



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: <input type="checkbox"/> Brewery 1 st Location <input type="checkbox"/> Brewery 2 nd Location <input type="checkbox"/> Brewery 3 rd Location <input type="checkbox"/> Brewery-Public House 1 st location <input type="checkbox"/> Brewery-Public House 2 nd location <input type="checkbox"/> Brewery-Public House 3 rd location <input type="checkbox"/> Distillery <input type="checkbox"/> Full On-Premises, Commercial <input checked="" 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		CITY AND COUNTY USE ONLY Date application received and/or date stamp: APR 30 2020 PD <u>100 ck</u> # <u>1149</u> Name of City or County: _____ Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____ OLCC USE ONLY RECEIVED Date application received: MAR 16 2020 Initials: <u>GW</u> By: _____ Oregon Liquor Control Commission License Action(s): <u>N/O</u>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Public Provisions LLC
 (Applicant #1) _____ (Applicant #2) _____
 _____ (Applicant #3) _____ (Applicant #4) _____

3. Trade Name of the Business (Name Customers Will See)
Public Provisions

4. Business Address (Number and Street Address of the Location that will have the liquor license)
833 SE MAIN ST. UNIT #118

City <u>PORTLAND</u>	County <u>Multnomah</u>	Zip Code <u>97214</u>
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5. Trade Name of the Business (Name Customers Will See) <i>Public Provisions</i>			
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) <i>3923 NE 63RD AVE.</i>			
City <i>PORTLAND</i>	State <i>OR</i>	Zip Code <i>97213</i>	
9. Phone Number of the Business Location <i>N/A</i>		10. Email Contact for this Application <i>mepmyers@gmail.com</i>	
11. Contact Person for this Application <i>Malia Myers</i>		Phone Number <i>303 842 0952</i>	
Contact Person's Mailing Address (if different) <i>same</i>	City	State	Zip Code

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.

Malia Myers

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Public Provisions LLC Phone: 303 842 0952

Trade Name (dba): Public Provisions

Business Location Address: 833 SE MAIN ST UNIT #118

City: Portland, OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours: N/A Outdoor Area Hours: N/A The outdoor area is used for: N/A
Sunday to Monday to Tuesday to Wednesday to Thursday to Friday to Saturday to
Sunday to Monday to Tuesday to Wednesday to Thursday to Friday to Saturday to
The exterior area is adequately viewed and/or supervised by Service Permittees.

* CATERING KITCHEN, PREP, STORAGE ONLY; NO PUBLIC HOURS
Seasonal Variations: Yes No If yes, explain:

ENTERTAINMENT

Check all that apply:
Live Music Karaoke
Recorded Music Coin-operated Games
DJ Music Video Lottery Machines
Dancing Social Gaming
Nude Entertainers Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to Monday to Tuesday to Wednesday to Thursday to Friday to Saturday to

SEATING COUNT

Restaurant: Outdoor:
Lounge: Other (explain):
Banquet: Total Seating:

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials:
Date:

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

Applicant Signature: [Signature] Date: 02/12/2020