

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) (NO)
☐ with Fuel Pumps
☐ Brewery Public House (\$252.60)
☐ Winery (\$250/yr)
☐ Other: _____

ACTIONS

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

FOR CITY AND COUNTY USE ONLY

The city council or county commission:

(name of city or county)

recommends that this license be:

Granted ☐ Denied ☐

By:

(signature)

(date)

Name:

Title:

OLCC USE ONLY

Application Rec'd by: K Boyle

Date: 04-14-08

90-day authority: ☐ Yes ☒ No

Applying as:

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

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

① ~~Teresa E. Hisaw-Elmore~~ ^③ TERESA E. HISAW-ELMORE
② ~~Michael G. Elmore~~ ^④ MICHAEL G. ELMORE

2. Trade Name (dba): 7th Street Cafe & Spirits

3. Business Location: 310 NE 7th Street Prineville OR 97754
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 310 NE 7th Street Prineville OR 97754
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? ☒ Yes ☐ No Name: _____
(manager must fill out an individual history form)

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

11. Contact person for this application: Teresa Hisaw-Elmore 447-1677
(name) (phone number(s))
2503 N Lieser Ln Prineville teria@crestviewcable.com
(address) (fax number) (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 4-2-08 ③ _____ Date _____

② [Signature] Date 4-2-08 ④ _____ Date _____

1-800-452-OLCC (6522)
www.olcc.state.or.us