



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

KXX

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: 12-20-16

90-day authority: ☐ Yes ☐ No

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

① Ingrid's Scandinavian Food LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Ingrid's Scandinavian Food

3. Business Location: 209 7th Street Oregon City Clack OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 209 7th St. Oregon City OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-570-5659
(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: N/A

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: Catherine Cleaver 971-570-5659
(name) (phone number(s))
5832 Glen Echo Ave, Gladstone OR 97027 cleaver98@msn.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 11/29 ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date 12-13-2016

Date _____