



# 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 1 <sup>st</sup> Location                | Date application received: _____  |
| <input type="checkbox"/> Brewery 2 <sup>nd</sup> Location                | Name of City or County: _____   |
| <input type="checkbox"/> Brewery 3 <sup>rd</sup> Location                | Recommends this license be:<br><input type="checkbox"/> Granted <input type="checkbox"/> Denied |
| <input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location   | By: _____   |
| <input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location   | Date: _____   |
| <input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location   |   |
| <input type="checkbox"/> Distillery                                      |   |
| <input type="checkbox"/> Full On-Premises, Commercial                    |   |
| <input type="checkbox"/> Full On-Premises, Caterer                       |   |
| <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 1 <sup>st</sup> location |   |
| <input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location |   |
| <input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location |   |
| <input type="checkbox"/> Limited On-Premises                             |   |
| <input type="checkbox"/> Off-Premises                                    |   |
| <input type="checkbox"/> Off-Premises with Fuel Pumps                    |   |
| <input type="checkbox"/> Warehouse                                       |   |
| <input checked="" type="checkbox"/> Wholesale Malt Beverage & Wine       |   |
| <input type="checkbox"/> Winery 1 <sup>st</sup> Location                 |   |
| <input type="checkbox"/> Winery 2 <sup>nd</sup> Location                 |   |
| <input type="checkbox"/> Winery 3 <sup>rd</sup> Location                 |   |
|  | <b>OLCC USE ONLY</b>  |
|  | Date application received: <u>4/19/19</u>   |
|  | By: <u>Jon Z.</u>   |
|  | Date application accepted as initially complete: <u>4/24/19</u>                                 |
|  | By: <u>Jon Z.</u>   |
|  | License Action(s): <u>40, C/TN</u>  |

Rec'd by Portland  
Liquor Licenses  
MAY 06 2019  
PD \$ 75.00 cc  
\* 021106

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

DIXON BEVERAGE LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

**OLCC USE ONLY**

**OLCC FINANCIAL SERVICES USE ONLY**



# LIQUOR LICENSE APPLICATION

|  |                            |  |                          |
|--|----------------------------|--|--------------------------|
| 3. Applicant #1<br><b>DUXON BEVERAGE LLC</b>   |                            | Applicant #2   |                          |
| Applicant #3   |                            | Applicant #4   |                          |
| 4. Trade Name of the Business (Name Customers Will See)<br><b>MILL A CIDER COMPANY</b>   |                            |  |                          |
| 5. Business Address (Number and Street Address of the Location that will have the liquor license)<br><b>306 SE ASH #B15</b>                |                            |  |                          |
| City<br><b>PORTLAND</b>  | County<br><b>MULTNOMAH</b> | Zip Code<br><b>97214</b>   |                          |
| 6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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)<br><b>7226 NE BROADWAY</b>                     |                            |  |                          |
| City<br><b>PORTLAND</b>  | State<br><b>OR</b>         | Zip Code<br><b>97213</b>   |                          |
| 9. Phone Number of the Business Location<br><b>503 231 1121</b>  |                            | Email Contact for this Application<br><b>JOE@MILLACIDERCOMPANY.COM</b> |                          |
| Contact Person for this Application<br><b>JOE DIXON</b>  |                            | Phone Number<br><b>503 516 5876</b>                                    |                          |
| Mailing Address<br><b>14114 SE REDWOOD AVE</b>   | City<br><b>MILWAUKIE</b>   | State<br><b>OR</b>   | Zip Code<br><b>97267</b> |

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)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: DIXON BEVERAGE Phone: 503-231-1121
Trade Name (dba): MILL A CIDER COMPANY
Business Location Address: 306 SE ASH #B15
City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday N/A to N/A
Monday 10AM to 4:30PM
Tuesday 10AM to 4:30PM
Wednesday 10AM to 4:30PM
Thursday 10AM to 4:30PM
Friday 10AM to 4:30PM
Saturday 10AM to 4:00PM

Outdoor Area Hours:

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

The outdoor area is used for:

- Food service
Alcohol service
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.
(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain:

ENTERTAINMENT

Check all that apply:

- Live Music
Recorded Music
DJ Music
Dancing
Nude Entertainers
Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: Outdoor:
Lounge: Other (explain):
Banquet: Total Seating:

OLCC USE ONLY
Investigator Verified Seating: (Y) X (N)
Investigator Initials:
Date: 4.15.19

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Date: 4.15.19

1-800-452-OLCC (6522)