Return Completed form to:
City of Tualatin
Attn: Finance
18880 SW Martinazzi Ave
Tualatin, OR 97062

CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

Date 10-1-2025

IMPORTANT: *This is a three-page form.* You are required to complete all sections of the form. If a question does not apply, please indicate N/A. Please include full names (last, first middle) and full dates of birth (month/day/year). Incomplete forms shall receive an unfavorable recommendation.

Thank you for your assistance and cooperation.

SECTION 1: TYPE OF APPLICATION

- [x] *Original* (New) Application - $100.00 Application Fee.
- [ ] *Change in Previous Application* - $75.00 Application Fee.
- [ ] *Renewal of Previous License* - $35.00 Application Fee. Applicant must possess current business license. License # _____
- [ ] *Temporary License* - $35.00 Application Fee.

SECTION 2: DESCRIPTION OF BUSINESS

Name of business *(dba)*: Child Logistics Inc.

Business address 10490 SW Manhasset Dr Suite B City Tualatin State OR Zip Code 97062

Mailing address 7001 S. Union Ridge PKY Suite 140 City Ridgefield State WA Zip Code 98642

Telephone # 3609078099 Fax # _____

Email jcarroll@childtruckline.com

Name(s) of business manager(s) First James Middle Jason Last Carroll

[redacted]

Type of business Warehouse

Type of food served none

Type of entertainment (dancing, live music, exotic dancers, etc.) none

Days and hours of operation 730am - 5pm Not open to the public

Food service hours: Breakfast n/a Lunch n/a Dinner n/a

Restaurant seating capacity n/a Outside or patio seating capacity n/a

How late will you have outside seating? no How late will you sell alcohol? _____

How many full-time employees do you have? 2 Part-time employees? 0

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of *Individual, Partnership, Corporation, LLC,* or *Other* applicants Michelle Carroll

Type of liquor license (refer to OLCC form) Warehouse

Form of entity holding license (*check one and answer all related applicable questions)*:

☐ **INDIVIDUAL:** *If this box is checked, provide full name, date of birth, and residence address.*
Full name_____ Date of birth_____
Residence address_____

☐ **PARTNERSHIP:** *If this box is checked, provide full name, date of birth and residence address for each partner. If more than two partners exist, use additional pages. If partners are not individuals, also provide for each partner a description of the partner's legal form and the information required by the section corresponding to the partner's form.*
Full name_____ Date of birth_____
Residence address_____
Full name_____ Date of birth_____
Residence address_____

☒ **CORPORATION:** *If this box is checked, complete (a) through (c).*
(a) Name and business address of registered agent.
Full name Child Logistics Inc
Business address 7601 S. Union Ridge Parkway Suite 140 Ridgefield WA 9864

(b) Does any shareholder own more than 50% of the outstanding shares of the corporation? If yes, provide the shareholder's full name, date of birth, and residence address.
Full name James Carroll [redacted]

(c) Are there more than 35 shareholders of this corporation?_____Yes_X_No. If 35 or fewer shareholders, identify the corporation's president, treasurer, and secretary by full name, date of birth, and residence address.
Full name of president: James Carroll [redacted]
Full name of treasurer: Michelle Carroll [redacted]
Full name of secretary:_____ Date of birth:_____
Residence address:_____

☐ **LIMITED LIABILITY COMPANY:** *If this box is checked, provide full name, date of birth, and residence address of each member. If there are more than two members, use additional pages to complete this question. If members are not individuals, also provide for each member a description of the member's legal form and the information required by the section corresponding to the member's form.*
Full name:_____ Date of birth:_____
Residence address:_____

Full name:_____ Date of birth:_____
Residence address:_____

☐ **OTHER:** *If this box is checked, use a separate page to describe the entity, and identify with reasonable particularity every entity with an interest in the liquor license.*

SECTION 4: APPLICANT SIGNATURE

A false answer or omission of any requested information on any page of this form shall result in an unfavorable recommendation.

[redacted] _____ 10/1/25
Signature of Applicant Date

For City Use Only

Sources Checked:

☑ DMV by _____ ☑ LEDS by _____ ☑ TuPD Records by _____

☑ Public Records by _____

☐ 0 Number of alcohol-related incidents during past year for location.

☐ 0 Number of Tualatin arrest/suspect contacts for _____

It is recommended that this application be:

☑ Granted

☐ Denied
Cause of unfavorable recommendation:_____

[redacted] _____ 10/7/25
Signature Date

Greg Pickering
Chief of Police
Tualatin Police Department