

INSTRUCTIONS

- 1. Complete and sign this application.
- 2. Combine this completed application with the other required application materials to make one application packet.
- 3. Submit the application packet to your local OLCC office.
- 4. Do not include any OLCC fees with your application packet (the license fee will be collected at a later time). When it's time to pay the license fee you must pay the full yearly fee for the current license year (the license fee will not be prorated). If you pay in the last quarter of your license year you must also pay the yearly fee for the next license year.

Identify the Applicant(s) Applying for the License(s): these are individuals and entities that will become Licensees of Record (named on the license certificate)

Any entity (like a corporation or limited liability company) and any individual that is not part of an entity and that will own or control the business must be listed as an applicant on this form. This includes:

- → Any individual or entity, other than an employee acting under the direction of the owner, that exercises control over, or is entitled to exercise control over, the business;
- → Any individual or entity, other than an employee acting under the direction of the owner, that incurs, or is entitled to incur, debt or similar obligations on behalf of the business;
- → Any individual or entity, other than an employee acting under the direction of the owner, that enters into, or is entitled to enter into, a contract or similar obligations on behalf of the business; or
- → Any individual or entity identified as the lessee of the premises proposed to be licensed.

Please review OAR 845-005-0311 to confirm that all individuals (sole proprietors) or entities with an ownership interest (other than a waivable ownership interest, per OAR 845-005-0311[6]) in the business have been identified as license applicants on this document. Above the signature line for this application, you will be required to attest to the fact that all individuals (sole proprietors) or entities with an ownership interest are listed as applicants for the license. If you have a question about whether an individual or entity needs to be listed as an applicant for the license, discuss this with the OLCC staff person assigned to your application.

Business Address

This is the street address of the location that will have the liquor license.

Applicant Signature(s)

- Each individual listed in Section 2 (entity or individuals applying for the license) must sign the application.
- If an applicant in Section 2 is an entity (such as a corporation or limited liability company), at least one individual who is authorized to sign for the entity must sign the application.
- An individual with authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. The OLCC will likely require proof of such authority. Attorneys signing on behalf of their applicant clients may provide the state of bar licensure and bar number in lieu of providing written proof of their authority to sign on behalf of the applicant. Please note that applicants are responsible for all information provided on this form, even if an individual with signing authority signs on behalf of the applicant.

PRINT FORM
RESET FORM

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 CO	DUNTY USE ONLY		
☐ Brewery 1 st Location					
Brewery Additional location (2 nd) (3 rd)	d) 🗆	Date application received and/or date stamp:			
☐ Brewery-Public House (BPH) 1 st location		,			
BPH Additional location (2 nd) ☐ (3 rd) ☐		Name of City or County			
☐ Distillery		Name of City or County:			
☐ Full On-Premises, Commercial		City of Swee			
☐ Full On-Premises, Caterer		Recommends this license be			
☐ Full On-Premises, Passenger Carrier		☐ Granted ☐ Deni	ied		
☐ Full On-Premises, Other Public Location		By:			
☐ Full On-Premises, For Profit Private Club					
☐ Full On-Premises, Nonprofit Private Club		Date:			
☐ Grower Sales Privilege (GSP) 1 st location					
GSP Additional location (2 nd) (3 rd)			USE ONLY		
☐ Limited On-Premises		Date application received:			
☑ Off-Premises		Date application accepted:			
☐ Warehouse		Date application accepted,	-		
☐ Wholesale Malt Beverage & Wine					
☐ Winery 1 st Location		License Action(s):			
Winery Additional location (2 nd) ☐ (3 rd)					
(4 th) □ (5 th)					
2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) ¹ applying for the license(s): GRISHMA INC App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT					
App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT					
3. Trade Name of the Business (Name Customers Will See) HILL-TOP MARKET					
4. Business Address (Number and Street Address of the Location that will have the liquor license)					
4824 HIGHWAY 20					
City	Cou	nty	Zip Code		
SWEET HOME	LINN		97386		

¹ Read the instructions on page 1 carefully. If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.



OREGON LIQUOR CONTROL COMMISSION

OREGON EIGOOR CONTROL COIVINISS				
LIQUOR LICENSE APP	PLICATION			
5. Trade Name of the Business (Name Customers Wil	ll See)			
HILL-TOP MARKET				
6. Does the business address currently have an OLCC	liquor license? X	ES NO		
7. Does the business address currently have an OLCC	marijuana license?	YES NO	0	
8. Mailing Address/PO Box, Number, Street, Rural Roapplication and other mailings as described in OAR 8 4824 HIGHWAY 20		ll send your l	icense certificate, renewal	
City SWEET HOME	State OR		Zip Code ₉₇₃₈₆	
9. Phone Number of the Business Location	10. Email Contact for this Application and for the Business			
707-3969416	SARUHILLTOP@GMAIL.COM			
11. Contact Person for this Application		Phone Num	ber	
ARASWATI ACHARYA		707-3969416°		
Contact Person's Mailing Address (if different)	City	State	Zip Code	
lease note that liquor license applications are public recor period of several weeks.	.,			
understand that marijuana is <u>prohibited</u> on the licensed pramples, give-away, sale, etc. I attest that all answers on all his application are true and complete.	emises. This includes mari I forms and documents, an	juana use, coi d all informat	nsumption, ingestion, inhalation, ion provided to the OLCC as a part o	
affirm that I have read <u>OAR 845-005-0311</u> and all individurally all and all individurally all and all individurally and all individual or entity who has an unwaivable ownership aking action against my license in the event that an undis	e listed as license applica interest in the business m	nts in #2 abov ay result in d	re. I understand that failure to list enial of my license or the OLCC	

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one INDIVIDUAL who is authorized to sign for the entity must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. Applicants are still responsible for all information on this form.

SARASWATI ACHARYA	Garaguear	02/23/2022	2_
App. #1: (PRINT NAME)	App #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
App. #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App. #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App. #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)