



# 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 \_\_\_\_\_

### 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: \_\_\_\_\_

### 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

### OLCC USE ONLY

Application Rec'd by: cmoreno

Date: 4/30/13

90-day authority:  Yes  No

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

① Ranee Fred Cegerani ③ Frank N Lillie Enterprises LLC

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Ranee's ON MAIN

3. Business Location: 1003 Main St Oregon City Clackamas OR 97045  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: same as above  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: \_\_\_\_\_  
(phone) (fax)

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

7. If yes to whom: Wendy Lui Type of License: Full on premises

8. Former Business Name: Friendship INN

9. Will you have a manager?  Yes  No Name: myself  
(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: Ranee Cegerani (503) 380-8341  
(name) (phone number(s))  
316 Division St Oregon City N/A Peggiefrank@alphoo.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 Ranee Fred Cegerani Date 4/30/13 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_