



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

pending
PLH

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: _____

LT# 233240
9914

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: *[Signature]*

Date: *6-13-16*

90-day authority: ☐ Yes ☐ No

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

① FRED MEYER STORES INC (MASTER FILE) ③ _____

② _____ ④ _____

2. Trade Name (dba): FRED MEYER #242

3. Business Location: 1839 MOLALLA AVE OREGON CITY CLACKAMAS OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Kroger Business License PO Box 305103 Nashville TN 37230
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-656-6226 _____
(phone) (fax)

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

7. If yes to whom: FRED MEYER #242 Type of License: OFF-PREMISE SALES

8. Former Business Name: N/A

9. Will you have a manager? ☒ Yes ☐ No Name: SCOTT JACOBS
(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: SARA KEMP 615-232-9557
(name) (phone number(s))
PO BOX 305103 NASHVILLE TN 37230 615-232-9740 Sara.Kemp@kroger.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 *David Deather* Date 6/3/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED
JUN 30 2016
Initials: _____ Date _____