



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 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: <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, Other Public Location	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, Nonprofit 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 type="checkbox"/> Wholesale Malt Beverage & Wine	
<input checked="" 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	

Rec'd by Portland  
Liquor Licenses  
**MAY 16 2019**  
PD \$100.00 CC  
# 016471

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
Date application received: 5/19/19	
By: Jan Z.	
Date application accepted as initially complete: 5/10/19	
By: Jan Z.	
License Action(s): N/O	

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

Cinagro, Inc  
(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 <i>Cinagro, Inc</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>CinagroVino</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>2823 SW Rutland Terrace</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97205</i>	
6. Does the business address currently have an OLCC liquor license? <input type="radio"/> YES <input checked="" type="radio"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="radio"/> YES <input checked="" type="radio"/> NO			
8. Mailing Address/PO Box, No. (avenue, Street, Rural Route) (where the OLCC will mail, if different) <i>2823 SW Rutland Terrace</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97205</i>	
9. Phone Number of the Business Location <i>971-285-7201</i>		Email Contact for this Application <i>debbieannneft@gmail.com</i>	
Contact Person for this Application <i>Deborah Neft</i>		Phone Number <i>971-285-7201</i>	
Mailing Address <i>2823 SW Rutland Terrace</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97205</i>

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

All information provided is true, accurate, and complete, and I understand that I am responsible for providing all information required to the OLCC and true and complete.

### Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is a corporation, partnership, or other legal entity, the authorized signatory 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.

*Deborah Neft*

(Applicant #1)

*[Signature]*

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

SS: 788574-80

Please Print or Type

Corporation Name: Cingro, Inc Year Incorporated 2000

Trade Name (dba): Cinagroville

Business Location Address: 2823 SW Rutland Terrace

City: Portland, OR ZIP Code: 97205

List Corporate Officers:

Deborah Nett  
(name)

President  
(title)

Salvatore D'Auria

Secretary

List Board of Directors:

Deborah Nett  
(name)

Salvatore D'Auria

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:

Deborah Nett

Salvatore D'Auria

Number of Stock Shares	
Issued:	_____
Unissued:	_____
Total Shares Authorized to Issue:	_____

Server Education Designee:

DOB: \_\_\_\_\_

(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: [Signature] President  
(name) (title)

Date: 5/9/2019

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 08/11)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Cinagro, Inc Phone: 971-285-7201
Trade Name (dba): Cinagro LLC
Business Location Address: 2823 SW Rutland Terrace
City: Portland, OR ZIP Code: 97205

DAYS AND HOURS OF OPERATION

Business Hours:

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

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 Hours: to
Alcohol service Hours: to
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 Karaoke
Recorded Music Coin-operated Games
DJ Music Video Lottery Machines
Dancing Social Gaming
Nude Entertainers 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) (N)
Investigator Initials:
Date:

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

Applicant Signature: Date: 3/9/2019

1-800-452-OLCC (6522)

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(rev. 12/07)