



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: _____

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: 6-24-16

90-day authority: ☐ Yes ☐ No

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

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

① METEORITE BREWERY, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): OREGON CITY BREWING COMPANY

3. Business Location: 1401 WASHINGTON STREET, OREGON CITY, CLACKAMAS, OREGON 97045
 (number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 1401 WASHINGTON STREET, OREGON CITY, OR 97045
 (PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-908-1948
 (phone) (fax)

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

7. If yes to whom: METEORITE BREWERY, LLC Type of License: BREWERY PUBLIC HOUSE

8. Former Business Name: Oregon City Brewing Company

9. Will you have a manager? ☒ Yes ☐ No Name: BRYCE MORROW
 (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: BRYCE MORROW 503-347-0399
 (name) (phone number(s))
2115 SE GRANT STREET, PORTLAND, OR 97045 bryce@ocbeerco.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 06/15/2016 ③ _____

② _____ Date _____ ④ _____

Initials: _____ Date: JUN 21 2016
 Oregon Liquor Control Commission