

OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



| Apolication is being made for: | CITY AND COUNTY USE DNLY |
|--|---|
| LICENSE TYPES ACTIONS | Date application received: |
| Full On-Premises Sales (\$402.60/yr) Change Ownership Commercial Establishment New Oxflet | |
| ☐ Carterer ☐ Greater Privilege | The City Council or County Commission: |
| Passenger Cerries Additional Privilege Other Public Location A Other | (name of city or county) |
| ☐ Other Public Location ☐ Other | recommends that this license be: |
| Limited On-Premises Sales (\$202,60/yr) | @Grantes Denied |
| □ Off-Pramises Sales (\$100/yr) □ with Fuel Pumps - £\5\1\0 | By: (date) |
| Off-Pramises Sales (\$100/yr) With Fuel Pumps Brawery Public House (\$252.60) Winery (\$250/yr) Other. | |
| Winery (\$250/yr) | Name: |
| Other S C C S | Tibe: |
| 99-DAY AUTHORITY | 21 22 112 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Chack 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 | OLCC USE ONLY |
| Sales license and are requesting a 90-Day Temporary Authority | Application Rec'd by: |
| APPLYING AS: | Dete: 12-7-17 |
| ☐ Limited ☐ Corporation | 90-day authority: 🗅 Yes 🗘 No |
| Entity or Individuals applying for the ticense: ¡See SECTION 1 of the G | uide) |
| FECKIN BREWERY LLC | |
| ý | |
| Trade Name (dba): FECKIN BREWERN | |
| 6. Business Location: 415 S Mc Loug HUN BUD ORG (number, street, rural route) (cay) | CON CITY OR 97045 |
| Business Mailing Address: SHWIE | , in the same |
| and the second s | zy) (state) (ZIP code) |
| . Business Numbers: 503 305 5244 | |
| (phone) | (feac) |
| . Is the business at this location currently licensed by OLCC? Tyes | |
| If yes to whom: FECKIN BECLUCIN LAType of Licens | * BREWERY PUBLIC HOUSE |
| Former Business Name: N 4 | |
| Will you have a manager? Nes ONo Name: OAVID WY | Her ex |
| | a struct 18 out on Individual History form) |
| . What is the local governing body where your business is located? | |
| Contact person for this application: DAUIN MILLER | 503 516-7240 |
| 2014 416 S Mchoughan Buro Oregon City | U DAVE FECKING GAMILL. CO |
| (fault number) | (6-mail address) |
| inderstand that if my answers are not true and complete, the OLCC i | may deny my license application. CEIVED |
| oplicant(s) Signature(s) and Date: | DOM EDINT For 2017 |
| Date //(9) 70 | Date |
| 1 3 6 7 1 3 1 1 1 | |