



KH

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① 503 Distilling, LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): 503 Distilling

3. Business Location: 275 Beaver Creek Rd Suite C147-148 Oregon City Clackamas OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 275 Beaver Creek Rd Suite C147-148 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? ☐ Yes ☒ No

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? ☒ Yes ☐ No Name: David Schlee
(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: David Schlee 503-816-9088
(name) (phone number(s))
16005 S Loder Rd Oregon City OR 97045
(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 12/19/2017 ③ JAN 20 2017 Date 2017

② _____ Date _____ ④ _____ Date _____

Oregon Liquor Control Commission
(rev. 08.29.11)