



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

1. Application. **Do not include** 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
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd Location	Recommends this license be:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input checked="" type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	<u>4-13-2020</u>
<input type="checkbox"/> Warehouse	By: <u>JS</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	License Action(s):
<input type="checkbox"/> Winery 1st Location	<u>CO</u>
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s): **Bhamba Inc.**

Amandeep S. Sandhu
(Applicant #1)

Simplejeet K. Sandhu
(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
<u>Gret and Gro Grocery</u>		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
<u>2200 Molalla Ave</u>		
City	County	Zip Code
<u>Oregon City</u>	<u>Clackamas</u>	<u>97045</u>



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5. Trade Name of the Business (Name Customers Will See) Get and Go Grocery			
6. Does the business address currently have an OLCC liquor license?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7. Does the business address currently have an OLCC marijuana license?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) 12464 SE Central Park Ct			
City Happy Valley		State Oregon	Zip Code 97086
9. Phone Number of the Business Location (503)-656-6411		10. Email Contact for this Application bhamba.get and go@gmail.com	
11. Contact Person for this Application Amandeep S. Sandhu		Phone Number 510-378-7262	
Contact Person's Mailing Address (if different)	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

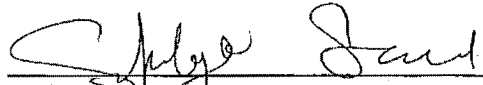
I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

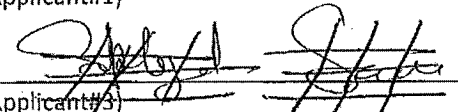
I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.


(Applicant #1)


(Applicant #2)


(Applicant #3)


(Applicant #4)