



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	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	_____
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input 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 st location	
<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	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	6/25/19
<input type="checkbox"/> Warehouse	By: <u>Jan Z.</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	7/8/19
<input type="checkbox"/> Winery 2 nd Location	By: <u>Jan Z.</u>
<input type="checkbox"/> Winery 3 rd Location	License Action(s): <u>A/Priv</u>

Rec'd by Portland
Liquor Licenses
JUL 08 2019
PD \$35 CC
* 065320

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

Top Burmese, LLC.

(Applicant #1)

Kevin Myint

(Applicant #2)

Joe Myint

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

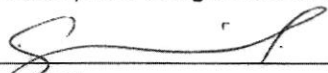
3. Applicant #1 <i>Kalvin Myint Top Burmese, LLC</i>		Applicant #2 <i>Joe Myint</i>	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Top Burmese</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>833 NW 16th Ave F1-F3, T1</i> <i>~JL</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97209</i>	
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) <i>6107 SW Murray Blvd #417</i>			
City <i>Beaverton</i>	State <i>OR</i>	Zip Code <i>97008</i>	
9. Phone Number of the Business Location <i>(503) 208-3682</i>		Email Contact for this Application <i>TopBurmese@gmail.com</i>	
Contact Person for this Application <i>Kalvin Myint</i>		Phone Number <i>(503) 688-8658</i>	
Mailing Address <i>6107 SW Murray Blvd #417</i>	City <i>Beaverton</i>	State <i>OR</i>	Zip Code <i>97008</i>

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

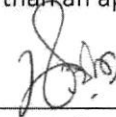
I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

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: 1513621-92

Please Print or Type

LLC Name: Top Burmese LLC Year Filed: 2019

Trade Name (dba): Top Burmese

Business Location Address: 833 NW 16th Ave

City: Portland ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

1. <u>Kalvin Myint</u> (managing member)	<u>51%</u>
2. <u>Poe Myint</u> (members)	<u>49%</u>
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: Kalvin Myint DOB: 6/24/74

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

Signature: Kalvin Myint managing member Date: 6/20/2019
(name) (title)