



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: of

Date: 4-8-13

90-day authority: Yes No

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

- ① ~~Amy Jo Collins~~ ③ AC/DC LLC
- ② ~~Dale Collins~~ ④ _____

2. Trade Name (dba): Amy's Pub

3. Business Location: 19526 Molalla Avenue, Suite 2-131 Oregon City, OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 312 Chinook St Molalla OR 97039
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 539-9170, 503 700-5149
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: N/A

9. Will you have a manager? Yes No Name: Amy Jo Collins
(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: Dale A Collins 503 539 9170
(name) (phone number(s))
312 chinook St Molalla OR 97039
(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 Amy Jo Collins Date 3/10/13 ③ _____ Date _____
- ② Dale Collins Date 3-18-13 ④ _____ Date _____

RECEIVED

APR 05 2013

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission