Oregon Liquor Control Commission PO Box 22297, Milwaukie, OR 97269 1-800-452-6522

License Renewal Application

YOUR DUE DATE FOR RENEWAL IS September 10, 2009.

License Type: OFF-PREMISES SALES	District: 4	License:	112769	Premises: 20338	Code: 227
THRIFTY PAYLESS INC THRIFTY PAYLESS INC PO BOX 3165 HARRISBURG, PA 17105	Licensee	(s)	THRIFTY	PAYLESS INC	

Tradename

RITE AID #5393 1575 NE 3RD ST PRINEVILLE OR 97754

Instructions:

1. Answer all questions completely on the renewal application.

2. Each licensee listed above must sign the renewal application. If any licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.

3. Submit annual processing fee to your local governing body.

4. Return completed renewal application along with the appropriate license fee by September 10, 2009 to avoid late fees.

IMPORTANT: Failure to <u>fully</u> disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. YOUR LICENSE EXPIRES ON 09/30/2009. If you do not renew before this date, you must stop selling or serving alcohol immediately. NO EXCEPTIONS! Selling or serving alcohol with an expired license is a crime.

Operational Questions:	Responses:	
(1) Please list a daytime phone number.	Phone Number: 541-447-2466	
(2) Please list all arrests or convictions for any crime,	Name Offense Date City/State Result	
violation, or infraction of any law during the last 18 months		
even if they are not liquor related for anyone who holds a	n/a-	
financial interest in the licensed business. Attach additional	1100	
sheet of paper to back of form if needed.		
(3) Will anyone share in the profits that is not a licensee of this	☑NO ☐ YES & EXPLAIN;	
business? If yes, please give name(s) and explain.		
(4) Were there any changes of ownership (i.e.: add/drop	☑ NO ☐ YES @ EXPLAIN:	
partners, change to corporations, etc.) not reported to the	•	
OLCC in the last year?		
(5) Did you make any significant changes in operation during	NO □ YES © EXPLAIN:	
the past year that you have not reported to the OLCC, such as		
changes in menu, hours of operation, or remodeling?		
(6) Will you be holding beer or wine tastings at your location,	NO □ YES	
other than those conducted by a manufacture? Note: You		
may not conduct tastings if your establishment sells		
gasoline or other fuel products.		



License Fees - Please make check or money order to OLCC. Do not mail cash. Send payment to OLCC.	Dollar Amount (\$)
If completed renewal application is postmarked by 09/10/2009 please pay this amount.	\$100.00
If completed renewal application is postmarked after 09/10/2009 but on or before 09/30/2009 please pay this amount.	\$125.00
If completed renewal application is postmarked after 09/30/2009 please pay this amount.	\$140.00

Local Government-Send Payment to local government listed below.

Local government City of Prineville, Lisa Morgan located at 387 NE Third St; Prineville, OR 97754 requires a \$35.00 processing fee. Have you paid this processing fee? We will not process your application until this has been paid.



MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

- 1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
- 2. Ensure your identity when we run a criminal background check through law enforcement agencies.
- Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above.

You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Print Name	Social Security	Date of	Sex	Today's	Signaturd	SSA
***************************************	Number	Birth	M/F	Date 1-28-09	Mr. Ch. Holgonsh	, Authoria
Michael A. Pod	gurski					□ NO □
5-5-1948						□N0 □
Male						□ NO □
	1					□ NO □
The second secon						□ NO □
						□ NO □

