



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pending - DT

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 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 checked="" 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:
	<i>2/11/19</i>
	By: <i>Jon Z</i>
	Date application accepted as initially complete:
	<i>2/13/19</i>
	By: <i>Jon Z</i>
	License Action(s): <i>N/O</i>

*Rec'd by Portland
Liquor Licenses
MAY 08 2019
PD \$100.00 CLK
4218*

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

Sara Bergadine Art de Cuisine Catering, LLC

(Applicant #1) (Applicant #2)

(Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



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3. Applicant #1 Sara Bergadine <i>Art de Cuisine Catering, LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Art de Cuisine Catering LLC			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 5642 SE 115th Ave			
City Portland	County OR	Zip Code 97266	
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) 5642 SE 115th Ave			
City Portland	State OR	Zip Code 97266	
9. Phone Number of the Business Location 503-998-4432		Email Contact for this Application artdecuisine.pdx@gmail.com	
Contact Person for this Application Sara Bergadine		Phone Number 503-998-4432	
Mailing Address 5642 SE 115th Ave	City Portland	State OR	Zip Code 97266

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.

Sara Bergadine

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

S.S. = 735731-99

Please Print or Type

Corporation Name: Art de Cuisine Catering LLC Year Incorporated: 2018

Trade Name (dba): Art de Cuisine Catering LLC

Business Location Address: 5642 SE 115th Ave

City: Portland ZIP Code: 97266

List Corporate Officers:

(name)	(title)
Sara Bergadine	Owner, Operator

List Board of Directors:

N/A

(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
N/A		Issued: _____
		Unissued: _____
		Total Shares Authorized to Issue: _____

Server Education Designee: Sara Bergadine DOB: 06/10/1980
(See Liquor License Application Guide for more information)

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

Officer's Signature: Sara Bergadine owner, operator Date: 2-4-19
(name) (title)