



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Pending ²⁴

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 _____

*L# 232518
P# 51680*

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: *M. Font*

Date: *4/29/2016*

90-day authority: ☐ Yes ☐ No

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

① *Lucky Tea, Inc.* ③ _____

② _____ ④ _____

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

3. Business Location: *19526^{SE} Molalla Ave #131 Oregon City, OR 97045*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *8819 SW Ashford St. Tigard, OR 97224*
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *503-305-7820* *n/a*
(phone) (fax)

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

7. If yes to whom: *ACDC, LLC* Type of License: *Full On-Premise*

8. Former Business Name: *n/a*

9. Will you have a manager? ☐ Yes ☒ No Name: _____
(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: *Lee Tea* *503-620-8399*
(name) (phone number(s))
8819 SW Ashford Street *lee.y.tea@gmail.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 *[Signature]* Date *4/28/16* ③ _____ Date _____

② *[Signature]* Date *4-28-16* ④ _____ Date _____