



# 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: _____ Name of City or County: _____ Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	
<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	<b>OLCC USE ONLY</b> Date application received: <u>5/6/19</u> By: <u>Jan Z</u> Date application accepted as initially complete: <u>5/13/19</u> By: <u>Jan Z</u> License Action(s): <u>N/O</u>
<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	

Rec'd by Portland  
Liquor Licenses  
MAY 20 2019  
PD \$100 ck  
# 1251

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

V23 Distribution LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



# LIQUOR LICENSE APPLICATION

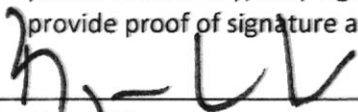
3. Applicant #1 V23 Distribution LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>V23 Distribution</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4200 SW Torr Lane			
City Portland	County Multnomah	Zip Code 97221	
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) 4200 SW Torr Lane			
City Portland	State OR	Zip Code 97221	
9. Phone Number of the Business Location 503-310-9250		Email Contact for this Application bryan@victor23.com	
Contact Person for this Application Bryan Ward		Phone Number 503-310-9250	
Mailing Address 4200 SW Torr Lane	City Portland	State OR	Zip Code 97221

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: 1550363-96

Please Print or Type

LLC Name: V23 Distribution LLC Year Filed: 2019

Trade Name (dba): V23 Distribution

Business Location Address: 4200 SW Torr Lane

City: Portland ZIP Code: 97221

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Bryan Ward</u> (managing member)	<u>100</u>
2. _____ (members)	_____
3. _____	_____
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: Bryan Ward DOB: \_\_\_\_\_

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

Signature: [Handwritten Signature] (name) member (title) Date: 5/1/19