



LIQUOR LICENSE APPLICATION

3. Applicant #1 The Pour House LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) The Pour House			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1845 NW 23RD PL			
City PORTLAND	County MULTNOMAH	Zip Code 97210	
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) PO BOX 96231			
City PORTLAND	State OR	Zip Code 97296	
9. Phone Number of the Business Location 503-739-4175		Email Contact for this Application THEPOURHOUSEPDX@GMAIL.COM	
Contact Person for this Application NATHANIEL ANGELUS		Phone Number 503-739-4175	
Mailing Address PO BOX 96231	City PORTLAND	State OR	Zip Code 97296

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.

Nathaniel Angelus, Member

(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)

