OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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: 6-21-17

90-day authority: ☐ Yes ☐ No

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

① SecondGen LLC

③ _____

② _____

④ _____

2. Trade Name (dba): Jimmy O's Pizzeria

3. Business Location: 1678 Beavercreek Road Suite R   Oregon City   Clackamas   OR   97045
   (number, street, rural route)   (city)   (county)   (state)   (ZIP code)

4. Business Mailing Address: 1678 Beavercreek Road Suite R   Oregon City   OR   97045
   (PO box, number, street, rural route)   (city)   (state)   (ZIP code)

5. Business Numbers: 503-655-6329   503-723-3919
   (phone)   (fax)

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

7. If yes to whom: Stewart-Mac Inc.   Type of License: Limited On-Premises

8. Former Business Name: Jimmy O's Pizzeria

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: Matthew Petrous   503-481-7553/cell
    (name)   (phone number(s))
    17020 Gurnee Ave. Gladstone, OR 97027   petrousemail@yahoo.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 _____ Date 6-8-17   ③ _____ Date_____

② _____ Date_____   ④ _____ Date RECEIVED

JUN 14 2017