



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	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2 nd Location	
<input type="checkbox"/> Brewery 3 rd Location	Date application received: <u>AUG 20 2019</u>
<input type="checkbox"/> Brewery-Public House 1 st location	Name of City or County: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	PD <u>\$100 CC</u>
<input type="checkbox"/> Brewery-Public House 3 rd location	# <u>031006</u>
<input type="checkbox"/> Distillery	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<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	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received: <u>8/1/19</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <u>Jan Z.</u>
<input type="checkbox"/> Warehouse	Date application accepted as initially complete: <u>8/2/19</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	By: <u>Jan Z.</u>
<input checked="" type="checkbox"/> Winery 1 st Location	License Action(s): <u>N/0</u>
<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):

BTG Wines, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



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3. Applicant #1 BTG Wines, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Carhill Cellars			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 700 SW 5th Ave, Suite 4000			
City Portland	County OR	Zip Code 97204	
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) 700 SW 5th Ave, Suite 4000			
City Portland	State OR	Zip Code 97204	
9. Phone Number of the Business Location 843-425-1265		Email Contact for this Application kevin@carhillcellars.com	
Contact Person for this Application Kevin Simback		Phone Number 843-425-1265	
Mailing Address 1481 NW 13th Ave, Apt 824	City Portland	State OR	Zip Code 97209

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: 1454320-92 Ex: 06/2020

Please Print or Type

LLC Name: BTG Wines, LLC Year Filed: 2018

Trade Name (dba): Carhill Cellars

Business Location Address: 700 SW 5th Ave, Suite 4000

City: Portland ZIP Code: 97204

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Kevin Simback</u> (managing member)	<u>100%</u>
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: n/a (no serving at business location) DOB: _____

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

Signature: [Signature] Managing member Date: 7-30-19
(name) (title)

1-800-452-OLCC (6522)

www.olcc.state.or.us

(rev. 8/11)