



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 1 st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2 nd Location	04/22/2020
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	Hermiston
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input checked="" type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	04/02/2020
<input type="checkbox"/> Warehouse	By: <u>MHargis</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	License Action(s):
<input type="checkbox"/> Winery 1 st Location	C/O
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

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

7-Eleven, Inc.	_____
(Applicant #1)	(Applicant #2)
_____	_____
(Applicant #3)	(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) 7-Eleven #20899K		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 775 Highway 395		
City Hermiston	County Umatilla	Zip Code 97838



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5. Trade Name of the Business (Name Customers Will See) 7-Eleven #20899K			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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) Attn Licensing, PO Box 219088			
City Dallas	State TX	Zip Code 75221	
9. Phone Number of the Business Location (541) 567-6630		10. Email Contact for this Application alyssa.dickinson@gray-robinson.com	
11. Contact Person for this Application Alyssa Dickinson, Licensing Specialist GrayRobinson, PA		Phone Number (850) 577-6962	
Contact Person's Mailing Address (if different) 301 S. Bronough Street, Suite 600	City Tallahassee	State FL	Zip Code 32301

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) Christine Capdevielle, Power of Attorney

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: 7-Eleven, Inc.

Phone: (541) 567-6630

Trade Name (dba): 7-Eleven #20899K

Business Location Address: 775 Highway 395

City: Hermiston

ZIP Code: 97838

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:

Live Music

Karaoke

Recorded Music

Coin-operated Games

DJ Music

NONE

Video Lottery Machines

Dancing

Social Gaming

Nude Entertainers

Pool Tables

Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday **NONE**
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: _____

Lounge: **NONE** 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: C. Capdevielle

Christine Capdevielle
Power of Attorney

Date: 4/1/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)