

AUG 27 2019

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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	_____	
<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 checked="" 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 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:	
	8/1/19	
	By: Jan Z.	
	Date application accepted as initially complete:	
	8/26/19	
	By: Jan Z.	
	License Action(s): N/10	

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

~~POKE BAR LLC~~ Cups 19 LLC _____

(Applicant #1) (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

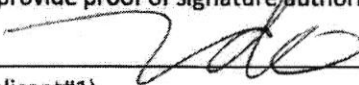
3. Applicant #1 POKE BAR LLC <i>Cups19 LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) POKE BAR LLC			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1348 SW THIRD AVE			
City PORTLAND	County MULTNOMAH	Zip Code 97201	
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) 16725 SE NAEGELI DR			
City PORTLAND	State OREGON	Zip Code 97236	
9. Phone Number of the Business Location 503 241 4222		Email Contact for this Application INFO@CUPS19.COM	
Contact Person for this Application TIM DO		Phone Number 503 915 7181	
Mailing Address 16725 SE NAEGELI DR	City PORTLAND	State OR	Zip Code 97236

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)