

## OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:		CITY AND COUNTY USE ONLY
LICENSE TYPES	ACTIONS	Date application received:
Full On-Premises Sales (\$402		
Commercial Establishment		The City Council or County Commission:
Passenger Carrier	Additional Privilege	(name of city or county)
Other Public Location	Other	recommends that this license be:
Private Club	200 606-2	☐ Granted ☐ Denied
Limited On-Premises Sales (\$ Off-Premises Sales (\$100/yr)		Ву:
with Fuel Pumps		(signature) (date)
Brewery Public House (\$252.0	60)	Name:
Winery (\$250/yr)     Other: Distillery	6	Title:
90-DAY AUTHORITY	_	
	for a change of ownership at a busines	OLCC USE ONL
that has a current liquor license, o		
Sales license and are requesting a	a 90-Day Temporary Authority	
APPLYING AS:	<b>_</b>	Date: 1-30-17
Limited Corporation Description	Limited Liability Individuals Company	90-day authority: ☐ Yes ☐ No
Partiersinp	Company	
Entity or Individuals applying for the license: [See SECTION 1 of the Guide]		
① 503 Distilling, LLC ③		
②	<u> </u>	
2. Trade Name (dba): 503 Distillin	ıg	
3. Business Location: 275 Beavercreek Rd Suite C147-148 Oregon City Clackamas OR 97045		
(number, stree	et, rural route) (city)	(county) (state) (ZIP code)
A Rusiness Mailing Address: 275	Beavercreek Rd Suite C47-148	Oregon City OR 97045
(PO box, number, street, rural route) (city) (state) (ZIP code)		
5. Business Numbers: 503-816-9088		
	(phone)	(fax)
6. Is the business at this location currently licensed by OLCC? Tyes		
7. If yes to whom:Type of License:		
-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8. Former Business Name:		
9. Will you have a manager? Y	'es □No Name: David Schleef	
	(ma	anager must fill out an Individual History form)
10. What is the local governing boo	dy where your business is located?	(name of city or county)
11. Contact person for this applicat		(name of city or county) 503-816-9088
The Contact person for this applicat	(name)	(phone number(s))
16005 S Loder Rd Oregon Cit	ty OR 97045	
(address)	(fax number)	(e-mail address)
I understand that if my answers	are not true and complete, the OL	CC may deny my license application:
Applicant(s) Signature(s) and Da	ate:	1\L\J.17 LU
1 ( Hughly	Date 12/19/2017 3	IAN Date 2817
	Data	1 0 0 0 0 0
②	Date	Date Date