



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: _____

Date: 10-6-16

90-day authority: ☐ Yes ☐ No

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

☒ HOPS BEER BAR LLC ☐ _____
☐ _____ ☐ _____

2. Trade Name (dba): HOPS BEER - BAR - LLC

3. Business Location: 14210 FER STREET STEC OREGON CITY CLATSOP OREGON 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 14210 FER STREET STEC OREGON CITY OREGON 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 850 4989 503 908 0657
(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 ✓
(name of city or county)

11. Contact person for this application: TODD A. NELSON 503 314 5645, 503 850 4989
(name) (phone number(s))
14210 FER STREET STEC OREGON CITY, OR 503 908-0657 nelsonjvm89@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:

☐ [Signature] Date 9-15-2016 ☐ _____ Date _____
☐ _____ Date _____ ☐ _____ Date _____

RECEIVED

SEP 29 2016