



LIQUOR LICENSE APPLICATION

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|--|---------------------|---|-------------------|
| 3. Applicant #1 AG+M LLC ~57 GYANENDRA BAHADUR KARKI | | Applicant #2 AMOD BAHADUR CHHETRI | |
| Applicant #3 MADHAV GAUTAM | | Applicant #4 | |
| 4. Trade Name of the Business (Name Customers Will See) ST. JOHNS DELI & GROCERY | | | |
| 5. Business Address (Number and Street Address of the Location that will have the liquor license) 7920 N LOMBARD ST | | | |
| City PORTLAND | County MULTNOMAH | Zip Code 97203 | |
| 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) 7920 N LOMBARD ST | | | |
| City PORTLAND | State OR | Zip Code 97203 | |
| 9. Phone Number of the Business Location (503) 286-9386 | | Email Contact for this Application gmankarki@gmail.com / agandm 040719@gmail.com | |
| Contact Person for this Application GYANENDRA BAHADUR KARKI | | Phone Number (925) 408-8998 | |
| Mailing Address 7920 N LOMBARD ST | City PORTLAND | State OR | Zip Code 97203 |

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
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1544 792-90

Please Print or Type

LLC Name: AG&M LLC Year Filed: 2019
Trade Name (dba): ST. JOHNS DELI & GROCERY
Business Location Address: 7920 N LOMBARD ST
City: PORTLAND ZIP Code: 97203

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|-------------|
| 1. <u>GYANENDRA BAHADUR KARKI</u> (managing member) | <u>34 %</u> |
| 2. <u>AMOD BAHADUR CHHETRI</u> (members) | <u>33 %</u> |
| 3. <u>MADHAV GAUTAM</u> | <u>33 %</u> |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: N/A DOB: _____

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

Signature: [Handwritten Signature] (name) manager (title) Date: 4/12/19