

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



PLEASE PRINT OR TYPE

Application is being made for:

LICENSE TYPES

- ☐ Full On-Premises Sales (\$402.60/yr)
☐ Commercial Establishment
☐ Caterer
☐ Passenger Carrier
☐ Other Public Location
☐ Private Club
☒ Limited On-Premises Sales (\$202.60/yr)
☐ Off-Premises Sales (\$100/yr)
☐ with Fuel Pumps
☐ Brewery Public House (\$252.60)
☐ Winery (\$250/yr)
☐ Other:

ACTIONS

- ☒ Change Ownership
☐ New Outlet
☐ Greater Privilege
☐ Additional Privilege
☐ Other

Applying as:

- ☐ Individuals ☐ Limited Partnership ☒ Corporation ☐ Limited Liability Company

FOR CITY AND COUNTY USE ONLY

The city council or county commission:

City of Prineville
(name of city or county)

recommends that this license be:

Granted ☐ Denied ☐

By:

(signature)

(date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by: J. Marquardt

Date: June 19, 2007

90-day authority: ☒ Yes ☐ No

1. Applicant(s): [See SECTION 1 of the Guide]

① NPC International Inc.

②

2. Trade Name (dba): Pizza Hut # 2183

3. Business Location: 1505 NE 3rd St. Prineville Crook OR 97754
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 720 W. 20th Street Pittsburg KS 66762
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 620-231-3390 620-232-3692
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No

7. If yes to whom: Pizza Hut Type of License: Limited On-Premises Sales

8. Former Business Name:

9. Will you have a manager? ☒ Yes ☐ No Name: Adam Kenyon

(manager must fill out an individual history form)

10. What is the local governing body where your business is located? Prineville
(name of city or county)

11. Contact person for this application: James Ryan 620-231-3390
(name) (phone number(s))

720 W. 20th St. Pittsburg, KS 66762
(address)

620-232-3692
(fax number)

james.ryan@npcinternational.com
(e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 2/21/07 ③

② [Signature] Date _____ ④

Date _____

Date _____

1-800-452-OLCC (6522)

www.olcc.state.or.us

