



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

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

ACTIONS

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

*Palco
L184453*

90-DAY AUTHORITY

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

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *JK*

Date: *4-2-13*

90-day authority: Yes No

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

① Barbara Ann Johnson ③ _____

② _____ ④ _____

2. Trade Name (dba): Howell's Restaurant and Lounge

3. Business Location: 508 Seventh St. Oregon City, Clackamas, Or 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4270 Calaroga Cir. West Linn, Or. 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-319-4690 (phone) 503-636-1680 (fax)

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

7. If yes to whom: Mid Rose LLC Type of License: Full on premises

8. Former Business Name: Barbara Ann Johnson dba Howell's Restaurant + Lounge

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

10. What is the local governing body where your business is located? Oregon City, Or - Clackamas
(name of city or county)

11. Contact person for this application: Barbara Johnson (name) 503 319 4690 (phone number(s))
4270 Calaroga Cir, West Linn, Or 97068 (address) Rabsanny@Comcast.net (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Barbara Ann Johnson Date 2-21-13 ③ **MAR 18 2013** Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission