



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

<p><b>LICENSE FEE:</b> Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p><b>APPLICATION:</b> Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input type="checkbox"/> Limited On-Premises</p> <p><input checked="" type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage &amp; Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p style="text-align: center;"><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received <u>8-20-18</u></p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p> <hr/> <p style="text-align: center;"><b>OLCC USE</b></p> <p>Application received by <u>Utterberg</u></p> <p>Date <u>8/2/18</u></p> <p>License Action: <u>c/o</u></p>
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<b>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</b>	
Applicant #1 <b>Ajuni Kaur Enterprises, Inc.</b>	Applicant #2
Applicant #3	Applicant #4
<p><b>RECEIVED</b></p> <p><b>AUG 02 2018</b></p> <p>Oregon Liquor Control Commission Bend, Oregon</p>	
<b>2. Trade Name of the Business (the name customers will see):</b> 7-Eleven #20376A	
<b>3. Business Location: Number and Street</b> 405 NE 3rd Street	
City <b>Prineville</b>	County <b>Crook</b> ZIP <b>97754</b>
<b>4. Is the business at this location currently licensed by the OLCC?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. Mailing Address (where the OLCC will send your mail):</b>	
PO Box, Number, Street, Rural Route Attn Licensing P.O. Box 219088	
City <b>Dallas</b>	State <b>TX</b> ZIP <b>75221</b>
<b>6. Phone Number of the Business Location: (541) 447-7287</b>	
<b>7. Contact Person for this Application:</b>	
Name <b>Alyssa Brooks</b>	Phone Number <b>(850) 577-6962</b>
Mailing Address, City, State, ZIP <b>301 S. Bronough Street, Suite 600, Tallahassee, FL 32301</b>	
Email <b>alyssa.brooks@gray-robinson.com</b>	
<b>I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.</b>	
Signature of Applicant #1 <u>Singh</u> 07/23/18	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

(6)



OREGON LIQUOR CONTROL COMMISSION  
**INDIVIDUAL HISTORY FORM**

1. Name: (LAST) Singh		(FIRST) Jasjit	(MIDDLE)
2. Other Names Used (Maiden, Etc.):			
3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your SSN: [REDACTED]			
<p><b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) &amp; ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a)).</p> <p>Do you voluntarily consent to the OLCC's use of your SSN as just described? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
4. Date of Birth (MM/DD/YYYY): 07 / 31 / [REDACTED]		5. Contact Phone: (509) [REDACTED]	
6. Driver License or State ID #: [REDACTED]		7. State: OR	
8. Residence Address: 19486 Hollygrape Street, Bend, OR 97702			
9. Mailing Address (if different):			
10. E-Mail (optional):			
11. Do you have a spouse or domestic partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list his/her full name:			
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
13. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of driving a car with a suspended driver license or driving a car with no insurance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			
14. In the past 10 years, have you been <u>convicted</u> ("convicted" includes paying a fine) in Oregon or another U.S. state of a <u>FELONY</u> ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			
15. Have you ever been in a drug or alcohol <u>diversion program</u> in Oregon or another U.S. state? A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below) [REDACTED]			



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Ajuni Kaur Enterprises, Inc. Phone: ((541) 447-7287)

Trade Name (dba): 7-Eleven #20376A

Business Location Address: 405 NE 3rd Street

City: Prineville ZIP Code: 97754

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 24/7 to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

#### Outdoor Area Hours:

Sunday N/A to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for: N/A

Food service Hours: \_\_\_\_\_ to \_\_\_\_\_

Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_

Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

Check all that apply: N/A

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: \_\_\_\_\_

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday N/A to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

N/A

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: J Singh Date: 07/23/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)