

OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION



PLEASE PRINT OR TYPE

Application is being made for:

LICENSE TYPES	ACTIONS
<input type="checkbox"/> Full On-Premises Sales (\$402.60/yr)	<input checked="" type="checkbox"/> Change Ownership
<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> New Outlet
<input type="checkbox"/> Caterer	<input type="checkbox"/> Greater Privilege
<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Additional Privilege
<input type="checkbox"/> Other Public Location	<input checked="" type="checkbox"/> Other <u>LO</u>
<input type="checkbox"/> Private Club	<u>Trade name</u>
<input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)	
<input checked="" type="checkbox"/> Off-Premises Sales (\$100/yr)	
<input type="checkbox"/> with Fuel Pumps	
<input type="checkbox"/> Brewery Public House (\$252.60)	
<input type="checkbox"/> Winery (\$250/yr)	
<input type="checkbox"/> Other: _____	

Applying as:

Individuals Limited Partnership Corporation Limited Liability Company

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: Katie Siefko

Date: 11.23.07

90-day authority: Yes No

- Applicant(s): [See SECTION 1 of the Guide]
 ① Diane Coyle ③ _____
 ② _____ 2363 2353
- Trade Name (dba): 7-Eleven 2363-20376F
- Business Location: 405 E. 3rd St. Prineville Crook OR 97754
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 10220 S.W. Greenburg Rd #470 Portland OR 97223
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: 503-447-7287 _____
(phone) (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: 7-Eleven, Inc. Type of License: Off-Premise
- Former Business Name: 7-Eleven 2363-20376F
- Will you have a manager? Yes No Name: _____
(manager must fill out an individual history form)
- What is the local governing body where your business is located? Prineville
(name of city or county)
- Contact person for this application: Sheri Wolfe 503-977-7708
(name) (phone number(s))
10220 SW Greenburg Rd #470 503-245-3438 Swolfe@1e7-11.com
(address) (city, state, ZIP) (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 Diane L. Coyle Date 11-9-07 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____