



OREGON LIQUOR CONTROL COMMISSION

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:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Date application received:
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	6-15-20
<input type="checkbox"/> Grower Sales Privilege 1st Location	By: <i>[Signature]</i>
<input type="checkbox"/> Grower Sales Privilege 2nd Location	RECEIVED
<input type="checkbox"/> Grower Sales Privilege 3rd Location	License Action(s) OREGON LIQUOR CONTROL COMMISSION
<input checked="" type="checkbox"/> Limited On-Premises	JUN 15 2020
<input type="checkbox"/> Off-Premises	<i>[Signature]</i> REGIONAL OFFICE
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Left Coast Siesta LLC

(Applicant #1) _____ (Applicant #2) _____

(Applicant #3) _____ (Applicant #4) _____

3. Trade Name of the Business (Name Customers Will See)
Left Coast Siesta

4. Business Address (Number and Street Address of the Location that will have the liquor license)
288 Laneda Ave #1

City Manzanita	County Tillamook	Zip Code 97130
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5. Trade Name of the Business (Name Customers Will See) Left Coast Siesta			
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) PO Box 554			
City Manzanita	State Oregon	Zip Code 97130	
9. Phone Number of the Business Location 503-368-7997		10. Email Contact for this Application Jeff@leftcoastsiesta.com	
11. Contact Person for this Application Jeff Kyriiss-Mooney		Phone Number 5033105637	
Contact Person's Mailing Address (if different) 34040 Pintail Ave	City Nehalem	State Oregon	Zip Code 97131

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.

(Applicant#1)

(Applicant#2)

(Applicant#3)

(Applicant#4)