



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	
<input type="checkbox"/> Brewery-Public House 1 st location	Name of City or County: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial <i>R</i>	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	Date: _____
<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	OLCC USE ONLY
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input checked="" type="checkbox"/> Limited On-Premises <i>R</i>	Date application received: <u>4/9/19</u>
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	By: <u>Jon Z.</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete: <u>4/11/19</u>
<input type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	By: <u>Jon Z.</u>
License Action(s): <u>N/O</u>	

Rec'd by Portland
Liquor Licenses
JUN 21 2019
\$100.00 etc
PD # 11312

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

PSQUARED HOLDINGS LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 <u>ROBERT V L PETROS</u>		Applicant #2 <u>P SQUARED HOLDINGS LLC</u>	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <u>JOHN'S MARKETPLACE (SE)</u>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <u>3576 SE POWELL BLVD</u>			
City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97202</u>	
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) <u>3576 SE POWELL BLVD</u>			
City <u>PORTLAND</u>	State <u>OR</u>	Zip Code <u>97202</u>	
9. Phone Number of the Business Location		Email Contact for this Application <u>ROB@JOHNSMARKETPLACE.COM</u>	
Contact Person for this Application <u>ROB PETROS</u>		Phone Number <u>503 547 7112</u>	
Mailing Address <u>4438 SE CENTER ST</u>	City <u>PORTLAND</u>	State <u>OR</u>	Zip Code <u>97206</u>

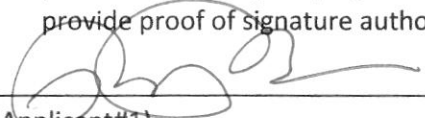
Rec'd by Portland
Liquor Licenses
JUN 21 2019
PD # 100.00
#312

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: P SQUARED HOLDINGS Year Filed: 2016

Trade Name (dba): JOHN'S MARKETPLACE

Business Location Address: 3535 SW MULTNOMAH BLVD

City: PORTLAND ZIP Code: 97219

List Members of LLC:

Percentage of Membership Interest:

1. ROBERT VL PETROS
(managing member)

50.00 %

2. PAUL MT PETROS
(members)

50.00 %

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: PAUL MT PETROS DOB: 03/22/1966

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

Signature: 
(name)

PARTNER
(title)

Date: 04-08-2019