



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 st Location	Date application received:
<input type="checkbox"/> Brewery 2 nd Location	_____
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	_____
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input checked="" type="checkbox"/> Brewery-Public House 3 rd location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd 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 type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	
	OLCC USE ONLY
	Date application received:
	4/4/19
	By: Jan Z.
	Date application accepted as initially complete:
	5/7/19
	By: Jan Z.
	License Action(s): N/O

Rec'd by Portland
Liquor Licenses
MAY 08 2019
PD \$100 ck
001374

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

Brew Abyss LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY

OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

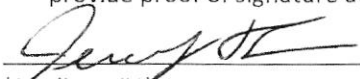
3. Applicant #1 Brew Abyss LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Ancestry Brewing			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4334 SE Hawthorne BLVD			
City Portland	County Multnomah	Zip Code 97215	
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) 20585 SW 115th AVE.			
City Tualatin	State OR	Zip Code 97062	
9. Phone Number of the Business Location 503-706-0448		Email Contact for this Application jeremy@ancestrybrewing.com	
Contact Person for this Application Jeremy Turner		Phone Number 503-706-0448	
Mailing Address 20585 SW 115th AVE.	City Tualatin	State OR	Zip Code 97062

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.

 04/04/2019 _____ (Applicant #1) _____ (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

SOS: 1057307-93

Please Print or Type

LLC Name: Brew Abyss ^{LLC} ~~LCC~~ Year Filed: 2015

Trade Name (dba): Ancestry Brewing

Business Location Address: 20585 SW 115th AVE.

City: Tualatin ZIP Code: 97062

List Members of LLC:

Percentage of Membership Interest:

1. Jeremy Turner (managing member)	25%
2. Mel Long (members)	10%
3. Gerald Turner	60%
4. Wolf and Wolf holdings	5%
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: Imran Haider DOB: 10/31/1980

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

Signature: Jeremy Turner General Manager Date: 04/04/2019
(name) (title)