



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp:  Name of City or County:  Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied  By: _____  Date: _____
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	
	OLCC USE ONLY
	Date application received: 5/14/20
	By: _____ SR
	License Action(s):  N/O

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Corner 14, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

<b>3. Trade Name of the Business (Name Customers Will See)</b> Corner 14		
<b>4. Business Address (Number and Street Address of the Location that will have the liquor license)</b> 508 14th St		
City Oregon City	County Clackamas	Zip Code 97045



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<b>5. Trade Name of the Business (Name Customers Will See)</b> Corner 14			
<b>6. Does the business address currently have an OLCC liquor license?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>7. Does the business address currently have an OLCC marijuana license?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail)</b> 1300 John Adams St. Suite 104			
City Oregon City	State OR	Zip Code 97045	
<b>9. Phone Number of the Business Location</b> 971-275-4635		<b>10. Email Contact for this Application</b> cherisse@corner14oc.com	
<b>11. Contact Person for this Application</b> Cherisse Reilly		Phone Number 971-275-4635	
Contact Person's Mailing Address (if different)	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

**Applicant Signature(s)**

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

*Cherisse Reilly*  
\_\_\_\_\_  
(Applicant#1)

\_\_\_\_\_  
(Applicant#2)

\_\_\_\_\_  
(Applicant#3)

\_\_\_\_\_  
(Applicant#4)