



# LIQUOR LICENSE APPLICATION

AUG 27 2019

PD 175.00 CC  
at a later 417273

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 <sup>st</sup> Location	Date application received and/or date stamp:	
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location		
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location		
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location		
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location		
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location		
<input type="checkbox"/> Distillery		Name of City or County:
<input type="checkbox"/> Full On-Premises, Commercial		_____
<input type="checkbox"/> Full On-Premises, Caterer		Recommends this license be:
<input type="checkbox"/> Full On-Premises, Passenger Carrier		<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Other Public Location		By: _____
<input type="checkbox"/> Full On-Premises, For Profit Private Club		Date: _____
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club		
<input type="checkbox"/> Grower Sales Privilege 1 <sup>st</sup> location		
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location		
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location		
<input type="checkbox"/> Limited On-Premises	<b>OLCC USE ONLY</b>	
<input checked="" type="checkbox"/> Off-Premises	Date application received:	
<input type="checkbox"/> Off-Premises with Fuel Pumps	<u>8/14/19</u>	
<input type="checkbox"/> Warehouse	By: <u>Jon Z.</u>	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	License Action(s):	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	<u>A/LOR + C/TN + C/Priv</u>	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location		
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location		

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

VERONADOX, LLC  
 (Applicant #1) \_\_\_\_\_ (Applicant #2) \_\_\_\_\_  
 \_\_\_\_\_ (Applicant #3) \_\_\_\_\_ (Applicant #4) \_\_\_\_\_

3. Trade Name of the Business (Name Customers Will See)  
UChoice MARKET

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
8436 N IVANHOE ST

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97203</u>
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5. Trade Name of the Business (Name Customers Will See) <i>UChoice Market</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>5431 SE LEXINGTON ST</i>			
City <i>PORTLAND</i>	State <i>OR</i>	Zip Code <i>97206</i>	
9. Phone Number of the Business Location <i>hbd 503-285-8033</i>		10. Email Contact for this Application <i>veronapdx@gmail.com</i>	
11. Contact Person for this Application <i>MARIAN STOYANCHEV</i>		Phone Number <i>503.285.8033</i>	
Contact Person's Mailing Address (if different) <i>5431 SE LEXINGTON</i>	City <i>PORTLAND</i>	State <i>OR</i>	Zip Code <i>97206</i>

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

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



DLLC 1134000-91

exp 8/2020

Please Print or Type

LLC Name: VeronaPOX LLC Year Filed: 2015

Trade Name (dba): UChoice Market

Business Location Address: 8436 N IVANhoe St.

City: Portland ZIP Code: 97203

List Members of LLC:

Percentage of Membership Interest:

- |  |         |
|--|---------|
| 1. <u>MILKA MINTCHEVA</u><br>(managing member) | _____ ← |
| 2. <u>MARIAN STOYANCHEV</u><br>(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 - OFF DOB: \_\_\_\_\_

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

Signature: [Signature] Date: 07/30/2019  
(name) (title)