





OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 Chiw LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Thai Touch			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1334 SE Hawthorne Blvd,			
City Portland	County Clackamas	Zip Code 97214	
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) 12304 NW Barnes RD Apt 566			
City Portland	State OR	Zip Code 97229	
9. Phone Number of the Business Location 503-232-7774		Email Contact for this Application animanun96@gmail.com	
Contact Person for this Application Animanun Chiwverojanakit		Phone Number 425-395-9457	
Mailing Address 12304 NW Barnes RD Apt 566	City Portland	State OR	Zip Code 97229

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

S.S.: 1533 526-96

Please Print or Type

LLC Name: Chiw LLC Year Filed: 2019

Trade Name (dba): Thai Touch

Business Location Address: 1334 SE Hawthorne Blvd

City: Portland, OR ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

- |   |             |
|---|-------------|
| 1. <u>Animanun Chiwverojanakit</u><br>(managing member) | <u>100%</u> |
| 2. _____<br>(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: Animanun Chiwverojanakit DOB: 07/13/1972

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

✓ Signature:  Managing Member Date: 04/19/2019  
(name) (title)