



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

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

ACTIONS

- ☐ Change Ownership
☐ New Outlet
☒ Greater Privilege
☐ Additional Privilege
☐ Other: _____

90-DAY AUTHORITY

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

APPLYING AS:

- ☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
 (signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: _____

Date: 10-12-15

90-day authority: ☐ Yes ☐ No

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

① Eastgate Theatre, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Hill Top 9

3. Business Location: 325 Beaver Creek Road Oregon City Clackamas OR 97045
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 7132 Regal Lane Knoxville TN 37918
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-650-2885 (phone) (fax)

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

7. If yes to whom: Eastgate Theatre, Inc. Type of License: Limited On-Premises

8. Former Business Name: Hill Top 9

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

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

11. Contact person for this application: Duke Tufty (No Solicitations Please) 503-517-8137
 (name) (phone number(s))
621 SW Morrison St., Ste. 1300, Portland, OR 97205 503-273-9135 dt@wysekadish.com
 (address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 7/27/15 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____