



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 checked="" 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:
	5/24/19
	By: Jon Z.
	Date application accepted as initially complete:
	5/25/19
	By: Jon Z.
	License Action(s): A/Priv + C/TN

Rec'd by Portland
Liquor Licenses
MAY 29 2019
PD \$75ck
* 7269

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

Rose City Futsal, LLC

(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

Applicant #2

Rose City Futsal, LLC *~X*

Applicant #3

Applicant #4

4. Trade Name of the Business (Name Customers Will See)

Clive's Public House

5. Business Address (Number and Street Address of the Location that will have the liquor license)

5010 NE Oregon St

City

Portland

County

Multnomah

Zip Code

97213

6. Does the business address currently have an OLCC liquor license? YES NO

7. Does the business address currently have an OLCC marijuana license? YES NO

8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail)

5010 NE Oregon St.

City

Portland

State

OR

Zip Code

97213

9. Phone Number of the Business Location

503 734 2382

Email Contact for this Application

info @ Rose City Futsal.com

Contact Person for this Application

Kevin Murray

Phone Number

503 358 5200

Mailing Address

2235 NE 38th Ave

City

Portland

State

OR

Zip Code

97212

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

Please Print or Type

LLC Name: Rose City Futsal Year Filed: 2013

Trade Name (dba): Clive's Public House

Business Location Address: 5010 NE Oregon St.

City: Portland ZIP Code: 97213

List Members of LLC:

1. Slide Tackle LLC (26.726%)
(managing member)
2. Dave Law Futsal LLC (18.9856%)
members
3. Futsal Sunset LLC (10.582%)
4. Dagee LLC (10.582%)
5. Timothy Stumpff (10.582%)
6. David Futsal LLC (9.5231%)

Percentage of Membership Interest:

- Singer-Kewley Enterprises LLC (8.2574%)
- Karen Wilboughby (4.7619%)
- _____
- _____
- _____
- _____

(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: 8/7/90

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

Signature: Date: 5.16.19
(name) (title)