OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

KH

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: Jim Band

Title: CHIEF - PD

OLCC USE ONLY

Application Rec'd by: _____

Date: 1-14-17

90-day authority: ☐ Yes ☐ No

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

① Bridge City Ciderworks LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): 12 Bridge Ciderworks

3. Business Location: 19376 Molalla Ave, #130, Oregon City, OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3804 Fairhaven Dr, West Linn, OR 97068
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-715-6806 / no fax
(phone) (fax)

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

7. If yes to whom: n/a Type of License: n/a

8. Former Business Name: n/a

9. Will you have a manager? ☐ Yes ☑ No Name: self
(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: Jeff N Jarrett 503-715-6806
(name) (phone number(s))

3804 Fairhaven Dr, West Linn, OR 97068 none info@bridgecityciderworks.cor
(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 1/3/2016 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
JAN 05 2017
Initials: _____
Oregon Liquor Control Commission