



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 st Location	Date application received: _____	
<input type="checkbox"/> Brewery 2 nd Location	Name of City or County: _____	
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be:	
<input type="checkbox"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Brewery-Public House 2 nd location	By: _____	
<input type="checkbox"/> Brewery-Public House 3 rd location	Date: _____	
<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 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 checked="" 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: <u>5/7/19</u>
	By: <u>Jan Z.</u>	
	Date application accepted as initially complete: <u>5/7/19</u>	
	By: <u>Jan Z.</u>	
	License Action(s): <u>N/O</u>	

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

Archival Spirits, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 Archival Spirits, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Archival Spirits			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4064 SE Ash			
City Portland	County OR	Zip Code 97214	
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) 4064 SE Ash			
City Portland	State OR	Zip Code 97214	
9. Phone Number of the Business Location 2063218117		Email Contact for this Application alex@archivalspirits.com	
Contact Person for this Application Alexander Morrow		Phone Number 2063218117	
Mailing Address 4064 SE Ash	City Portland	State OR	Zip Code 97214

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: 1523474-99

Please Print or Type

LLC Name: Archival Spirits, LLC Year Filed: 2019

Trade Name (dba): Ash Street Wine Co.

Business Location Address: 4064 SE Ash

City: Portland ZIP Code: 97214

List Members of LLC:


Percentage of Membership Interest:

1. <u>Alexander Morrow</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: _____ DOB: _____

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

Signature:  Date: 5/2/19
(name) (title)