



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 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 | |
| <input checked="" type="checkbox"/> Full On-Premises, Commercial | |
| <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 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 st Location | |
| <input type="checkbox"/> Winery 2 nd Location | |
| <input type="checkbox"/> Winery 3 rd Location | |
| | OLCC USE ONLY |
| | Date application received: <u>7/24/19</u> |
| | By: <u>Jan Z.</u> |
| | Date application accepted as initially complete: <u>7/29/19</u> |
| | By: <u>Jan Z.</u> |
| | License Action(s): <u>G/Priv</u> |

Rec'd by Portland
Liquor Licenses
JUL 24 2019
PD * \$75 dk
4084

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

SHEILA BOMMAKANTI
(Applicant #1)

ELIZABETH LOLAY
(Applicant #2)

(Applicant #3)

(Applicant #4)

| OLCC USE ONLY | OLCC FINANCIAL SERVICES USE ONLY |
|---------------|----------------------------------|
| | |



LIQUOR LICENSE APPLICATION

| | | | |
|---|----------------------------|---|--------------------------|
| 3. Applicant #1 <u>Tiffin Asha LLC</u> SHEILA BOMMAKANTH NSZ | | Applicant #2 <u>ELIZABETH COLAY</u> | |
| Applicant #3 | | Applicant #4 | |
| 4. Trade Name of the Business (Name Customers Will See) <u>TIFFIN ASHA</u> | | | |
| 5. Business Address (Number and Street Address of the Location that will have the liquor license) <u>1670 NE KILLINGSWORTH ST.</u> | | | |
| City <u>PORTLAND</u> | County <u>MULTNOMAH</u> | Zip Code <u>97211</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>1670 NE KILLINGSWORTH ST. PORTLAND, 97211</u> | | | |
| City <u>PORTLAND</u> | State <u>OR</u> | Zip Code | |
| 9. Phone Number of the Business Location <u>503-936-7663</u> | | Email Contact for this Application <u>TIFFINASHA@EMAIL.COM</u> | |
| Contact Person for this Application <u>SHEILA BOMMAKANTH</u> | | Phone Number <u>503-964-3627</u> | |
| Mailing Address <u>1670 NE KILLINGSWORTH ST.</u> | City <u>PORTLAND</u> | State <u>OR</u> | Zip Code <u>97211</u> |

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.

[Signature]
(Applicant #1)

[Signature]
(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

SOS: 916853-97

Please Print or Type

LLC Name: TIFFIN ASHA LLC Year Filed: 2013

Trade Name (dba): TIFFIN ASHA

Business Location Address: 1670 NE KILLINGSWORTH ST.

City: PORTLAND, OR ZIP Code: 97211

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-----------|
| 1. <u>SHEILA BOMMAKANTI</u> MEMBER/ (managing member) <u>OWNER</u> | <u>50</u> |
| 2. <u>ELIZABETH GOLAY</u> MEMBER/OWNER (members) | <u>50</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: SHEILA BOMMAKANTI DOB: 8/30/1979

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

Signature: [Signature] Date: 7-24-2011
(name) (title)