



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	_____
<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 checked="" type="checkbox"/> Full On-Premises, Commercial <i>vjc</i>	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input checked="" 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 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>5/20/19</i>
	By: <i>Jon Z.</i>
	Date application accepted as initially complete:
	<i>5/22/19</i>
	By: <i>Jon Z.</i>
	License Action(s): <i>C/O + C/TN</i>

*Rec'd by Portland
Liquor Licenses
MAY 28 2019
PD \$75.00ck
1280*

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

Michael Liffman *vjc* _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Michael Litzman</i>		Applicant #2 <i>Suzanne Litzman</i>	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Hapa PDX Ramen + Polka + Whiskey + Sake</i> ^{NSL}			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>3848 SE Gladstone St. Ste A.</i> ^{NSL}			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97207</i>	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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) <i>5407 SE Knapp St</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</i>	
9. Phone Number of the Business Location		Email Contact for this Application <i>haparamenpdx@gmail.com</i>	
Contact Person for this Application <i>Michael Litzman</i>		Phone Number <i>503 560 0523</i>	
Mailing Address <i>5407 SE Knapp St.</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</i>

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.

[Signature]

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Hapa Pamen Year Filed: 2013
Trade Name (dba): Hapa PDX
Business Location Address: 3848 SE GLADSTONE SUITE A
City: PORTLAND ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-----------|
| 1. <u>Michael Littman</u>
<small>(managing member)</small> | <u>50</u> |
| 2. <u>Sarah Littman</u>
<small>(members)</small> | <u>50</u> |
| 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: Michael Littman DOB: 09/26/71

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

Signature: [Signature] managing member Date: 5/28/19
(name) (title)