



Application is being made for:		CITY AND COUNTY USE ONLY
LICENSE TYPES	ACTIONS	CITY AND COUNTY USE ONLY
☐ Full On-Premises Sales (\$402.60/yr)	hange Ownership	Date application received:
☐ Commercial Establishment ☐ Caterer	☑ New Outlet ☐ Greater Privilege	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 Limited On-Premises Sales (\$202.60/yr)		☐ Granted ☐ Denied
Off-Premises Sales (\$202,00/yr)		By:
with Fuel Pumps		(signature) (date)
☐ Brewery Public House (\$252.60) ☐ Winery (\$250/yr)		Name:
Other:		Title:
90-DAY AUTHORITY	h.	
Check here if you are applying for a chang		OLCC USE ONLY
that has a current liquor license, or if you are Sales license and are requesting a 90-Day Te		Application Rec'd by:
· ·	Simporary Authority	Date: 4-21-17
APPLYING AS: Limited Corporation Cimited Liability Individuals Date: U Corporation Corpo		
Partnership Company	/ <u></u> Individuals	90-day authority: ☐ Yes ☐ No
]
1. Entity or Individuals applying for the licen	se: [See SECTION 1 of the	Guide]
① Black Ink Coffee LLC	3	
2	<u> </u>	
2. Trade Name (dba): Black Ink & Coffee		
3. Business Location: 503 Main Street Oreg	•	
(number, street, rural route)		(county) (state) (ZIP code)
4. Business Mailing Address: 503 Main Stre	et Oregon City, OR 97045	
(PO box, number,	street, rural route)	(city) (state) (ZIP code)
5. Business Numbers:		
(pho	ne)	(fax)
6. Is the business at this location currently licensed by OLCC? Yes		
7. If yes to whom:	Type of Lice	ense:
9. Will you have a manager? OYes No		
The state of managers and party	(man	ager must fill out an Individual History form)
10. What is the local governing body where your business is located? Oregon City		
11 Contact porcen for this and its asset Rollar	nd Walsh 971-275-5111	(name of city or county)
11. Contact person for this application: Rollar (name		(phone number(s))
19686 SE Jay St Milwaukie, OR 97267		rolland@blackink.coffee
(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:	F10.F14.7	
1 2 1 NJ.1	Date_ <u>5/25/17</u>	Date
2	Date 4	Date