth Boundary? Yes Length of Time 4 years

Do you reside within the Lincoln County School District North: Yes No

Are you a registered voter in Lincoln County? Yes No

Are you a Lincoln City business owner or Manager? Yes No

If yes, please indicate which business you own/manage? Lincoln City Gifts





QUALIFICATIONS/EXPERIENCE (Additional space is provided on back)

Describe relevant qualifications (i.e. work or volunteer experiences) to include any applicable education and/or training. For example, if you are a hotel owner or operator and applying for the Visitor and Convention Committee; and highlight any skills, interests or hobbies that you believe would bring value to your ability to serve this position:

I currently own and operate Lincoln City Gifts and volunteer with Kiwanis Club Lincoln City. This as well as previous business experience would allow me to help with planning, tourism and budgeting. I will attach a resume' to better explain interests and qualifications.

List names of volunteer/work supervisors:

Kiwanis Club Lincoln City , Ed Dreistadt and Boone Marker
Columbia Academy, Linda Higginbothom

Please provide any previous experience with committees, boards or commissions and positions held:

Kiwanis Club Lincoln City, Chairman of event committee, 10/20 to present
Kiwanis CLub Lincoln City, Board of Directors, 10/20 to present

State the name, title and any relationship you have to a City Council member, Commissioner, board member or city employee:

I know Mayor Susan Wahlke and Ed dreistadt through volunteering with Kiwanis Club. I am with Jacob White who is an employee for the water district.

Explain why you would like to serve on this board, commission, or committee:

I always strive to do more for my community. through volunteering and fundraising, I have made a difference but would like to make a greater difference. I feel volunteering with the city and/or ELC would be a fantastic way to provide some public service.

List the name, phone number, and e-mail address (if possible) of two personal or professional references:

Name: Boone Marker Phone: [REDACTED]

Name: Sharyn Jasmer Phone: [REDACTED]

My signature affirms that all information contained herein is true and correct to the best of my knowledge, and that I understand that any misstatement of fact, or any misrepresentation of credentials may result in this application being disqualified and is cause for removal from any appointed body. Shaded information will not be released due to personal privacy protection laws.

[REDACTED]
SIGNATURE

9/13/2021
DATE



City Recorder
City of Lincoln City
PO Box 50
Lincoln City, OR 97367

COMMITTEE VOLUNTEER EMERGENCY CONTACT INFORMATION FORM

FULL NAME:	Geoffrey Petersen
START DATE:	
NAME OF COMMITTEE, BOARD, OR COMMISSION:	
CITY STAFF REPRESENTATIVE:	
HOME ADDRESS:	[REDACTED]
MAILING ADDRESS:	[REDACTED]
HOME PHONE:	[REDACTED]
CELL PHONE:	[REDACTED]
PERSONAL E-MAIL ADDRESS:	[REDACTED]

EMERGENCY CONTACT NAME/RELATIONSHIP:	[REDACTED]
HOME PHONE:	[REDACTED]
CELL PHONE:	[REDACTED]

DATE:	9/12/2021
VOLUNTEER SIGNATURE:	[REDACTED]

ALL PERSONAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE REGARDING A BACKGROUND INVESTIGATION FOR A VOLUNTEER POSITION WITH A LINCOLN CITY APPOINTED BODY

DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

The City of Lincoln City ("the City") to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment, or application for employment (including independent contractor or volunteer assignments, as applicable).

An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the City.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Pinnacle Investigations, 920 North Argonne Road, Suite 200, Spokane Valley, WA, 99212; Phone: 1-800-955-5306; www.pinnacleprof.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.



**FAIR CREDIT REPORTING ACT (FCRA) ACKNOWLEDGEMENT AND AUTHORIZATION FOR
BACKGROUND CHECK FOR A VOLUNTEER POSITION WITH A LINCOLN CITY APPOINTED
BODY**

PLEASE READ CAREFULLY BEFORE SIGNING!

I acknowledge receipt of the separate document entitled "DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Lincoln City ("City") at any time after receipt of this authorization and throughout my employment, if applicable.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Pinnacle Investigations, 920 North Argonne Road, Suite 200, Spokane Valley, WA, 99212; Telephone Number 1-800-955-5306; www.pinnacleprof.com** and or "City". I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.



SIGNATURE

09/13/2021

DATE

Geoff Petersen

Lincoln City OR, 97367 •

Objective

I would like to volunteer as a means of gaining understanding and knowledge of city government operations as well as contribute to the betterment of our community.

Work Experience

- **Transportation**
I spent 13 years in the trucking industry. All but 1 year was in the gas and oil industry as a fuel tanker driver. Here I was a driver supervisor, trainer, and safety supervisor. I was responsible for teaching new drivers the skills needed to be successful as a tanker driver, provided testing to applicants, and managed safety for the Portland terminal. I was also responsible for regulatory compliance with the multiple local, and state governments. I also ensured compliance with federal regulations with the EPA, NTSB, ISAAC, DOT, and FMSCA. During this time, I received awards for safety, teamwork, and service excellence.
- **Bookkeeping/Payroll**
I co-owned a bookkeeping and payroll company, although I wasn't a bookkeeper. I did handle some payroll processing as well as accounts receivables. I was also responsible for hiring and HR functions.
- **Retail/Customer Service**
While all my jobs have involved dealing with the public on some level, none so much as retail. Retail work has taught me patience, and the importance of clear communication. I currently own and operate Lincoln City Gifts in the outlet center. We opened 3 years ago and have gained an amazing customer base in that short time. My role in this organization is Primarily Operations and HR. I work to develop and implement policies and procedures, hire new employees, process payroll, and assist in budgeting.

Volunteer Experience

- **SOLVE**
I was a member of SOLVE from 1992 to 1993. During this time, we did several service projects. The primary focus was cleaning up litter and keeping Oregon beautiful.
- **Columbia Academy**
Columbia Academy was a private school in West Linn OR. While my children attended, I volunteered for everything from chaperone to Santa Clause. I loved working with the kids and being able to impact young people in a positive light.
- **Kiwanis Club Lincoln City**
I have been a member of Kiwanis Club since 2019. In that time, I have become the chairperson of the event committee, as well as a board member for the club. I have volunteered many hours to service projects such as highway cleanup, The Parade of Flags, and special club events put on by my event committee. Our biggest event so far has been the Spooky Spectacular Halloween Drive thru for 2020. With COVID-19 in full swing, we were able to pull off a drive through haunted house with the help of Lincoln City and Lincoln City Outlets. An estimated 5,000 people visited us, and many said they would not have had Halloween if not for our creative solution.



MEMORANDUM

To: City of Lincoln City Mayor and Council
From: Abigail Edwards, Human Resources Director
Date: September 30, 2021
Re: Council Volunteer Appointment—Background Report and References

To the Honorable Council President and City Council:

Human Resources has conducted a background investigation and reference check for a volunteer application for City Appointed Bodies as set forth in the Lincoln City Municipal Code, Section 2.06.015(D).

No adverse information was found for the following applicant, and they have *passed* the background check.

Name: Geoffrey Petersen
Position Applied For: Budget Committee Board

Human Resources was unable to complete all reference checking due to the following:

- One reference has been unresponsive to the request for information;
- One reference provided a response

Reference responses have been returned to the City Recorder for your review. Thank you.

Respectfully,

Abigail Edwards
HR Director



Human Resources

REFERENCE CHECK- COMMITTEES

Reference regarding: Geoffrey Petersen (**Planning, Budget, Parks & Recreation Committee Board**)

Reference: Boone Marker

Reference taken by; date / time: September 20, 2021

- What is your professional relationship with the applicant?
 - We serve on the Kiwanis Club of Lincoln City Board of Director's together, as well as members.
- How long have you known him/her?
 - 2.5 years
- How long have you worked / served with him/her?
 - 2 years planning special events such as Spooky Spectacular and Pixiefest
- Did you hire or select him/her? If not, would you hire/select him/her given the opportunity to do so?
 - I voted for him to be a member of the Board of Director's for Kiwanis Club of Lincoln City.
- Do you have personal knowledge of the applicant serving on any boards? If so, please describe. If not, would serving on our Budget, Planning, and Parks & Recreation Committee be a good match based on your knowledge of the applicant? Would you recommend him/her for the Budget, Planning, and Parks & Recreation Committee?
 - Yes, Geoff serves as a Board Member of the Kiwanis Club of Lincoln City. He is also on track to be Vice President of the Board. He is also the Event Committee chair and has been responsible for meeting planning, budgeting, spending, and accounting.
- Does the applicant possess good decision making / reasoning skills?
 - Yes.
- Does the applicant have good communication / interpersonal skills?
 - Yes.
- Is he/she responsible and reliable?
 - Yes.



Human Resources

- What are his/her strongest skills? On time, thinks clearly and very organized. Does he/she possess any special skills?
 - Geoff is a great creative thinker. He is well organized and makes a full contribution to projects.

- If applicable, what was his/her reason for leaving the position he/she held when you worked / volunteered together?
 - N/A

- Are there any areas he/she could use help in developing (i.e. written communication, organization)? What do we need to provide to help him/her succeed on the Budget, Planning, and Parks & Recreation Committee?

- Do you have any other feedback you could provide that would help us make a decision?
 - I believe Geoff would be a great addition to a City committee. He works hard, is organized, and is a team player.