

OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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Application is being made for:	CITY AND COUNTY USE ONLY		
LICENSE TYPES ACTIONS	Date application received:		
☑ Full On-Premises Sales (\$402.60/yr) ☑ Change Ownership ☑ Commercial Establishment ☐ New Outlet			
Caterer Greater Privilege	The City Council or County Commission:		
Passenger Carrier Additional Privilege	(name of city or county)		
Other Public Location Other Private Club	recommends that this license be:		
Limited On-Premises Sales (\$202.60/yr)	☐ Granted ☐ Denied		
Off-Premises Sales (\$100/yr)	Ву:		
☐ with Fuel Pumps ☐ Brewery Public House (\$252.60)	(signature) (date)		
TIME (0000)	Name:		
□ Winery (\$250/yr) □ Other:	Title:		
90-DAY AUTHORITY	OLCC USE QNLY		
☑ 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	\sim		
Sales license and are requesting a 90-Day Temporary Authority	Application Rec'd by:		
APPLYING AS:	Date: 106-15		
□ Limited □ Corporation ☑ Limited Liability □ Individuals	90-day authority: ☐ Yes ☐ No		
Partnership Company	oo day additionty. Li les Li 140		
Entity or Individuals applying for the license: [See SECTION 1 of the Gu	uide]		
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②			
2. Trade Name (dba):Howells Restaurant & Lounge	***		
	ackamas OR 07-45 (county) (state) (ZIP code)		
	(county) (state) (ZIP code)		
Business Mailing Address: same (PO box, number, street, rural route) (cit	ty) (state) (ZIP code)		
5. Business Numbers: 503 655 1877	to the state of th		
(phone) (fax)			
6. Is the business at this location currently licensed by OLCC? Yes No			
7. If yes to whom:Barbara Johnson Type of License:Full On-Premises Sales			
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8. Former Business Name: HOWELL'S KESTAULENT + U	sunge		
9. Will you have a manager? Yes No Name: Karen B. Farthing			
0 What is the local governing body where your business is located?Orego	r must fill out an Individual History form)		
o. What is the local governing body where your business is located ? Orego	(name of city or county)		
Contact person for this application: Karen Farthing	503-522-5670		
(name) 22138 S. Essig Lane, Beavercreek OR 97004	(phone number(s))		
(address) (fax number)	karenbeach55@gmail.com (e-mail address)		
understand that if my answers are not true and complete, the OLCC r	·		
Applicant(s) Signature(s) and Date:			
Date 9-9.15 3			
Mint 6 + 30 fr / Date 9/9/11 @	RECEIVED		
	OCT OP 2045		
/1-800-452-OLCC (6522) • www.oregon.g	jov/olcc (rev. 08/2011)		
	Initials:		