



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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: 8-12-16

90-day authority: ☐ Yes ☐ No

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

① Adam B. Cox, Greeks and Games Inc.

② La Donna L. Cox ④ _____

2. Trade Name (dba): Greeks and Games

3. Business Location: 1656-C Beavercreek Rd Oregon City Clackamas OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 190 Telford Rd Oregon City OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 650-5008
(phone) (fax)

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

7. If yes to whom: N/A Type of License: _____

8. Former Business Name: N/A

9. Will you have a manager? ☒ Yes ☐ No Name: Kyle D. Segard
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Oregon City ✓
(name of city or county)

11. Contact person for this application: Adam B. Cox 503 351-5729
(name) (phone number(s))

190 Telford Rd Oregon City OR 97045 ocgeeksandgames@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 08 AUG 16 ③ _____

② [Signature] Date 8 AUG 2016 ④ _____

RECEIVED

AUG 08 2016

Initials: _____ Date: _____
Oregon Liquor Control Commission