(orce)

OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pandry-KG

1. Application. <u>Do not include</u> any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
☐ Brewery 1 st Location	Data anniinting
☐ Brewery 2 nd Location	Date application received:
☐ Brewery 3 rd Location	02-19-2019
☐ Brewery-Public House 1 st location	Name of City or County:
☐ Brewery-Public House 2 nd location	
☐ Brewery-Public House 3 rd location	OREGON CITY CLACKAMAS CO
☐ Distillery	Recommends this license be:
Full On-Premises, Commercial	
☐ Full On-Premises, Caterer	☐ Granted ☐ Denied
Full On-Premises, Passenger Carrier	Ву:
☐ Full On-Premises, Other Public Location	
☐ Full On-Premises, For Profit Private Club	Date:
Full On-Premises, Nonprofit Private Club	
☐ Grower Sales Privilege 1 st location	
☐ Grower Sales Privilege 2 nd location	
☐ Grower Sales Privilege 3 rd location	OLCC USE ONLY
☐ Limited On-Premises	
☐ Off-Premises	Date application received:
☐ Off-Premises with Fuel Pumps	_J/19/19
☐ Warehouse	~ 7
☐ Wholesale Malt Beverage & Wine	By: View L.
☐ Winery 1 st Location	Datasas II at
☐ Winery 2 nd Location	Date application accepted as initially complete: $\frac{10}{10} = \frac{10}{10}$
☐ Winery 3 rd Location	
	By:
	CIFIP
·	License Action(s): (/ Lt + L/t'sem
. Identify the applicant(s) applying for the license(s)). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying
or the license(s):	
COTA LLC	Martha E. Tarin
Applicant #1)	(Applicant #2)
Mostly E. Toe.	(Applicant #2)
Applicant #3)	(Applicant #4)
,	(Applicant #4)
OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
	STORY WANTED SERVICES USE ONLY
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LIQUOR LICENSE APPLICATION

3. Applicant #1	Applicant #2		
COTA LLC	MARTH	A E.	TARIN
Applicant #3	Applicant #4		
4. Trade Name of the Business (Name Customer	rs Will See)		
DON PEPE'S FRESH	MEXICAN	Foon	
5. Business Address (Number and Street Addres	s of the Location that will	have the liquo	r license)
703/705 MAIN ST.			
City	County		Zip Code
UREGON CITY	CLACKAMI	24	24076
6. Does the business address currently have an (DLCC liquor license?	YES NO	A second
7. Does the business address currently have an C	DLCC marijuana license?	TYES XING)
		•	
8. Mailing Address/PO Box, Number, Street, Rura	al Route (where the OLCC	will send your	mail)
703/705 MAIN ST.			
City	State		Zip Code
OREGON CITY	OR-		24045
9. Phone Number of the Business Location 503 6554218	Email Contact for this		600 000
Contact Person for this Application	ar c coras	Phone Numb	hoo.com
MARTHA E. TARIN		626)	5522046
Mailing Address	City	State	Zip Code
705 MAIN ST.	OREGON CI	TY O	R 97045
understand that marijuana (such as use, consump		, samples, give	e-away, sale, etc.) is
<u>rohibited</u> on the licensed premises.			
attest that all answers on all forms, documents, ar	nd information provided to	the OLCC are	e true and complete.
pplicant Signature(s)			
Each individual person listed as an applicant mu	ust sign the application.		
If an applicant is an entity, such as a corporation must sign the application.	n or LLC, at least one perso	on who is auth	norized to sign for the entity
A person with the authority to sign on behalf of	the applicant (such as the	applicant's at	ttorney or a person with
power of attorney) may sign the application. If provide proof of signature authority.	a person other than an ap	plicant signs th	ne application, please
-Wastle & Vic.			
pplicant#1)	(Applicant #2)		
	, , , , , , , , , , , , , , , , , , , ,		
pplicant#3)	(Applicant #4)		794-4491
oplicant#3)	(Applicant #4)		