



# 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	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County: _____
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	MAY 21 2019
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	PD \$75ck
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	# 1038
<input type="checkbox"/> Distillery	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<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 checked="" type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	Date application received: _____
<input type="checkbox"/> Off-Premises with Fuel Pumps	5/14/19
<input type="checkbox"/> Warehouse	By: Jan Z.
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete: _____
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	5/14/19
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	By: Jan Z.
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	License Action(s): C/O + CAN

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

ZaabKwixub, LLC ~52  
~~VIVIAN K. VUE~~

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



# LIQUOR LICENSE APPLICATION

3. Applicant #1 <u>Zuabk Wixub, LLC n52</u> <del>VIVIAN K VUE</del>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <u>THEO'S ON FIFTH</u>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <u>121 NW 5th AVENUE</u>			
City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97209</u>	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>IT USED TO WITH PREVIOUS OWNER</u>			
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) <u>20799 VIEWPOINT RD</u>			
City <u>WEST LINN</u>	State <u>OR</u>	Zip Code <u>97068</u>	
9. Phone Number of the Business Location <u>(503)226-2828</u>		Email Contact for this Application <u>SKY263915@YAHOO.COM</u>	
Contact Person for this Application <u>VIVIAN K. VUE</u>		Phone Number <u>(417)251-3448</u>	
Mailing Address <u>20799 VIEWPOINT RD</u>	City <u>PO BOX WEST LINN</u>	State <u>OR</u>	Zip Code <u>97068</u>

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



SS: 1543680-97

Please Print or Type

LLC Name: ZAABKHLIXUB LLC Year Filed: 2019

Trade Name (dba): THEO'S ON FIFTH

Business Location Address: 121 NW 5th AVE

City: PORTLAND ZIP Code: 97207

List Members of LLC:

Percentage of Membership Interest:

1. VIVIAN K. VUE  
(managing member)

50%

2. DONNIE C. VUE  
(members)

50%

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: VIVIAN K VUE DOB: 12/04/2019

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

Signature:  Date: 05/01/2019  
(name) (title)