



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Kg

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 C/LOC

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] 10-9-17
(signature) (date)

Name: Jim Baud

Title: CHIEF CLERK

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 6-22-17

90-day authority: ☐ Yes ☐ No

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

① THE HIVE TAVERN (Holder) ③ _____

② SHATTERED OAK BREWING, LLC ④ _____

2. Trade Name (dba): THE HIVE TAVERN (Brewery Location)

3. Business Location: 13851 SE BEAVER CREEK RD C104 OREGON CITY CLATSOP OR 97045
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: Same
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-227-6785
(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: Brandon NEIDNER
(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: Brandon NEIDNER 971-227-6785
(name) (phone number(s))
506 Pearl St. Oregon City, OR 97045 dustin.pugh@msn.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 Brandon Neidner Date 6-13-17 ③ _____

② _____ Date _____ ④ _____