



# LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

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	_____
<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	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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	
<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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	<b>OLCC USE ONLY</b>
	Date application received:
	6/6/19
	By: Jan Z.
	Date application accepted as initially complete:
	6/10/19
	By: Jan Z.
	License Action(s): C/O + C/TN

Rec'd by Portland  
Liquor Licenses  
JUN 10 2019  
PD \$75ck  
# 1002

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

SMOKING IRONS LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



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3. Applicant #1 <b>SMOKING IRONS LLC</b>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <b>THE AUTOMATIC</b>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <b>3652 SE DIVISION STREET</b>			
City <b>PORTLAND</b>	County <b>MULT</b>	Zip Code <b>97202</b>	
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) <b>7330 NE MALLORY AVE</b>			
City <b>PORTLAND</b>	State <b>OREGON</b>	Zip Code <b>97211</b>	
9. Phone Number of the Business Location		Email Contact for this Application <b>THEAUTOMATICBAR@gmail.com</b>	
Contact Person for this Application <b>ANDREW FINKELMAN</b>		Phone Number <b>503-260-4455</b>	
Mailing Address <b>7330 NE MALLORY AVE</b>	City <b>PORTLAND</b>	State <b>OR</b>	Zip Code <b>97211</b>

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: 1554216-97

Please Print or Type

LLC Name: SMOKING IRONS LLC Year Filed: 2019

Trade Name (dba): THE AUTOMATIC

Business Location Address: 3652 SE DIVISION STREET

City: PORTLAND ZIP Code: 97202

### List Members of LLC:

### Percentage of Membership Interest:

1. ANDREW FINKELMAN  
(managing member)

100%

2. \_\_\_\_\_  
(members)

3. \_\_\_\_\_

4. \_\_\_\_\_

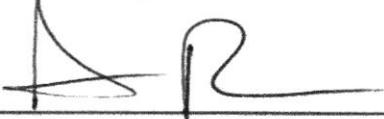
5. \_\_\_\_\_

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: ANDREW FINKELMAN DOB: 5/16/1964

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

Signature:   
(name) (title)

Date: 5-13-19