



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Pending
KH

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 _____

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: *6-14-16*

90-day authority: ☐ Yes ☐ No

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

① *GODOG! LLC* ③ _____
 ② _____ ④ _____

2. Trade Name (dba): *KEHOE AND COMPANY*

3. Business Location: *709B MAIN ST. OREGON CITY, OR 97045*
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *2590 DEBOK COURT, WEST LINN, OR 97068*
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *503-867-3729*
 (phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

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, CLATSOP CO.*
 (name of city or county)

11. Contact person for this application: *MICHAEL KEHOE 503-867-3729*
 (name) (phone number(s))
2590 DEBOK COURT, WEST LINN, OR 97068
 (address) (fax number) (e-mail address) *mk@chase.michael.com*

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 *6/8/16* ③ _____ Date _____
 ② _____ Date _____ ④ _____ Date _____