



OREGON LIQUOR CONTROL COMMISSION

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	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Full On-Premises, Commercial	JUN 28 2019
<input type="checkbox"/> Full On-Premises, Caterer	PD \$1000k
<input type="checkbox"/> Full On-Premises, Passenger Carrier	# 1182
<input type="checkbox"/> Full On-Premises, Other Public Location	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Date application received: _____
<input checked="" type="checkbox"/> Full On-Premises, Nonprofit Private Club	6/11/19
<input type="checkbox"/> Grower Sales Privilege 1 st location	By: Jon Z.
<input type="checkbox"/> Grower Sales Privilege 2 nd location	Date application accepted as initially complete: _____
<input type="checkbox"/> Grower Sales Privilege 3 rd location	6/13/19
<input type="checkbox"/> Limited On-Premises	By: Jon Z.
<input type="checkbox"/> Off-Premises	License Action(s): N/O
<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	

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 Rollers LLC / 501 c3 Nonprofit

(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 Rose City Rollers LLC / 501 c3 Nonprofit		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) PORTLAND <i>Rose City Rollers</i> <i>NSZ</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 7805 SE Oaks Park way Building H			
City Portland	County Multnomah	Zip Code 97202	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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) PO Box 86885			
City Portland	State Oregon	Zip Code 97286	
9. Phone Number of the Business Location 503.902.8550		Email Contact for this Application kathryn.howard@rosecityrollers.com	
Contact Person for this Application Kathryn Howard-Mazie		Phone Number 503.902.8550	
Mailing Address 1652 SE Nehalem Street Unit B	City Portland	State OR	Zip Code 97202

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.

Kim Stegeman a.k.a Pocket Man PORTLAND
23EE7817F985448

 (Applicant #1)

 (Applicant #2)

 (Applicant #3)

 (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

SOS: 248775-99

Please Print or Type

LLC Name: Rose City Rollers LLC Year Filed: _____

Trade Name (dba): Rose City Rollers ~52

Business Location Address: 7805 se oaks park way, Building H

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. 501 C3 Nonprofit Organization
(managing member)
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: Kathryn Howard-Mazie DOB: 11.11.1980

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

DocuSigned by:
Signature: Kim Stegeman a.k.a Rocket Man Executive Director **Date:** 6/7/2019
23EE7817F983448
 (name) (title)