



TALENT CITY COUNCIL
REGULAR MEETING AGENDA
 - HELD AT COMMUNITY CENTER
 VIA ZOOM -
 104 E. Main Street
May 1, 2024 - 6:45 PM

To attend to the meeting via Zoom, please visit the City’s website at www.cityoftalent.org for the link information. All Council meetings are digitally recorded and will be available on the City website: www.cityoftalent.org. The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired, or for other accommodations for persons with disabilities, should be made at least 48 hours in advance of the meeting to the City Recorder at 541-535-1566, x6.

The 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 study session and/or meeting.

1. Call to Order / Roll Call

2. Additions / Corrections to Agenda

3. Community Announcements

4. Speakers Heard on Non-Agenda Items
Limited to 5 minutes or less per Mayoral discretion.

5. Public Presentation

5.1 Presentation from Rogue River Watershed Council – Update on Bear Creek River Mild 19.....

6. Departments Report

6.1 Departments Reports..... 03

7. Consent Calendar

The consent calendar consists of items of a repeating or routine nature that are considered under a single action. Any Councilor may have an item on the consent agenda removed and considered separately on request.

7.1 Acknowledgement of Liquor License: Goldback & Iruai’s Wine Room..... 09

7.2 Acknowledgement of Temporary Liquor License for Talent Craft Crawl, Agathodaemon, Goldback Wines, Naumes Suncrest Winery, 1232 Wine, The Thirsty Wheel, and Caldera Brewing 27

8. Unfinished Business

Unfinished business consists of outstanding items from previous meetings. These items will be handled in the same manner as regular agenda items.

9. New Business

Speakers will be provided the opportunity to offer comments on action items after staff members have given their reports and, if there is an applicant, after the applicant has had the opportunity to speak. Action items are expected to result in motions, resolutions, orders, or ordinances.

9.1 Award of Contract for Park Avenue Water Main Replacement 52

9.2 Request from Urban Forestry Committee for Water Meter at Summer Place Wetlands for OWEB Tree Plantings..... 54

9.3 Request from Urban Forestry Committee for Funds for GIS Mapping.....

10. Other Business and Future Agenda Items

11. Written Communications

This item is for written communications that have been submitted to the entire Council and where a request has been made that the item be included in the record. It will contain the communications only, and not additional attachments or Internet re-postings. Those items may be e-mailed directly to Council members or may be distributed in person via the City Recorder at Council meetings following an oral communication to Council. There will not be any Council discussion or public comment on this agenda item.

12. Adjournment

Upcoming Council Meetings

| | |
|--------------|---|
| May 8, 2024 | TURA Budget Committee Meeting, 5:30PM |
| May 8, 2024 | City of Talent Budget Committee Meeting 6:00PM |
| May 15, 2024 | TURA Budget Committee Meeting (<i>if needed</i>) 6:00PM |
| May 15, 2024 | City Council Regular Meeting (6:45PM) |
| June 5, 2024 | City of Talent Budget Committee Meeting (<i>if needed</i>) 6:00PM |
| June 5, 2024 | City Council Regular Meeting |



City Council Staff Report

Meeting Date: May 1st, 2024
Department: Public Works
Staff Recommendation: Informative

Staff Contact: Robert Slayton
E-Mail: rslayton@cityoftalent.org
Estimated Time: 5 mins.

ISSUE BEFORE THE COUNCIL

Public Works Department Updates

BACKGROUND

- Weed abatement. Public Works has been spending about 10 man hours a week using our new excavator and forest mulcher purchased by the OSFM grant to battle blackberries and thick underbrush in the Suncrest Park and Greenway areas. The addition of this equipment has significantly reduced the man hours usually spent on these areas to battle fire hazardous fuels.
- Starting May 7, 2024, the public works crew will start collecting 40 lead and copper samples from predesignated location as required by the state in accordance with the pH adjustment the Medford Water Commission is making.
- Metering infrastructure RFP candidates are currently in review.
- RVSS will begin the stormwater detention facility on a parcel to the east of the Cummins parking lot. This detention facility will be planted like a bio-swale and maintained by RVSS. The purpose of the facility is to help filter the storm-water coming from highway 99 and West Valley View before it enters Bear Creek.
- During a storm in early March, a very large section of an Oregon Ash tree snapped off and fell to the ground blocking the sidewalk between the Historical Society and the library. On March 12, 2024. Canopy LLC met Public Works on site to assess the tree that had the failure along with 1 other Oregon Ash and an Elm tree. The report recommends having the #1 Oregon Ash removed due to decay that has spread down the main stem and increased the risk of another major failure. The other two trees are going to get some extensive pruning to do our best to preserve these trees and give them the best chance of survival. This work will begin on May 28, 2024 unless a date opens sooner. Report from Canopy is attached.

BACKGROUND

RELATED COUNCIL POLICIES

None

POTENTIAL MOTIONS

None

ATTACHMENTS



March 15, 2024

City of Talent
110 E Main St
Talent, OR 97540

RE: Tree assessment at 105 N Market St, Talent, OR

The three large trees adjacent to the Talent Historical Society building were inspected on March 12, 2024. The following are my observations and recommendations for each tree. The trees have been numbered #1-#3 and they are labeled on the attached map. An estimate for the proposed tree work has been sent separately.

#1
Oregon Ash
Fraxinus latifolia
DBH: 31.5"

Observations:

Tree #1 recently experienced a large limb failure on the walkway side and appears to have lost about 25% of its live canopy. The decay that led to the failure has spread down the main stem to some extent, potentially weakening the base of the tree and increasing the risk of another major failure. The remaining canopy is still alive, though there are several larger dead limbs throughout. Lower limbs are encroaching on the roof.

Recommendation:
Removal

#2
Elm
Ulmus spp.
DBH: 31.5"

Observations:

Tree #2 appears healthy overall, though the canopy has begun to encroach on the nearby roof. Large dead wood is present throughout the canopy. Several large limbs have become overextended or have otherwise developed poor structure, indicating increased risk of failure. Signs of potential decay are visible near old pruning cuts and failed limbs.

Recommendations:

Prune tree #2 to lift drip line over roof to approx. 10'. Remove dead wood 2" diameter and larger throughout canopy. Prune remaining canopy as needed to reduce end weight to mitigate risk of future limb failure. Perform aerial inspection of canopy, especially sections showing visible indicators of decay, to better determine overall health and risk of failure.

#3
Oregon Ash
Fraxinus latifolia
DBH: 25.5"

Observations:

Tree #3 also appears relatively healthy, though it has developed many of the same issues as the other trees. Large dead wood is present throughout the canopy and most of its larger limbs have developed poor structure and weight distribution.

Recommendations:

Prune tree #3 to remove dead wood 2" diameter and larger throughout canopy. Prune remaining canopy as needed to reduce end weight to mitigate risk of future limb failure, especially on library and playground side. Perform aerial inspection of canopy to better determine overall health and risk of failure. Lift drip line over nearby roofs as needed to maintain adequate clearance.

Sincerely,

Cole Zollinger
Canopy LLC
ISA Certified Arborist #PN-9274A



City Council Agenda Report

Meeting: May 1, 2024
Department: Police Dept.
Staff Recommendation: Informative

Staff Contact: Jennifer Snook
E-Mail: JSnook@cityoftalent.org
Estimated Time: 5 mins.

ISSUE BEFORE THE COUNCIL

Talent Police Department Updates

BACKGROUND

February updates:

- As we are approaching fire season, we had a banner made to place at the roundabout. The banner has a QR code to encourage community members to sign up for Citizen Alert.
- SRO Lehman provided a tour of the police department and vehicles to a small group of home school children, as always the highlight of the tour was the police vehicle.
- Chief attended a 4 hour Southern Oregon Fentanyl Roundtable with agencies from local Police Departments, OSP, Klamath Tribal, US Attorney's Office, DEA, ATF, IRS, US Postal Inspectors, HIS, Curry, Josephine, Klamath, and Jackson Counties, and drug enforcement teams. The topics covered were *what state and local partners are experiencing, what is the state of the public safety and public health crisis involving fentanyl in Southern Oregon, and how can federal partnerships assist*. The increase in fentanyl deaths is a public health crisis and the increase in numbers from 2020 is a great concern.
- Chief Snook attended the Oregon Association Chiefs of Police Conference in Pendleton, Oregon.
- Officer Sanchez attended a free two-day course on Active Shooter Emergency Response hosted by Department of Homeland Security.
- School Resource Officer Lehman, Officers Amesur and Schwan, and Chief Snook handed out nearly 400 donuts to students at the Talent Middle School. The purpose of this event was to get a chance to meet and interact with students in a positive manner. It was well received with many smiles, thank you's and positive interactions. *Image attached*.
- All officers attended Ashland Police Department in-service training. Classes were presented by the District Attorney's office and Community Works advocates and covered Search Warrants, Domestic Violence Lethality program, and Critical Child Injury Investigations.
- Officer Sanchez attended the DUII Multi-Disciplinary Conference in Bend. This was a two-day conference and his attendance was only possible due to a scholarship he applied for to assist with tuition and lodging.

RELATED COUNCIL POLICIES

None

POTENTIAL MOTIONS

None

ATTACHMENTS

- Image: Talent Police Officers at Talent Middle School





OREGON LIQUOR & CANNABIS COMMISSION
LIQUOR LICENSE APPLICATION

Instructions

1. **Complete and sign** this application.
2. Prior to submitting this application to the OLCC, send the completed application to **the local government for the premises address** to obtain a recommendation.
 - If the premises street address is within a city’s limits, the local government is the city.
 - If the premises street address is not within a city’s limits, the local government is the county.
3. You can submit the application to the OLCC if:
 1. You have WRITTEN documentation showing the date the local government received the application or;
 2. The local government has provided you their recommendation.

ALL forms and documents must be a PDF attachment

4. **Email the PDF application that contains the local government recommendation or proof of submission** to: OLCC.LiquorLicenseApplication@oregon.gov.
5. **Do not** include any license fees with your application packet (fees will be collected at a later time).
When it’s time to pay the license fee you must pay the full yearly fee for the current license year (the license fee will not be prorated). If you pay in the last quarter of your license year you must also pay the yearly fee for the next license year.

License Request Options - Please see the general definitions of the license request options below:

- **New Outlet:** The licensing of a business that does not currently hold an active liquor license.
- **Change of Ownership:** The request to completely change the licensee of record at a licensed business.
- **Greater Privilege:** The request to change from an Off-Premises to a Limited or Full On-Premises Sales license **OR** from a Limited to Full On-Premises Sales license.
- **Additional Privilege:** The licensee currently holds an active liquor license at the premises and that same licensee would like to request to add an **additional** different liquor license type at that same premises location.

Additional Information

Applicant Identification: Please review [OAR 845-006-0301](#) for the definitions of “applicant” and “licensee” and [OAR 845-005-0311](#) to confirm that all individuals or entities with an ownership interest (other than a waivable ownership interest, per OAR 845-005-0311[6]) in the business have been identified as license applicants on this document. If you have a question about whether an individual or entity needs to be listed as an applicant for the license, discuss this with the OLCC staff person assigned to your application.

Premises Address: This is the physical location of the business and where the liquor license will be posted.

Applicant Signature(s): Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

Applicant/Licensee Representative(s): In order to make changes to a license or application or to receive information about a license or application by someone other than the applicant/licensee you must:

- Complete the [Authorized Representative](#) and submit with the application.

LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

[New Outlet](#) | [Change of Ownership](#) | [Greater Privilege](#) | [Additional Privilege](#)

Select the license type you are applying for.

More information about all license types is available [online](#).

Full On-Premises

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

Winery

- Primary location
- Additional locations: 2nd 3rd 4th 5th

Brewery

- Primary location
- Additional locations: 2nd 3rd

Brewery-Public House

- Primary location
- Additional locations: 2nd 3rd

Grower Sales Privilege

- Primary location
- Additional locations: 2nd 3rd

Distillery

- Primary location
- Additional tasting locations: (Use the DISTT form [HERE](#))

Limited On-Premises

Off Premises

Warehouse

Wholesale Malt Beverage and Wine

LOCAL GOVERNMENT USE ONLY

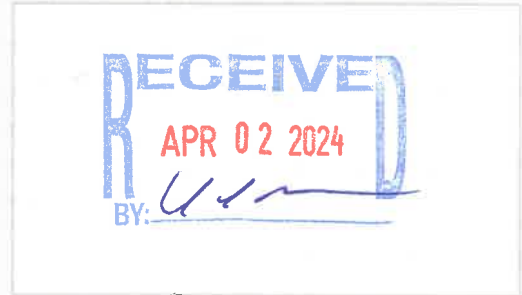
LOCAL GOVERNMENT
After providing your recommendation, return this form to the applicant **WITH** the recommendation marked below

Name of City OR County (not both)

Please make sure the name of the Local Government is printed legibly or stamped below

Date application received:

Optional: Date Stamp Received Below



- Recommend this license be granted
- Recommend this license be denied
- No Recommendation/Neutral

Printed Name

Date

Signature

Goldback and Iruai's Wine Room

Trade Name

LIQUOR LICENSE APPLICATION

Page 2 of 4

| APPLICANT INFORMATION | |
|--|---|
| Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed. | |
| Name of entity or individual applicant #1: Andrew Myer | Name of entity or individual applicant #2: Chad Westbrook Hinds |
| Name of entity or individual applicant #3: Michelle Westbrook Hinds | Name of entity or individual applicant #4: |

| BUSINESS INFORMATION | | |
|--|---|---------------------------|
| Trade Name of the Business (name customers will see): Goldback and Iruai's Wine Room | | |
| Premises street address (The physical location of the business and where the liquor license will be posted): [REDACTED] | | |
| City: Talent | Zip Code: 97535 | County: Jackson |
| Business phone number: [REDACTED] | Business email: [REDACTED] | |
| Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[11]): [REDACTED] | | |
| City: Ashland | State: Oregon | Zip Code: 97520 |
| Does the business address currently have an OLCC liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| APPLICATION CONTACT INFORMATION – Provide the point of contact for this application. If this individual is <u>not</u> an applicant or licensee, the Authorized Representative Form must be completed and submitted with this application. | |
|---|----------------------|
| Application Contact Name: Andrew Myer | |
| Phone number: [REDACTED] | Email: [REDACTED] |

LIQUOR LICENSE APPLICATION

Page 3 of 4

TERMS

- “Real property” means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- “Common area” is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area’s designation as a “common area” is typically identified in the lease or rental agreement.

ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the “Application Information” section of this form has read and understands [OAR 845-005-0311](#) and attests that:
 1. At least one applicant listed in the “Application Information” section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
 2. No person not listed as an applicant in the “Application Information” section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
 3. The licensed premises at the premises street address proposed to be licensed either:
 - a. Does not include any common areas; or
 - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
 - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in “common areas” and that this requirement applies at all times, even when the business is closed.
 4. The licensed premises at the premises street address either:
 - a. Has no area on property controlled by a public entity (like a city, county, or state); or
 - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

LIQUOR LICENSE APPLICATION

Goldback and Iruai's Wine Room

Page 4 of 4

Applicant Signature(s): Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one member or officer of the entity must sign the application.

• Each applicant listed in the "Application Information" section of this form has read and understands OLCC 845-006-0362 and attests that:

1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

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.

Andrew Myer

Applicant name

Signature

3/27/24

Date

Chad Hinds

Applicant name

Signature

3/27/24

Date

Michelle Hinds

Applicant name

Signature

3/27/24

Date

Applicant name

Signature

Date

Applicant/Licensee Representative(s): If you would like to designate a person/entity to act on your behalf you must complete the Authorized Representative Form. You may submit the form with the application or anytime thereafter. The form must be received by the OLCC before the representative can receive or submit information for the applicant.

Please note that applicants/licensees are responsible for all information provided, even if an authorized representative submits additional forms on behalf of the applicant.

City of Talent
PO Box 445
Talent OR 97540
Phone - (541)535-1566

DATE : 4/2/2024 3:18 PM
OPER : TB
TKBY : TJ Beaber
TERM : 1
REC# : R00117768
=====

4400 CHARGES FOR SERVICES 100.00
ANDREW MYER 100.00

Paid By:ANDREW MYER
02-CHECK 100.00 REF:CK#464 OLCC 2024

APPLIED 100.00
TENDERED 100.00

CHANGE 0.00



OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

| | | | |
|---|-----------------------------------|----------------------|--------------------------------|
| 1. Name (Print): | Westbrook Hinds Last | Michelle First | Emily Middle |
| 2. Other names used (maiden, other): Westbrook | | | |
| 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): | 01 (mm) | 03 (dd) | 1989 (yyyy) |
| 6. Driver License or State ID # [REDACTED] | | | 7. State CA |
| 8. Contact Phone: [REDACTED] | | | |
| 9. E-mail Address: [REDACTED] | | | |
| 10. Mailing Address: | [REDACTED] (Number and Street) | [REDACTED] (City) | CA 96032 (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 & CANNABIS 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:

California ABC License #02 623315 (2020-current)

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): | Westbrook Hinds Last | Michelle First | Emily Middle |
| Signature: | | | Date: 3/22/24 |

This box for OLCC use ONLY

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



OREGON LIQUOR & CANNABIS COMMISSION

INDIVIDUAL HISTORY FORM

WHO MUST COMPLETE THIS FORM?

You must complete this form if:

- Your name is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form.
- A corporation is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form and you are:
 - President, a Vice President with responsibility over the operation of the business, Secretary, or Treasurer.
 - A Director with 3% or more voting stock.
 - An individual who owns 20% or more of issued stock.
- A limited liability company (LLC) is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form and you are:
 - A Managing Member of the LLC (this is an individual designated to manage the LLC; it may or may not be the same individual designated to manage the business).
 - A Member who owns 20% or more of the membership.
 - An Officer (such as a President or Secretary) with responsibilities over the operation of the business.

You must work with the OLCC to determine who must complete this form if you are:

- Part of an entity *other than* a corporation or LLC that is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form, or
- Part of an entity that owns 10% or more of an entity listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form.

IN ADDITION, THE OLCC MAY REQUIRE OTHER PEOPLE TO COMPLETE THIS FORM WHEN THERE IS REASON TO BELIEVE IT MAY HELP THE OLCC IN ITS INVESTIGATION.



OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

| | | | |
|---|-----------------------------------|----------------------|--------------------------------|
| 1. Name (Print): | Westbrook Hinds Last | Chad First | Andrew Middle |
| 2. Other names used (maiden, other): Chad Andrew Hinds | | | |
| 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): | 05 (mm) | 10 (dd) | 1988 (yyyy) |
| 6. Driver License or State ID # [REDACTED] | | | 7. State: California |
| 8. Contact Phone: [REDACTED] | | | |
| 9. E-mail Address: [REDACTED] | | | |
| 10. Mailing Address: | [REDACTED] (Number and Street) | [REDACTED] (City) | CA 96032 (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 & CANNABIS 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:

- 1) California ABC Type 20 (Off-Sale Beer and Wine) License: #552853 (From January 2014 - January 2020)
- 2) California ABC Type 17 (Beer and Wine Wholesaler) License: #552853 (From January 2014 - January 2020)
- 3) California ABC Type 02 (Winegrower) License: #623315 (From January 2020 - Present)

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): | Westbrook Hinds Last | Chad First | Andrew Middle |
| Signature: | [REDACTED] | | Date: 03/20/2024 |

This box for OLCC use ONLY
 _____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

WHO MUST COMPLETE THIS FORM?

You must complete this form if:

- Your name is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form.
- A corporation is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form and you are:
 - President, a Vice President with responsibility over the operation of the business, Secretary, or Treasurer.
 - A Director with 3% or more voting stock.
 - An individual who owns 20% or more of issued stock.
- A limited liability company (LLC) is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form and you are:
 - A Managing Member of the LLC (this is an individual designated to manage the LLC; it may or may not be the same individual designated to manage the business).
 - A Member who owns 20% or more of the membership.
 - An Officer (such as a President or Secretary) with responsibilities over the operation of the business.

You must work with the OLCC to determine who must complete this form if you are:

- Part of an entity *other than* a corporation or LLC that is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form, or
- Part of an entity that owns 10% or more of an entity listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form.

IN ADDITION, THE OLCC MAY REQUIRE OTHER PEOPLE TO COMPLETE THIS FORM WHEN THERE IS REASON TO BELIEVE IT MAY HELP THE OLCC IN ITS INVESTIGATION.



OREGON LIQUOR & CANNABIS COMMISSION
INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

| | | | |
|--|-----------------------------------|----------------------|--------------------------------|
| 1. Name (Print): | Myer Last | Andrew First | McCloud 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] | | | |
| 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. 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)). | | | |
| 4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/> 4 | | | |
| 5. Date of Birth (DOB): | 02 (mm) | 03 (dd) | 1983 (yyyy) |
| 6. Driver License or State | [REDACTED] | 7. State OR | |
| 8. Contact Phone [REDACTED] | | | |
| 9. E-mail Address: [REDACTED] | | | |
| 10. Mailing Address: | [REDACTED] (Number and Street) | [REDACTED] (City) | OR 97520 (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 & CANNABIS 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): | Myer | Last | Andrew | First | McCloud | Middle |
| Signature | | | | | Date: | 3/11/24 |

This box for OLCC use ONLY

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



OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: RoseGoldSound LLC Phone [REDACTED]

Trade Name (dba): Goldback and Iruai's Wine Room

Business Location Address: 111 Talent Ave Unit A

City: Talent ZIP Code: 97540

DAYS AND HOURS OF OPERATION

Business Hours:

Outdoor Area Hours:

The outdoor area is used for:

Sunday 12 to 7
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday 12 to 7
Friday 12 to 7
Saturday 12 to 7

Sunday 12 to 7
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday 12 to 7
Friday 12 to 7
Saturday 12 to 7

Food service Hours: 12 to 7
 Alcohol service Hours: 12 to 7
 Enclosed, how _____
The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check ALL that apply:

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

*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 22 Outdoor: 8 Lounge: 13
Banquet: _____ Other (explain): _____ Total Seating: 43

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: 3/27/24

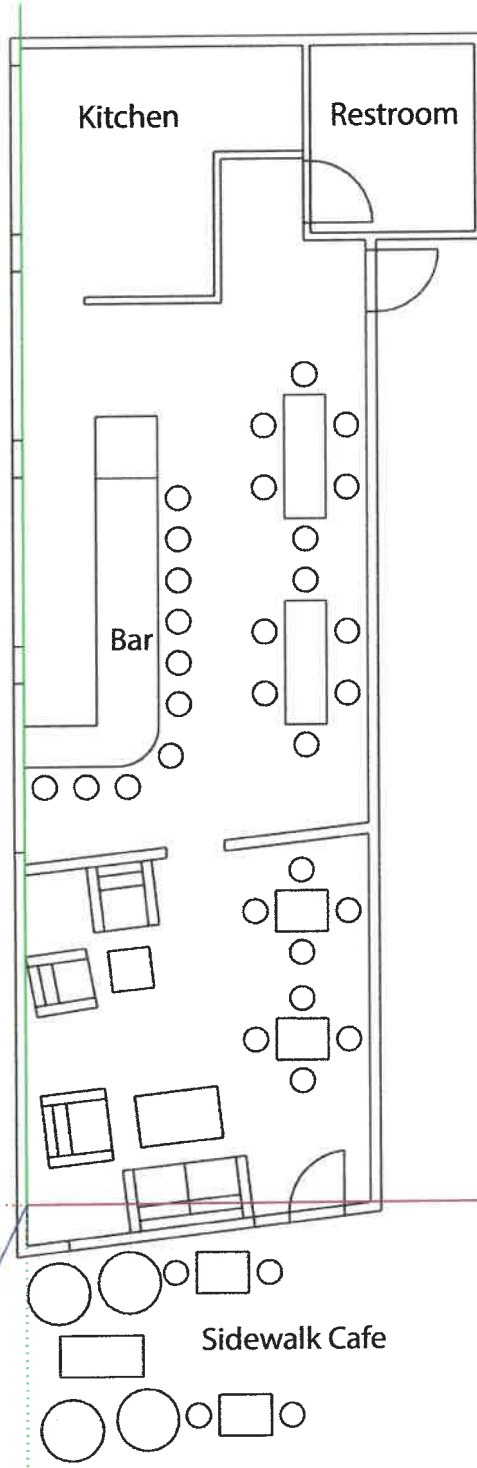


OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN FORM

Your floor plan must be submitted on this form

RoseGoldSound LLC
Applicant Name

Goldbach & Invai's
Wine Room
Trade Name (dba)



.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____



**FULL ON-PREMISES, COMMERCIAL (F-COM)
 FULL ON-PREMISES, FOR-PROFIT PRIVATE CLUB (F-FPC)
 FOOD SERVICE AFFIRMATION**

Applicant / Licensee RoseGoldSound LLC

Trade Name of the Business (Name Customers Will See)
Goldback & Iruai Wine Room

Business Address 111 Talent Ave, Talent, 97540
 (Number, Street Address, City, and Zip Code)

I affirm that I have read OAR 845-006-0459, OAR 845-006-0460, and OAR 845-006-0466 and

I affirm:

- I understand that "meal" means a food item, or combination of food items, prepared or cooked on the licensed premises that the Commission determines is a main course and is a serving of food sufficient to satisfy the appetite of one individual. Food items that are appetizers, snacks, and desserts do not qualify as a meal. Examples include, but are not limited to, popcorn, peanuts, chips, a serving of food that is not sufficient to satisfy the appetite of one individual, and food items offered by the licensee as other than a meal.
- I understand that "dining seats" means seating at tables or food counters as defined in OAR 845-006-0340(2)(j) located in areas of the licensed premises regularly open to the public where the Commission determines that each table top or seating area provides a minimum space that will accommodate a place setting consisting of a plate or dish, glassware, napkin and utensils for each seat. Seats at counters in entertainment areas and at bars as defined in OAR 845-006-0340 do not qualify as dining seating.
- I will have at least 30 dining seats during a time period which must last at least two hours prior to 10:00 p.m.
- I will make at least five different meals available at all times and in all areas where alcohol service is available. However, I may make fewer than five different meals available if the OLCC has determined that the clearly dominant emphasis in the areas with alcoholic beverage service is food service.
- I will always have a food preparation area and equipment on my licensed premises that are adequate to meet the food service requirements of this license.
- I am authorized to sign this form on behalf of the applicant or licensee.

Name (print) Andrew Myer Date 3/11/24

Signature 



Oregon Liquor & Cannabis Commission

LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE

PRINT FORM

RESET FORM

LLC Name RoseGoldSound LLC

Trade Name of Business (Name Customers Will See) Goldback & Iruai Wine Room

The LLC named in this document is a (see page 1 for definitions): Manager-Managed LLC Member-Managed LLC

This section is ONLY for a manager-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

| Name of Managing Member (please print) | Name of Managing Member (please print) |
|--|--|
| | |

This section is for BOTH a manager-managed LLC and a member-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

| Name of Member (please print) | Percentage of issued membership held |
|-------------------------------|--------------------------------------|
| Andrew Myer | 50 |
| Michelle Hinds | 25 |
| Chad Hinds | 25 |
| | |

This section is ONLY for an LLC with the listed officers. (Directions on page 1. You may include information on a separate sheet.)

| Title | Name (please print) |
|---|---------------------|
| President | |
| Secretary | |
| Treasurer | |
| Vice president with responsibility over the operation of the business | |

SERVER EDUCATION DESIGNEE (Directions on page 1)

| Name (please print) | Date of Birth |
|---------------------|---------------|
| Andrew Myer | |

SIGNATURE (Directions on page 1)

NAME of Signing Person (please type or print) Andrew Myer

[Redacted Signature] DATE 03/11/24

SIGNATURE of signing person (may electronically sign)

This box for OLCC use ONLY

Does the entity hold, or has it ever held, an OLCC-issued liquor license? _____



PLAN TO MANAGE SPECIAL EVENTS

The OLCC may require some applicants for a special event license to submit this completed form to the OLCC prior to the OLCC approving an application for a special event.

Typically, the OLCC is likely to require this form with events where minors and alcohol will be allowed together and the expected attendance per day in the area where alcohol will be sold or consumed is 501 or more. However, please note that there may be other circumstances under which the OLCC may require an applicant to submit this form.

If there will be more than one applicant applying to make alcoholic beverages available in the same area(s) of the same event, all applicants may agree to submit and follow one plan.

1. Applicant Name: Talent Business Alliance

2. Email: [REDACTED]

3. Event Name: Talent Craft Crawl

4. Date(s) of event: May 11th, 2024

5. Start/End hours of alcohol service: 11 (am / pm) to 5 (am / pm)

6. Event Street Address: Various locations throughout downtown Talent, OR: Old Town Park, Home St, Commons Park

7. City: Talent 8. County: Jackson 9. Zip 97540

(If multiple addresses, please submit the Address Supplemental form)

10. Will minors be allowed at the event? Yes No

11. If yes, will minors and alcoholic beverage be allowed together in the same area? Yes No

12. Will any portion of the licensed premises be prohibited to minor patrons? Yes No

If yes, describe your plan to prevent minor patrons from gaining access to the prohibited area:

We will have security on site by the Beer/Wine Garden to check ID and monitor. Volunteers will be posted at all entry/exit points to the common areas to confirm patrons are not leaving w/ open alcoholic containers.

13. Estimated total attendance per day in area(s) where alcoholic beverage will be sold or consumed: 3000

14. List name(s) and contact phone(s) of alcohol manager(s) on-duty and in the licensed area:

Event Manager: Awna Zegzdryn - 541.261.5783
Beer/Wine/Cider Garden Manager: Kandice Clark - 541.778.6060

15. Describe the primary activities within the licensed area:

-Craft Sale w/ 80 vendors: 67 craft vendors + 7 food trucks + 6 alcohol vendors
-Beer/Wine/Cider Garden for sales and consumption on site

16. Do you estimate that 30 percent or more of the people attending the event will be between 15 and 20 years of age?
 Yes No

17. Do you estimate the number of patrons in the licensed area will be about the same during the entire time that alcohol is sold or consumed? Yes No If no, what are the estimated times that a greater number of patrons will attend?

PLAN TO MANAGE SPECIAL EVENTS

18. At any one time, what is the average range of the number of staff (such as managers, servers, security, alcohol monitors, ID checkers, etc.) on-duty, at the event, and whose job includes monitoring patron behavior? 10

19. Will **Alcohol Monitors** work in the licensed area? (*An Alcohol Monitor is a person in addition to alcohol servers and security staff who monitors the sale, service, and consumption of alcoholic beverages to help ensure that unlawful sales, service, and consumption of alcoholic beverages do not occur.*)

Yes No

20. If yes to #19, list the minimum number of **Alcohol Monitors** you estimate will work during the estimated times when a greater number of patrons will attend and the estimated times when a regular number of patrons will attend:

5 Minimum number during estimated times of greater patron attendance

5 Minimum number during estimated times of regular patron attendance

21. If yes to #19, describe how **Alcohol Monitors** will be readily identifiable as such to patrons:

All Volunteers will wear easily identifiable safety vests. At each hub: Volunteers will be posted behind Info Tables
At Beer/Wine/Cider Garden: Volunteers will be posted at every entry/exit point

22. Will all **Alcohol Monitors** be required to have a service permit? Yes No

23. If no to #22, those **Alcohol Monitors** without a service permit must be uncompensated volunteers who are directly supervised in the licensed area by an individual who has successfully completed an Alcohol Server Education course within the last five years. Please list the name(s) of the supervisor(s) and their server education completion date(s):

Awna Zegzdryn - 09/20/2023 - Permit number: 9T6Y81

24. Is the applicant a nonprofit or charitable organization registered with one of the following?

- * Oregon Secretary of State. Check this site to determine if your organization has an Oregon Registry Number: [Oregon Secretary of State](#)
- * Oregon Department of Justice. Check this site to determine if your organization is a charitable organization registered in Oregon: [Oregon Department of Justice - search for Oregon Charities](#)

Yes

No

24a. If yes to #24, will the applicant use servers who don't hold a service permit? yes no

24b. If yes to 24a, describe the plan to train these people in at least the following: recognizing minors; properly checking identification; and how to recognize and respond appropriately to visibly intoxicated persons:

25. Will security or ID checkers be required to have a service permit? yes no

If no, describe the plan to train these people in at least the following: recognizing minors; properly checking identification; and how to recognize and respond appropriately to visibly intoxicated persons: They will read & sign "What every Volunteer Server Needs to Know"

PLAN TO MANAGE SPECIAL EVENTS

26. Will servers, security, or ID checkers wear clothing or other designation which readily identifies them as such to patrons? yes no If yes, please describe:

27. Describe the alcoholic beverages meant for consumption in the licensed area:

| | Size of Container (in which the Alcohol will be Served) | Maximum Amount of Alcohol in the Container |
|------------------|---|--|
| Malt Beverages | 3 oz. dixie cup or 16 oz. compost-able cup | 1 oz. sample or 16 oz pour |
| Wine | 3 oz. dixie cup or 7 oz. compost-able cup | 1 oz. sample or 5 oz pour |
| Cider | 3 oz. dixie cup or 16 oz. compost-able cup | 1 oz. sample or 16 oz pour |
| Distilled Liquor | NA | NA |

28. Describe how containers used to serve alcoholic beverages for consumption in the licensed area will be of a different color and type when compared to containers used to serve nonalcoholic beverages:

Samples = 3 oz. dixie cups for 1 oz. pours. Beer/Wine/Cider Garden = 16 oz (beer/cider) or 10 oz. (wine) compost-able plastic cups

29. What is the maximum number of containers of alcoholic beverages meant for consumption in the licensed area that a patron may possess at any one time? Two

30. Describe the level of lighting the licensed area will have to ensure the proper monitoring of patrons:

A level of lighting sufficient to read common newspaper print; or

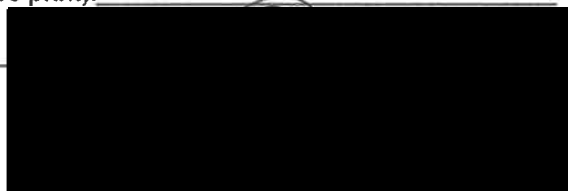
A level of lighting that will be (please describe):

All Volunteers will wear easily identifiable safety vests. At each hub: Volunteers will be posted behind Info Tables
At Beer/Wine/Cider Garden: Volunteers will be posted at every entry/exit point

31. If other methods for adequately managing the licensed area will be used, describe them here (or submit a separate written, dated, and signed plan):

32. Applicant Name (please print): Awna Zegzdryn

33. Applicant Signature: _____



34. Date: 04/17/2024

OLCC Plan to Manage Special Events - Supplementary Information

The 2024 Talent Craft Crawl comprises [2] components that include alcohol:

BEER GARDEN

1. Our Beer/Wine/Cider Garden will be produced by the Talent Business Alliance TBA (non-profit) and managed by hired professionals with OLCC server licenses.
2. It will be located on the lawn of Commons park, closest to the Talent Library.
3. There will be a refrigerated keg trailer, with its back to the playground behind, with all service happening in front of this trailer.
4. **Security:**
 - a. This space will have hired security to check ID's & put wrist bands on guests 21 and over on their right wrist.
 - b. Volunteers will help at entry/exit points, to ensure that no one leaves with an open container, as well as scan the crowd for any potential issues (to be reported to the hired security and event management).
5. **This space will be fenced and have two separate areas:**
 - a. **All ages area:**
 - i. This will be a larger space in front of the Beer/Wine/Cider garden with tables & chairs for guests to eat/drink at with their families etc.
 - ii. A security guard + volunteers will be scanning this area to ensure that no one leaves with an open container, as well as scan the crowd for any potential issues (to be reported to the hired security and event management) including, but not limited to, underage consumption of alcohol.
 - iii. No one will be permitted to leave this area with an open container.
 - b. **21 and over ONLY area:**
 - i. All patrons who can enter the 21 and over area will be required to have a wrist band.
 - ii. This will be a smaller area, within the 'All ages area' and will be located directly next to the sales area, with a security guard at the entrance to check wrist bands and ID's of all patrons who want to enter.
 - iii. Guests can purchase a limit of TWO drinks at a time.

ADDITIONAL ALCOHOL VENDORS AT EVENT

1. [6] Alcohol Vendors in different hubs who have filled out appropriate SEB's or SEW's.
2. They will be able to give away free 1 oz. samples to guests and sell by the closed bottle or can for off-site consumption.
3. Each hub will have an 'Information Table' staffed by a volunteer who's job will be to pass out maps, as well as ID folks 21 and over, and give them a wrist band so they can try free samples from local wineries or breweries.

NONPROFIT & CHARITABLE ORGANIZATION

EXEMPT EVENT REQUEST FORM

13. Will you offer drinks or tastes of alcohol for consumption at any of the Exempt Event locations?

YES Answer question 14.

NO Skip to the affirmation and signature section of this application.

14. Will there be 501 or more individuals in attendance at any address or location for the Exempt Event on a given event date?

YES In order to obtain approval from the OLCC for your Exempt Event, in addition to this application, for each address or location where there will be 501 or more individuals in attendance on a given event date you must:

- Submit a site plan drawing showing the boundaries of the Exempt Event area, and
- Complete an [Exempt Event Operational Plan](#).

NO Skip to the affirmation and signature section of this application.

AFFIRMATION AND SIGNATURE

I affirm the following:

- I am authorized to sign this application on behalf of the applicant listed above.
- The applicant is either a nonprofit organization registered with Oregon Secretary of State or a charitable organization registered with Oregon Department of Justice.
- The applicant has or will consult with each local city or county in which the event is held to ensure compliance with local regulations.
- I have read and understand the best practices for Exempt Events outlined in the [Special Event Guide for TSLs and Exempt Events](#)

REPRESENTATIVE'S PRINTED NAME: Awna Zegzdryn

REPRESENTATIVE'S SIGNATURE (electronic signature acceptable):

Date: 04/17/2024

SEND THE EXEMPTION REQUEST FORM TO AN OLCC OFFICE THAT COVERS A LOCATION FOR YOUR EVENT. ([OLCC Office Locations](#))

OLCC USE ONLY

This event is authorized only when this form is signed by an OLCC representative.

OLCC Signature _____ Date: _____



EXEMPT EVENT OPERATIONAL PLAN

As a condition of approval, the OLCC requires any applicant for an Exempt Event to complete an Exempt Event Operational Plan, if:

- The nonprofit or charitable organization will allow on-site consumption of alcohol at any of the approved Exempt Event addresses or locations, and
- There will be 501 or more individuals at an event address/location on a given approved Exempt Event date.

Please note that there may be other circumstances under which the OLCC may require an applicant for an Exempt Event to submit this form.

If there will be more than one applicant making alcoholic beverages available in the same Exempt Event area, all applicants may agree to submit and follow one plan. One plan may also be used for all Exempt Event addresses or locations associated with an event as long as each address or location will be managed in the same way. If there will be differences in the ways that the different subject locations are operated or managed, use a separate Exempt Event Operational Plan for each location.

In addition to this Exempt Event Operational Plan, an Exempt Event site plan drawing is required for each location where there will be more than 501 in attendance and where on-site consumption of alcohol will be allowed. For more information see the Exempt Events section of the [Special Event Guide for TSLs and Exempt Events](#).

1. Applicant (name of nonprofit or charitable organization): Talent Business Alliance
2. Registry number: [REDACTED]
3. Email: [REDACTED]
4. Event Name: Talent Craft Crawl
5. Date(s) of event: May 11, 2024
6. Start/End hours of alcohol service: 11 am to 5 pm (include am/pm)
7. Event Street Address: Commons park, Home St., Old Town Park
8. City: Talent County: Jackson Zip: 97540

(If there will be multiple addresses or locations where alcohol will be offered for on-premises consumption and the expected attendance at the location is 501 or more individuals, please submit an Exempt Event site plan drawing for each location/address)

9. Will minors be allowed at the event? Yes No
10. If yes, will minors and alcoholic beverage be allowed together in the same area? Yes No
11. Will any portion of the approved Exempt Event area be prohibited to minor patrons? Yes No

If yes, describe your plan to prevent minor patrons from gaining access to the prohibited area:

We will have security on site by the Beer/Wine Garden to check ID and monitor. Volunteers will be posted at all entry/exit points to the common areas to confirm patrons are not leaving w/ open alcoholic containers. All guests allowed in will have wrist band on right wrist.

12. Estimated total attendance per day in the area(s) where alcoholic beverage will be sold or consumed: 3000



13. Describe the primary activities within the Exempt Event area:

- Craft Sale w/ 80 vendors: 67 craft vendors + 7 food trucks + 6 alcohol vendors
- Beer/Wine/Cider Garden for sales and consumption on site

14. Do you estimate the number of guests in the Exempt Event area will be about the same during the entire time that alcohol is sold or consumed? Yes No

If no, what are the estimated times that a greater number of guests will attend?

15. At any one time, what is the average range of the number of staff (such as managers, servers, security, alcohol monitors, ID checkers, etc.) on-duty, at the event, and whose job includes monitoring guest behavior 10

16. Do you plan to require individuals who will be serving alcohol to have a valid OLCC service permit or to read the OLCC's [What Every Volunteer Alcohol Server Needs to Know](#) brochure prior to the event? Yes No

If no, describe the plan to train these people in at least the following: recognizing minors; properly checking identification; and how to recognize and respond appropriately to visibly intoxicated persons:

17. Will you have any **Alcohol Monitors** working in the Exempt Event area? *(An Alcohol Monitor is a person in addition to alcohol servers and security staff who monitors the sale, service, and consumption of alcoholic beverages to help ensure that unlawful sales, service, and consumption of alcoholic beverages do not occur.)* Yes No

18. If yes to #17, list the minimum number of **Alcohol Monitors** you estimate will work during the estimated times when a greater number of guests will attend and the estimated times when a regular number of guests will attend:

5 Minimum number during estimated times of greater guest attendance

5 Minimum number during estimated times of regular guest attendance

19. Will all **Alcohol Monitors** be required to have a service permit or required to read OLCC's [What Every Volunteer Alcohol Server Needs to Know](#) brochure prior to the event? Yes No

If no, describe the plan to train these people in at least the following: recognizing minors; properly checking identification; and how to recognize and respond appropriately to visibly intoxicated persons:

20. Will security or ID checkers be required to have a service permit or required to read OLCC's [What Every Volunteer Alcohol Server Needs to Know](#) brochure prior to the event? Yes No

If no, describe the plan to train these people in at least the following: recognizing minors; properly checking identification; and how to recognize and respond appropriately to visibly intoxicated persons:



21. Will servers, security, or ID checkers wear clothing or other designation which readily identifies them as such to guests?
 Yes No If yes, please describe:

22. Describe for alcoholic beverages meant for consumption in the Exempt Event area:

| | Size of Container (in which the Alcohol will be Served) | Maximum Amount of Alcohol in the Container |
|------------------|---|--|
| Malt Beverages | 3 oz. dixie cup or 16 oz. compost-able cup | 1 oz. sample or 16 oz pour |
| Wine | 3 oz. dixie cup or 7 oz. compost-able cup | 1 oz. sample or 5 oz pour |
| Cider | 3 oz. dixie cup or 16 oz. compost-able cup | 1 oz. sample or 16 oz pour |
| Distilled Liquor | NA | NA |

23. Describe how containers used to serve alcoholic beverages for consumption in the Exempt Event area will be of a different color and type when compared to containers used to serve nonalcoholic beverages:

Samples = 3 oz. dixie cups for 1 oz. pours. Beer/Wine/Cider Garden = 16 oz (beer/cider) or 10 oz. (wine) compost-able plastic cups

24. What is the maximum number of containers of alcoholic beverages meant for consumption in the Exempt Event area that a guest may possess at any one time? 2

25. Describe the level of lighting the Exempt Event area will have to ensure the proper monitoring of guests:

A level of lighting sufficient to read common newspaper print; or

A level of lighting that will be (please describe):

26. If other methods for adequately managing the Exempt Event area will be used, describe them here (or submit a separate written, dated, and signed plan):

Applicant Name (please print): Ayana Zegzdean

Applicant Signature: 

Signature date: 04/17/2024



**Temporary Sales License – Nonprofit Type 1
(TSL-NP Type 1)**

APPLICATION: Page 1 of 2

1. Applicant Name: Talent Business Alliance

2. Registry #: [REDACTED]

3. Please check the box that applies to the applicant:

- A nonprofit or charitable organization registered as such with the State of Oregon.
- A state agency.
- A local government, or an agency or department of local government.

4. Contact Person: Awna Zegzdryn

5. Contact Phone: [REDACTED]

6. Contact E-mail: [REDACTED]

7. Event Name: Talent Craft Crawl

8. Date(s) of event (no more than 30 days): May 11, 2024

9. Start/End hours of alcohol service: 11 am to 5 pm (Include am/pm)

10. Address of Special Event: Commons Park Talent 97540
(street) (city) (zip code)

If your event will be conducted at more than one address, use the address supplemental form at the end of this application to list the additional addresses.

11. Is any part of the special event licensed premises outdoors? Yes No

- If yes, please submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified.

12. List the name(s) and service permit number(s) of alcohol manager(s) that will be on-duty and in the licensed area:

Kandice Clark [REDACTED]

13. What is the expected attendance per day in the area where alcohol will be sold or consumed? 3000

- If the expected attendance per day in the licensed area (where alcohol will be sold or consumed) is 501 or more, please submit a Plan to Manage along with this application.
- If the expected attendance is 301 or more per day, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168) and you must also answer questions 14 and 15. If your answer is 300 or fewer per day, please skip questions 14 and 15.

14. Insurance Company: Ashland Insurance Co.

15. Policy #: NBP1563768B



Temporary Sales License – Nonprofit Type 1 (TSL-NP Type 1)

APPLICATION: Page 2 of 2

GOVERNMENT RECOMMENDATION: Please read the instructions. You must obtain a recommendation from the local city or county named in #16 below before submitting this application to the OLCC. If there is more than one event address on this application, all the addresses for your event must be within the same local governing body jurisdiction.

16. Name the **CITY** if the event address is within a city's limits: Talent

OR

Name the **COUNTY** if the event address is outside the city's limits:

I affirm the following:

- Minors (people under the age of 21) and visibly intoxicated people will not be allowed to buy, possess, or consume alcohol.
- The only open containers of alcoholic beverage that may be taken off the licensed area are securely covered containers (growlers) of malt beverage, wine, or cider. I will not allow any other open container of alcoholic beverage to leave the licensed area.
- Marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the special event licensed premises.
- The event will meet the food service requirements of a TSL-NP Type 1 (see the [Special Event Guide](#)).
- The applicant is a nonprofit organization registered with the Oregon Secretary of State, a charitable organization registered with the Oregon Department of Justice, a state agency, or a local government or an agency or department of local government.
- I am authorized to sign this application on behalf of the applicant. Name of individual

signing (please print): Awna Zegzdryn

SIGNATURE (electronic signature acceptable):

Date: 04/17/2024

CITY OR COUNTY USE ONLY: The city/county name is

Grant Acknowledge Deny (attach written explanation of deny recommendation)

(Optional) City/County contact individual and phone number or email:

City/County Signature:

Date:

FORM TO OLCC: This license is valid only when signed by an OLCC representative. Submit your special event license application to the OLCC office serving the county in which your special event will happen. Find the OLCC office here: [OLCC offices & the counties they serve](#).

OLCC USE ONLY

Fee Paid:

Date:

Receipt #:

License is

Approved

Denied

OLCC Signature:

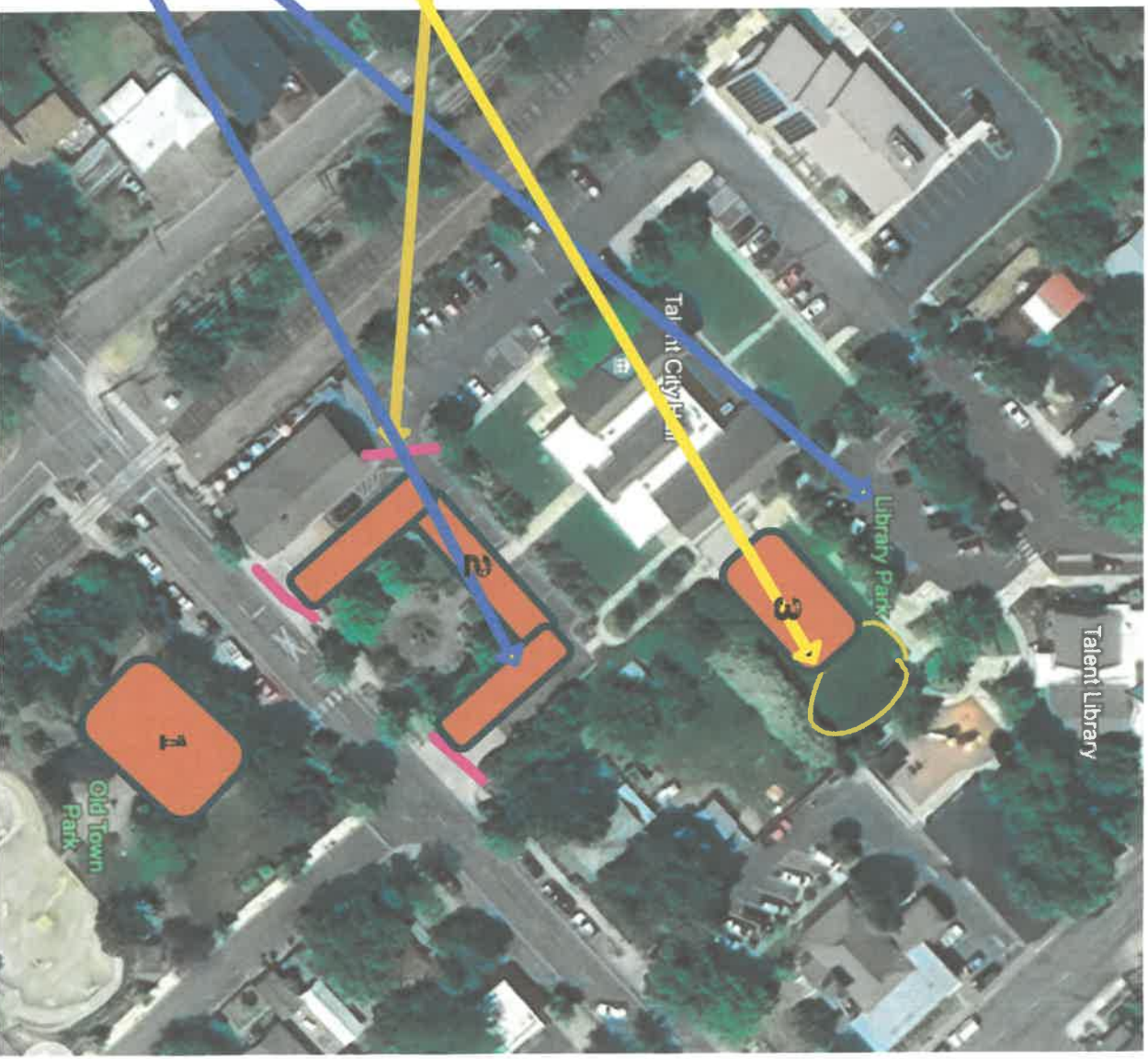
Date:

Talent Craft Crawl: Saturday, May 11, 2024 11 am - 5 pm



HUBS

1. Old Town Park
 2. City Hall horseshoe
(street closure: Home St)
 3. Commons Park
- * Beer/Wine/Cider area:
 - * v - actual sales / 21+ only
 - Security guards on site
 - * Grassy Area directly in front
 - Area to enjoy open beverages
 - Fenced w/ volunteers at all exit/entry points
 - * Parking area for food trucks





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|--------------------------------------|
| PRODUCER Ashland Insurance Inc 801 O'Hare Parkway, Ste 101 Medford OR 97504 | CONTACT NAME: Kimberly Edwards PHONE (A/C No. Ext): (541) 857-0679 E-MAIL ADDRESS: kedwards@ashlandinsurance.com | FAX (A/C, No): (541) 857-9883 |
| INSURED Talent Chamber of Commerce, DBA: Talent Business Alliance P O Box 997 Talent OR 97540 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : United States Liability Insurance Company | NAIC # |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES CERTIFICATE NUMBER: 24 25 GL & Liquor Liab REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | NBP1563768B | 04/28/2024 | 04/28/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Directors Officers Liab \$ 1,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as Additional Insured for General Liability coverages with written contract. This form is subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---|--|
| City of Talent PO Box 445 Talent OR 97540 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|



SPECIAL EVENT WINERY (SEW) APPLICATION

This license allows an Oregon Winery Licensee to sell wine, cider, and malt beverages for drinking within the special event licensed area, in sealed containers for taking out of the special event licensed area, and malt beverages, wine, or cider in a securely covered container (i.e. growlers) for taking out of the special event licensed area.

- **Process Time:** OLCC needs your completed application in sufficient time to approve it. Sufficient time is typically 2 to 4 weeks before the first event date listed in #10 below (some events may need extra processing time). OLCC may refuse to process your application if it is not submitted in sufficient time for the OLCC to investigate it.
- **OLCC License Fee:** \$10 per license day or any part of a license day. **Make payment by check or money order, payable to OLCC.** A license day is from 7:00 am to 2:30 am on the succeeding calendar day.
- **License Days:** In #10 below, you may apply for a maximum of five license days per application form.

| | | |
|--|--|--------------------------------|
| 1. Licensee Name: Naumes Suncrest Winery LLC | | |
| 2. Email: cnaumes@naumes.com | | |
| 3. Trade Name of Business: Naumes Suncrest Winery | | 4. Fax: NA |
| 5. Address of Annual Business 1950 Suncrest Rd | | 6. City: Talent |
| 7. Contact Person: Cynthia Naumes | | 8. Contact Phone: 541-941-6930 |
| 9. Event Name: Talent Craft Crawl | | |
| 10. Date(s) of event (no more than five days): May 11, 2024 | | |
| 11. Start/end hours of alcohol service: 11 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm to 5 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm | | |
| 12. Address of Special Event: Talent, Oregon | | City Talent Zip 97540 |
| 13. Is the event outdoors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13a. If no, in what area(s) of the building is the event located? | | |
| 13b. If yes, submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified. | | |
| 14. Describe the primary activities within the licensed area: Small samples of wine will be given to patrons in Dixie Cups. No open container or glass sales permitted. Closed bottle or can sales permitted. | | |
| 15. Will minors be allowed at the event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 16. What is the expected attendance per day in the licensed area (where alcohol will be sold or consumed)? 3000 | | |

PLAN TO MANAGE THE SPECIAL EVENT LICENSED AREA
 If your answer to #16 is 501 or more, in addition to your answers to questions 17, 18, and 19, you will need to complete the OLCC's Plan to Manage Special Events form, unless the OLCC exempts you from this requirement.

17. Describe your plan to prevent problems and violations:
 Each hub where vendors will be located will have an information table where a volunteer will check ID's and put bracelets on guests over 21 years of age.
 -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
 -There are no glass pours or open container sales allowed at this event. Each winery & brewery is sampling products in the hope of selling full bottles/cans for guests to take home.

18. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors:
 -Each hub where vendors will be located will have an info table where a volunteer will check ID's & bracelet guests 21+ years of age.
 -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
 -There are no glass pours or open container sales allowed at this event.

19. Describe your plan to manage alcohol consumption by adults:
 -Only samples are going to be available to guests
 -There are [5] alcohol vendors giving away free samples.

20. List name(s) and service permit number(s) of alcohol manager(s) on-duty and in the licensed area:
 Dana Fasching, 9GW805

LIQUOR LIABILITY INSURANCE
 If the licensed area is open to the public and expected attendance is 301 or more per day in the licensed area, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168).

21. Insurance Company: HDI Global Insurance Company

22. Policy #: GK28X002207-00

23. Expiration Date: 3/1/25

MARIJUANA
 24. Will marijuana (such as use, consumption, samples, give-away, sale, etc.) be allowed on the special event licensed premises or be part of the event or an adjacent event? Yes No

FOOD SERVICE
 You must provide at all times and in all areas where alcohol service is available at least two different substantial food items (see the attached sheet for an explanation of this requirement).

25. Name at least two different substantial food items that will be provided:

1. Food truck: Mega Taco - full menu available

2. Food truck: Rogue Sushi - full menu available

GOVERNMENT RECOMMENDATION
 You must obtain a recommendation from the local city or county named in #26 before submitting this application to the OLCC.

26. Name the city if the event address is within a city's limits, or the county if the event address is outside the city's limits: Talent, Oregon

SIGNATURE
 I affirm that I am authorized to sign this application on behalf of the applicant.

27. Name (please print): Cynthia Naumes

28. Signature: *Cynthia Naumes*

29. Date: 4/11/24

CITY OR COUNTY USE ONLY
 The city/county named in #26 above recommends:
 Grant Acknowledge Deny (attach written explanation of deny recommendation)

City/County Signature: _____ Date: _____

FORM TO OLCC
 This license is valid only when signed by an OLCC representative. Submit this form to the OLCC office regulating the county in which your special event will happen.

OLCC USE ONLY Date: _____ Receipt #: _____

Fee Paid: _____

License is: Approved Denied

OLCC Signature: _____ Date: _____



SPECIAL EVENT WINERY (SEW) APPLICATION

CLEAR FORM

PRINT

This license allows an Oregon Winery Licensee to sell wine, cider, and malt beverages for drinking within the special event licensed area, in sealed containers for taking out of the special event licensed area, and malt beverages, wine, or cider in a securely covered container (i.e. growlers) for taking out of the special event licensed area.

- Process Time: OLCC needs your completed application in sufficient time to approve it. Sufficient time is typically 2 to 4 weeks before the first event date listed in #10 below (some events may need extra processing time). OLCC may refuse to process your application if it is not submitted in sufficient time for the OLCC to investigate it.
OLCC License Fee: \$10 per license day or any part of a license day. Make payment by check or money order, payable to OLCC. A license day is from 7:00 am to 2:30 am on the succeeding calendar day.
License Days: In #10 below, you may apply for a maximum of five license days per application form.

1. Licensee Name: Hold Fast Wine Company LLC
2. Email: andy@goldbachwines.com
3. Trade Name of Business: Goldbach Wines
4. Fax: n/a
5. Address of Annual Business: 809 Garden Way
6. City: Ashland
7. Contact Person: Andy Meyer
8. Contact Phone: 503-602-0392
9. Event Name: Talent Craft Crawl
10. Date(s) of event (no more than five days): May 11, 2024
11. Start/end hours of alcohol service: 11 am to 5 pm
12. Address of Special Event: Talent, Oregon City: Talent, Oregon Zip: 97540
13. Is the event outdoors? Yes
13a. If no, in what area(s) of the building is the event located?
13b. If yes, submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified.
14. Describe the primary activities within the licensed area: Small samples of wine will be given to patrons in Dixie Cups. No open container or glass sales permitted. Closed bottle or can sales permitted.
15. Will minors be allowed at the event? Yes
16. What is the expected attendance per day in the licensed area (where alcohol will be sold or consumed)? 3000

PLAN TO MANAGE THE SPECIAL EVENT LICENSED AREA
If your answer to #16 is 501 or more, in addition to your answers to questions 17, 18, and 19, you will need to complete the OLCC's Plan to Manage Special Events form, unless the OLCC exempts you from this requirement.

17. Describe your plan to prevent problems and violations:
Each hub where vendors will be located will have an information table where a volunteer will check ID's and put bracelets on guests over 21 years of age.
-Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
-There are no glass pours or open container sales allowed at this event. Each winery & brewery is sampling products in the hope of selling full bottles/cans for guests to take home.

18. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors:
-Each hub where vendors will be located will have an info table where a volunteer will check ID's & bracelet guests 21+ years of age.
-Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
-There are no glass pours or open container sales allowed at this event.

| | |
|--|---|
| 19. Describe your plan to manage alcohol consumption by adults: -Only samples are going to be available to guests -There are [5] alcohol vendors giving away free samples. | |
| 20. List name(s) and service permit number(s) of alcohol manager(s) on-duty and in the licensed area: Andrew Myer 6N635V | |
| LIQUOR LIABILITY INSURANCE If the licensed area is open to the public and expected attendance is 301 or more per day in the licensed area, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168). | |
| 21. Insurance Company: Oregon Mutual Insurance | |
| 22. Policy #: OMO 54 5 8919320 | 23. Expiration Date: 7/31/24 |
| MARIJUANA 24. Will marijuana (such as use, consumption, samples, give-away, sale, etc.) be allowed on the special event licensed premises or be part of the event or an adjacent event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| FOOD SERVICE You must provide at all times and in all areas where alcohol service is available at least two different substantial food items (see the attached sheet for an explanation of this requirement). | |
| 25. Name at least two different substantial food items that will be provided: | |
| 1. Food truck: Mega Taco - full menu available | 2. Food truck: Rogue Sushi - full menu available |
| GOVERNMENT RECOMMENDATION You must obtain a recommendation from the local city or county named in #26 <u>before</u> submitting this application to the OLCC. | |
| 26. Name the city if the event address is within a city's limits, or the county if the event address is outside the city's limits: Talent, Oregon | |
| SIGNATURE I affirm that I am authorized to sign this application on behalf of the applicant. | |
| 27. Name (please print): Andrew Myer | |
| 28. Signature: <i>Andrew Myer</i> | 29. Date: 4/20/24 |

| | |
|---|-------|
| CITY OR COUNTY USE ONLY The city/county named in #26 above recommends: <input type="checkbox"/> Grant <input type="checkbox"/> Acknowledge <input type="checkbox"/> Deny (attach written explanation of deny recommendation) | |
| City/County Signature: | Date: |
| FORM TO OLCC This license is valid only when signed by an OLCC representative. Submit this form to the OLCC office regulating the county in which your special event will happen. | |
| OLCC USE ONLY Fee Paid: | Date: |
| License is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| OLCC Signature: | Date: |



SPECIAL EVENT WINERY (SEW) APPLICATION

This license allows an Oregon Winery Licensee to sell wine, cider, and malt beverages for drinking within the special event licensed area, in sealed containers for taking out of the special event licensed area, and malt beverages, wine, or cider in a securely covered container (i.e. growlers) for taking out of the special event licensed area.

- **Process Time:** OLCC needs your completed application in sufficient time to approve it. Sufficient time is typically 2 to 4 weeks before the first event date listed in #10 below (some events may need extra processing time). OLCC may refuse to process your application if it is not submitted in sufficient time for the OLCC to investigate it.
- **OLCC License Fee:** \$10 per license day or any part of a license day. **Make payment by check or money order, payable to OLCC.** A license day is from 7:00 am to 2:30 am on the succeeding calendar day.
- **License Days:** In #10 below, you may apply for a maximum of five license days per application form.

| | |
|---|---------------------------------------|
| 1. Licensee Name: 1232 Wine | |
| 2. Email: matt@1232wine.com | |
| 3. Trade Name of Business: 1232 Wine | 4. Fax: |
| 5. Address of Annual Business 3302 Cloie Anne Ct | 6. City: Medford |
| 7. Contact Person: Richard (Matt) Lemons | 8. Contact Phone: 760-608-1809 |
| 9. Event Name: Talent Craft Crawl | |
| 10. Date(s) of event (no more than five days): May 11, 2024 | |
| 11. Start/end hours of alcohol service: 11 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm to 5 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm | |
| 12. Address of Special Event: Talent, Oregon | City: Talent Zip: 97540 |
| 13. Is the event outdoors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13a. If no, in what area(s) of the building is the event located? | |
| 13b. If yes, submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified. | |
| 14. Describe the primary activities within the licensed area: Small samples of wine will be given to patrons in Dixie Cups. No open container or glass sales permitted. Closed bottle or can sales permitted. | |
| 15. Will minors be allowed at the event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. What is the expected attendance per day in the licensed area (where alcohol will be sold or consumed)? 3000 | |

PLAN TO MANAGE THE SPECIAL EVENT LICENSED AREA

If your answer to #16 is 501 or more, in addition to your answers to questions 17, 18, and 19, you will need to complete the OLCC's Plan to Manage Special Events form, unless the OLCC exempts you from this requirement.

17. Describe your plan to prevent problems and violations:

Each hub where vendors will be located will have an information table where a volunteer will check ID's and put bracelets on guests over 21 years of age.
 -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
 -There are no glass pours or open container sales allowed at this event. Each winery & brewery is sampling products in the hope of selling full bottles/cans for guests to take home.

18. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors:

-Each hub where vendors will be located will have an info table where a volunteer will check ID's & bracelet guests 21+ years of age.
 -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
 -There are no glass pours or open container sales allowed at this event.

19. Describe your plan to manage alcohol consumption by adults:
 -Only samples are going to be available to guests
 -There are [5] alcohol vendors giving away free samples.

20. List name(s) and service permit number(s) of alcohol manager(s) on-duty and in the licensed area:
 Richard Lemons, 5CW412
 Ashley Lemons, 2R88EH

LIQUOR LIABILITY INSURANCE
 If the licensed area is open to the public and **expected attendance is 301 or more** per day in the licensed area, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168).

21. Insurance Company: **Oregon Mutual**
 22. Policy #: **OMO925270** 23. Expiration Date: **3/10/2025**

MARIJUANA
 24. Will marijuana (such as use, consumption, samples, give-away, sale, etc.) be allowed on the special event licensed premises or be part of the event or an adjacent event? Yes No

FOOD SERVICE
 You must provide at all times and in all areas where alcohol service is available at least **two different substantial food items** (see the attached sheet for an explanation of this requirement).

25. Name at least **two** different substantial food items that will be provided:
 1. Food truck: **Mega Taco - full menu available** 2. Food truck: **Rogue Sushi - full menu available**

GOVERNMENT RECOMMENDATION
 You must obtain a recommendation from the local city or county named in #26 before submitting this application to the OLCC.

26. Name the city if the event address is within a city's limits, or the county if the event address is outside the city's limits: **Talent, Oregon**

SIGNATURE
 I affirm that I am authorized to sign this application on behalf of the applicant.

27. Name (please print): **Richard Lemons**
 28. Signature: *Matt Lemons* 29. Date: **4/15/24**

CITY OR COUNTY USE ONLY
 The city/county named in #26 above recommends:
 Grant Acknowledge Deny (attach written explanation of deny recommendation)

City/County Signature: _____ Date: _____

FORM TO OLCC
 This license is valid only when signed by an OLCC representative. Submit this form to the OLCC office regulating the county in which your special event will happen.

OLCC USE ONLY Date: _____ Receipt #: _____
 Fee Paid: _____

License is: Approved Denied

OLCC Signature: _____ Date: _____



SPECIAL EVENT WINERY (SEW) APPLICATION

This license allows an Oregon Winery Licensee to sell wine, cider, and malt beverages for drinking within the special event licensed area, in sealed containers for taking out of the special event licensed area, and malt beverages, wine, or cider in a securely covered container (i.e. growlers) for taking out of the special event licensed area.

- **Process Time:** OLCC needs your completed application in sufficient time to approve it. Sufficient time is typically 2 to 4 weeks before the first event date listed in #10 below (some events may need extra processing time). OLCC may refuse to process your application if it is not submitted in sufficient time for the OLCC to investigate it.
- **OLCC License Fee:** \$10 per license day or any part of a license day. **Make payment by check or money order, payable to OLCC.** A license day is from 7:00 am to 2:30 am on the succeeding calendar day.
- **License Days:** In #10 below, you may apply for a maximum of **five** license days per application form.

| | |
|--|--------------------------------|
| 1. Licensee Name: Agathodaemon Wine, LLC | |
| 2. Email: agathodaemonwine@gmail.com | |
| 3. Trade Name of Business: Agathodaemon | 4. Fax: |
| 5. Address of Annual Business 1451 Foss Road | 6. City: Talent |
| 7. Contact Person: Kathleen Maher | 8. Contact Phone: 503-857-6224 |
| 9. Event Name: Talent Craft Crawl | |
| 10. Date(s) of event (no more than five days): May 11, 2024 | |
| 11. Start/end hours of alcohol service: 11 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm to 5 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm | |
| 12. Address of Special Event: Talent, Oregon | City: Talent Zip: 97540 |
| 13. Is the event outdoors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13a. If no, in what area(s) of the building is the event located? | |
| 13b. If yes, submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified. | |
| 14. Describe the primary activities within the licensed area: Small samples of wine will be given to patrons in Dixie Cups. No open container or glass sales permitted. Closed bottle or can sales permitted. | |
| 15. Will minors be allowed at the event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. What is the expected attendance per day in the licensed area (where alcohol will be sold or consumed)? 3000 | |

PLAN TO MANAGE THE SPECIAL EVENT LICENSED AREA
 If your answer to #16 is 501 or more, in addition to your answers to questions 17, 18, and 19, you will need to complete the OLCC's Plan to Manage Special Events form, unless the OLCC exempts you from this requirement.

17. Describe your plan to prevent problems and violations:
 Each hub where vendors will be located will have an information table where a volunteer will check ID's and put bracelets on guests over 21 years of age.
 -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
 -There are no glass pours or open container sales allowed at this event. Each winery & brewery is sampling products in the hope of selling full bottles/cans for guests to take home.

18. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors:
 -Each hub where vendors will be located will have an info table where a volunteer will check ID's & bracelet guests 21+ years of age.
 -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
 -There are no glass pours or open container sales allowed at this event.

19. Describe your plan to manage alcohol consumption by adults:
-Only samples are going to be available to guests
-There are [5] alcohol vendors giving away free samples.

20. List name(s) and service permit number(s) of alcohol manager(s) on-duty and in the licensed area:
Kathleen Maher: 1688JQ
Robert Egan: 5043JP

LIQUOR LIABILITY INSURANCE
If the licensed area is open to the public and expected attendance is 301 or more per day in the licensed area, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168).

21. Insurance Company: American National
22. Policy #: 3601G1286
23. Expiration Date: 06/17/2024

MARIJUANA
24. Will marijuana (such as use, consumption, samples, give-away, sale, etc.) be allowed on the special event licensed premises or be part of the event or an adjacent event? Yes No

FOOD SERVICE
You must provide at all times and in all areas where alcohol service is available at least two different substantial food items (see the attached sheet for an explanation of this requirement).

25. Name at least two different substantial food items that will be provided:
1. Food truck: Mega Taco - full menu available
2. Food truck: Rogue Sushi - full menu available

GOVERNMENT RECOMMENDATION
You must obtain a recommendation from the local city or county named in #26 before submitting this application to the OLCC.

26. Name the city if the event address is within a city's limits, or the county if the event address is outside the city's limits: Talent, Oregon

SIGNATURE
I affirm that I am authorized to sign this application on behalf of the applicant.

27. Name (please print): Kathleen Maher
28. Signature: *K. Maher*
29. Date: 4/18/2024

CITY OR COUNTY USE ONLY
The city/county named in #26 above recommends:
 Grant Acknowledge Deny (attach written explanation of deny recommendation)

City/County Signature: _____ Date: _____

FORM TO OLCC
This license is valid only when signed by an OLCC representative. Submit this form to the OLCC office regulating the county in which your special event will happen.

OLCC USE ONLY
Fee Paid: _____ Date: _____ Receipt #: _____

License is: Approved Denied

OLCC Signature: _____ Date: _____



OREGON LIQUOR & CANNABIS COMMISSION
APPLICATION FOR TEMPORARY SALES LICENSE
- FOR-PROFIT (TSL-FP)

APPLICATION: Page 1 of 2

1. Is this application associated with an eligible OLCC annual licensee? Yes No

• If yes, please provide the following:

Trade Name (dba)

License #

2. Applicant Name: **THE THIRSTY WHEEL**

3. Contact Person: **JAMIE HATHAWAY**

4. Contact Phone: **518-524-4457**

5. Contact E-mail: **info@thirstywheel.com**

6. Event Name (if applicable): **Talent Craft Crawl**

7. Date(s) of event (no more than seven days): **May 11, 2024**

8. Start/End hours of alcohol service: **11 am** to **5 pm** (include AM/PM)

9. Address of Special Event: **Home St.** **Talent** **97540**
(street) (city) (zip code)

10. Is any part of the special event licensed premises outdoors? Yes No

• If yes, please submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified.

11. List the name(s) and service permit number(s) of alcohol manager(s) that will be on-duty and in the licensed area:

JAMIE HATHAWAY # 4230 PU

12. What is the expected attendance per day in the area where alcohol will be sold or consumed? **3000**

- If the expected attendance per day in the licensed area (where alcohol will be sold or consumed) is **501 or more**, please submit a **Plan to Manage** along with this application.
- If the expected attendance is **301 or more** per day, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168) and you must also answer questions 13 and 14. If your answer is 300 or fewer per day, please skip questions 13 and 14.

13. Insurance Company: **FLIP INSURANCE** 14. Policy #: **DT 810 221**

15. Will you be serving alcohol by the drink at the event? Yes No - If no, skip to Question 17

16. If yes, will you be serving distilled liquor by the drink at the event? Yes No

• Events serving distilled liquor by the drink are required to have **three meals available**; events serving only beer, wine, and/or cider are required to have **two meals available**. Please list the meals that will be available at the event to satisfy this requirement. See page 2 for more information.

- a. _____
- b. _____
- c. _____



OREGON LIQUOR & CANNABIS COMMISSION
APPLICATION FOR TEMPORARY SALES LICENSE
- FOR-PROFIT (TSL-FP)

APPLICATION: Page 2 of 2

GOVERNMENT RECOMMENDATION. Please read the instructions. You must obtain a recommendation from the local city or county before submitting this application to the OLCC.

17. Name of the **CITY** if the event address is within city limits:

Talent, Oregon

OR

Name of the **COUNTY** if the event address is outside city limits:

I affirm the following:

- The information on this application is true and accurate.
- Minors (people under the age of 21) and visibly intoxicated people will not be allowed to buy, possess, or consume alcohol.
- The only open containers of alcoholic beverages that may be taken off the licensed area are securely covered containers (growlers) of malt beverage, wine, or cider. I will not allow any other open container of alcoholic beverage to leave the licensed area.
- Marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the special event licensed premises.
- The event will meet the food service requirements of a TSL-FP. See page 2 of the guide above or the Special Event Guide for TSLs and Exempt Events for additional information.
- I am authorized to sign this application on behalf of the applicant.

Name of individual signing (please print):

JAMIE HATHAWAY

SIGNATURE (electronic signature acceptable):

Date:

4/23/24

CITY OR COUNTY USE ONLY The city/county named in #16 above recommends:

Grant Acknowledge Deny (attach written explanation of Deny recommendation)

Staff Name and Title:

City/County Signature:

Date:

FORM TO OLCC: This license is valid only when signed by an OLCC representative. Submit your special event application to the OLCC office that regulates the county where your special event will happen. Find the OLCC office here: [OLCC offices & the counties they serve.](#)

OLCC USE ONLY Fee Paid: _____ Date: _____ Receipt #: _____

License is: Approved Denied Not Processed – Reason: _____

OLCC Signature:

Date:



SPECIAL EVENT BREWERY (SEB) APPLICATION

ELIGIBILITY: Only an Oregon Brewery Licensee may apply for this license.

SEB LICENSE PRIVILEGES

- Sell malt beverages, wine, and cider by the drink for consumption in the special event licensed area (provided you meet the food requirements).
- Sell manufacturer-sealed containers of malt beverage, wine, and cider meant for drinking off of the special event licensed area.
- Sell malt beverages, wine, or cider in a securely covered container (i.e. growlers) meant for drinking off of the special event licensed area. The container may not hold more than two gallons.

- **Process Time:** OLCC needs your completed application in sufficient time to approve it. Sufficient time is typically 2 to 4 weeks before the first event date listed in #10 below (some events may need extra processing time). OLCC may refuse to process your application if it is not submitted in sufficient time for the OLCC to investigate it.
- **OLCC License Fee:** \$10 per license day or any part of a license day. **Make payment by check or money order, payable to OLCC.** A license day is from 7:00 am to 2:30 am on the succeeding calendar day.
- **License Days:** In #10 below, you may apply for a maximum of **five** license days per application form.

| | |
|--|--------------------------------|
| 1. Licensee Name: Caldera BrewingC | |
| 2. Email: jim@calderabrewing.com | |
| 3. Trade Name of Business: Caldera Brewing | 4. Fax: N/A |
| 5. Address of <u>Annual</u> Business: 590 Clover Lane | 6. City: Ashland |
| 7. Contact Person: Jim Mills | 8. Contact Phone: 541-840-8882 |
| 9. Event Name: Talent Craft Crawl | |
| 10. Date(s) of event (no more than five days): May 11, 2024 | |
| 11. Start/end hours of alcohol service: 11 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm to 5 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm | |
| 12. Address of Special Event: Talent, Oregon | City: _____ Zip: _____ |
| 13. Is the event outdoors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13a. If no, in what area(s) of the building is the event located? | |
| 13b. If yes, submit a drawing showing the licensed area and how the boundaries of the licensed area will be identified. | |
| 14. Describe the primary activities within the licensed area: Small samples of wine will be given to patrons in Dixie Cups. No open container or glass sales permitted. Closed bottle or can sales permitted. | |
| 15. Will minors be allowed at the event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. What is the expected attendance per day in the licensed area (where alcohol will be sold or consumed)? 3000 | |

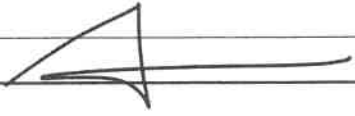
PLAN TO MANAGE THE SPECIAL EVENT LICENSED AREA

If your answer to #16 is 501 or more, **in addition** to your answers to questions 17, 18, and 19, you will need to complete the OLCC's Plan to Manage Special Events form, unless the OLCC exempts you from this requirement.

17. Describe your plan to prevent problems and violations:

Each hub where vendors will be located will have an information table where a volunteer will check ID's and put bracelets on guests over 21 years of age.

- Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed).
- There are no glass pours or open container sales allowed at this event. Each winery & brewery is sampling products in the hope of selling full bottles/cans for guests to take home.

| | | | | | |
|---|--|---|--|--------------|--------|
| <p>18. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors:</p> <p>-Each hub where vendors will be located will have an info table where a volunteer will check ID's & bracelet guests 21+ years of age. -Every alcohol vendor will ONLY give out samples to guests w/ bracelets (who have been previously ID'ed). -There are no glass pours or open container sales allowed at this event.</p> | | | | | |
| <p>19. Describe your plan to manage alcohol consumption by adults:</p> <p>-Only samples are going to be available to guests -There are only [5] alcohol vendors giving away free samples.</p> | | | | | |
| <p>20. List name(s) and service permit number(s) of alcohol manager(s) on-duty and in the licensed area:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Jim Mills</td> <td style="width: 40%;">3J380S</td> </tr> <tr> <td>Brenna Mills</td> <td>0T820H</td> </tr> </table> | | Jim Mills | 3J380S | Brenna Mills | 0T820H |
| Jim Mills | 3J380S | | | | |
| Brenna Mills | 0T820H | | | | |
| <p>LIQUOR LIABILITY INSURANCE If the licensed area is open to the public and expected attendance is 301 or more per day in the licensed area, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168).</p> | | | | | |
| <p>21. Insurance Company: United Fire & Casualty</p> | | | | | |
| <p>22. Policy #: 60531082</p> | <p>23. Expiration Date: 9/1/24</p> | | | | |
| <p>MARIJUANA 24. Will marijuana (such as use, consumption, samples, give-away, sale, etc.) be allowed on the special event licensed premises or be part of the event or an adjacent event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | |
| <p>FOOD SERVICE You must provide at all times and in all areas where alcohol service is available at least two different substantial food items (see the attached sheet for an explanation of this requirement).</p> | | | | | |
| <p>25. Name at least two different substantial food items that will be provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Food truck: Mary Jane's Bento - full menu available</td> <td style="width: 50%;">2. Food truck: Tacos Libertad - full menu available</td> </tr> </table> | | 1. Food truck: Mary Jane's Bento - full menu available | 2. Food truck: Tacos Libertad - full menu available | | |
| 1. Food truck: Mary Jane's Bento - full menu available | 2. Food truck: Tacos Libertad - full menu available | | | | |
| <p>GOVERNMENT RECOMMENDATION You must obtain a recommendation from the local city or county named in #26 <u>before</u> submitting this application to the OLCC.</p> | | | | | |
| <p>26. Name the city if the event address is within a city's limits, or the county if the event address is outside the city's limits: Talent, Oregon</p> | | | | | |
| <p>SIGNATURE I affirm that I am authorized to sign this application on behalf of the applicant.</p> | | | | | |
| <p>27. Name (please print): Jim Mills</p> | | | | | |
| <p>28. Signature: Jim Mills </p> | <p>29. Date: 4/23/24</p> | | | | |

| | |
|--|--------------------|
| <p>CITY OR COUNTY USE ONLY The city/county named in #26 above recommends: <input type="checkbox"/> Grant <input type="checkbox"/> Acknowledge <input type="checkbox"/> Deny (attach written explanation of deny recommendation)</p> | |
| <p>City/County Signature: _____</p> | <p>Date: _____</p> |
| <p>FORM TO OLCC This license is valid only when signed by an OLCC representative. Submit this form to the OLCC office regulating the county in which your special event will happen.</p> | |
| <p>OLCC USE ONLY Fee Paid: _____</p> | <p>Date: _____</p> |
| <p>Receipt #: _____</p> | |
| <p>License is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> | |
| <p>OLCC Signature: _____</p> | <p>Date: _____</p> |



City Council Agenda Report

| | | | |
|------------------------------|------------------|------------------------|----------------------------|
| Meeting Date: | May 1, 2024 | Staff Contact: | Gary Milliman |
| Department: | City Manager | E-Mail: | gmilliman@cityoftalent.org |
| Staff Recommendation: | <i>see below</i> | Estimated Time: | 10 mins. |

ISSUE BEFORE THE COUNCIL

Award Contract for Park Avenue Water Main Replacement Project

BACKGROUND

The City solicited bids for the construction of 400 feet of eight-inch diameter water main on Park Avenue between Lapree and Sunny Street. This project replaces an existing and failing four-inch A/C water main.

Five bids were received. The City Engineer has reviewed the bids and recommends that the contract be awarded to the lowest responsible bidder, Three Dimensional Construction, at \$116,990. The high bid was \$160,114.27. The engineer's estimate was \$139,550.

This project is included in the water capital improvement plan and is funded by Talent water customers through the water rates\ and System Development Charge fees because the project includes increasing capacity.

RELATED COUNCIL POLICIES

POTENTIAL MOTIONS

Motion to award the contract for construction of the Park Avenue Water Main Replacement Project to Three Dimensional Construction, the lowest responsible bidder, in the amount of \$116,990, and reject all other bids.

ATTACHMENTS

- RH2 Engineering – Recommendation of Award



RH2 ENGINEERING

Medford

3553 Arrowhead Drive, Suite 200

Medford, OR 97504

1.800.720.8052 / rh2.com

April 19, 2024

Gary Milliman – City Manager

City of Talent

110 East Main Street

Talent, OR 97540

Sent via: Email

Subject: Park Ave. Waterline – Recommendation of Award

Dear Gary:

The bids for Park Ave. Waterline were opened at Talent City Hall on April 18th, 2024 at 2:00 p.m. Five bids were received, from Three Dimensional Contracting, MC Carlton Contracting, JCopeland Construction Inc, Visar and Wind Rose Excavation.

The bids for the project are as follows:

| | |
|---------------------------|---------------------|
| Three Dimensional Const.: | \$116,990.00 |
| MC Carlton Contracting: | \$133,782.00 |
| JCopeland Construction: | \$134,748.00 |
| Visar: | \$140,117.00 |
| Wind Rose Excavation: | \$160,114.27 |

Three Dimensional Contracting was the lowest bid received. RH2 reviewed Three Dimensional Contracting’s bid and found no mistakes in their bid.

The Engineer’s Estimate was approximately \$139,550.00. Fortunately, all bids came in close to the engineer’s estimate.

RH2 recommends the City of Talent award the project to Three Dimensional Contracting for the total contract amount of **\$116,990.00**.

If you have any questions regarding this recommendation, please contact me at (541) 301-1555.

Sincerely,

Jeff Ballard, P.E.

WASHINGTON LOCATIONS

Bellingham

Bothell (Corporate)

East Wenatchee

Issaquah

Richland

Tacoma

OREGON LOCATIONS

Medford

Portland

IDAHO LOCATIONS

Meridian



City Council Agenda Report

| | | | |
|------------------------------|------------------|------------------------|----------------------------|
| Meeting Date: | May 1, 2024 | Staff Contact: | Gary Milliman |
| Department: | City Manager | E-Mail: | gmilliman@cityoftalent.org |
| Staff Recommendation: | <i>see below</i> | Estimated Time: | 10 mins. |

ISSUE BEFORE THE COUNCIL

Consideration of Urban Forestry Committee recommendations and requests

BACKGROUND

Water Service to Summer Place Wetlands. The Summer Wetlands is a designated OWEB planting location. It is anticipated that approximately 50 trees will be installed at this location. The TUFC is requesting that the City install a water service at this location for irrigation of the trees. The Public Works Department has provided an estimate for the cost of the water service.

OWEB has confirmed that the installation cost and payment of SDC's is grant eligible; this is the first request of this kind that OWEB has received. The City will be required to complete a grant agreement amendment to authorize use of OWEB funds for this project; the cost (administrative time, legal) of preparing that grant amendment is not included in the project cost.

| <u>Initial Cost Estimate</u> | <u>Amount</u> |
|--|--------------------|
| Medford Water Commission SDC's 5/8" X 3/4" meter | \$ 2,225.62 |
| City of Talent SDC's 5/8" X 3/4" meter | \$ 6,077.00 |
| 5/8" X 3/4" meter water service installation | \$ 2,000.00 |
| Initial Cost Estimate | \$10,302.62 |
| | |
| <u>Annual Cost Estimate</u> | |
| Water Monthly Meter Charges | \$ 294.00 |
| Wholesale Gallonage Charges @ 10 KGAL month | \$ 116.40 |
| Annual Cost Estimate | \$ 410.40 |

Data for Mapping Project. The Committee has been working with the U.S. Forest Service on a tree mapping project that will be a part of a tree master plan. The Forest Service has requested that the City provide electronic data that has been developed by the City's GIS contractor, Nickki Hart Brinkly, for their use in developing map overlays for this project. The estimated cost of providing this data is \$300-375. The TUFC has recommended/requested that the City allocate up to \$500 to acquire this information from Nikki Hart Brinkly.

Budget Information: Note that the TUFC budget for the current fiscal year is \$500.00, and expenditures to date are approximately \$1,485.00. The additional allocation will bring this Committee to 300 per cent of its budget.

RELATED COUNCIL POLICIES

POTENTIAL MOTIONS

1. Motion to approve the installation of a City water service to support the tree planting at Summer Place Wetlands, conditional upon receiving full funding for this project from the OWEB grant.
2. Motion to approve the request from the Urban Forestry Committee to allocate \$500.00 from the General Fund unallocated fund balance to pay for the cost of electronic data associated with the Citywide tree mapping and master plan project.

Or

Deny the request for allocation of funding to pay for the cost of electronic data as requested by the Urban Forestry Committee as the Committee has exceeded its budget allocation for the current fiscal year. (staff recommendation)

ATTACHMENTS