



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

kg

Application is being made for: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <div style="margin-left: 20px;"><input type="checkbox"/> with Fuel Pumps</div> <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"> ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input checked="" type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____ </div> </div>		CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ <small>(name of city or county)</small> recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ <small>(signature) (date)</small> Name: _____ Title: _____
90-DAY AUTHORITY <input type="checkbox"/> 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		OLCC USE ONLY Application Rec'd by: <i>[Signature]</i> Date: <u>7-5-17</u> 90-day authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLYING AS: <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals		

OL 252687
P9914

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

① FRED MEYER STORES INC (MASTER FILE)
③ _____

② _____
④ _____
2. Trade Name (dba): FRED MEYER #242
3. Business Location: 1839 MOLALLA AVE OREGON CITY CLACKAMAS OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: Kroger Business License PO Box 305103 Nashville TN 37230
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-656-6226 _____
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
7. If yes to whom: Fred Meyer Stores Inc Type of License: OFF-PREMISE SALES
8. Former Business Name: N/A
9. Will you have a manager? ☒ Yes ☐ No Name: SCOTT JACOBS
(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: SARA KEMP 615-232-9557
(name) (phone number(s))
PO BOX 305103 NASHVILLE TN 37230 615-232-9740 Sara.Kemp@kroger.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 6/27/17 ③ _____

② _____ Date _____ ④ _____

RECEIVED

JUL 28 2017

Initials: *[Signature]* (rev. 08/2011)