



CITY OF TUALATIN
LIQUOR LICENSE APPLICATION

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

Date 3/18/2020

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): BRIDGE CITY SPIRITS
Business address 12705 SW HERMAN RD., SUITE D City TUALATIN State OR Zip Code 97062
Mailing address City State Zip Code
Telephone # 503-313-8082 Fax #
Email A.MICHAUD13@GMAIL.COM

Name(s) of business manager(s) First ANDREW Middle WILLIAM Last MICHAUD

Type of business DISTILLERY
Type of food served N/A
Type of entertainment (dancing, live music, exotic dancers, etc.) N/A
Days and hours of operation VARIES- PRODUCTION ONLY
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? N/A How late will you sell alcohol? N/A

How many full-time employees do you have? 0 Part-time employees? 1

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants LAMIC INC

Type of liquor license (refer to OLCC form) DISTILLERY

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 LAMIC INC
Business address 10875 AVOCET CT, BENDER, OR 97007

(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. NA
Full name _____ Date of birth _____
Residence address _____

(c) Are there more than 35 shareholders of this corporation? Yes 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: _____ Date of birth: _____
Residence address: _____
Full name of treasurer: _____ Date of birth: _____
Residence address: _____
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.

 _____ 3/19/2020
Signature of Applicant _____ Date

For City Use Only


Sources Checked:

DMV by _____ LEADS by _____ TuPD Records by _____
 Public Records by _____

Number of alcohol-related incidents during past year for location.
 Number of Tualatin arrest/suspect contacts for _____

It is recommended that this application be:

Granted
 Denied
Cause of unfavorable recommendation: _____

 _____ 3-19-2020
Signature _____ Date

Bill Steele
Chief of Police
Tualatin Police Department