



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

49

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: Jim Band

Title: CHIEF

OLCC USE ONLY

Application Rec'd by: _____

Date: 6-21-17 11-30-17

90-day authority: ☐ Yes ☒ No

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

① Black Ink Coffee LLC

② White Rabbit Gifts LLC

2. Trade Name (dba): Black Ink Coffee

3. Business Location: 503 Main Street Oregon City, OR 97045

(number, street, rural route)

(city)

(county)

(state)

(ZIP code)

4. Business Mailing Address: 503 Main Street Oregon City, OR 97045

(PO box, number, street, rural route)

(city)

(state)

(ZIP code)

5. Business Numbers: 503-344-4762

(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: Rolland Walsh

(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: Rolland Walsh 971-275-5111

(name)

(phone number(s))

19686 SE Jay St Milwaukie, OR 97267

(address)

(fax number)

rolland@blackink.coffee

(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 R. Walsh

Date 5/25/17

③

Date

② Dan Walsh

Date 11/30/17

④

Date

RECEIVED

MAY 25 2017