



CITY OF TUALATIN LIQUOR LICENSE APPLICATION

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

Date 11/14/20

IMPORTANT: This is a three-page form. Please answer all questions completely.
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

- 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): Ancestry Brewing

Business address 20585 SW 115th Ave City Tualatin State OR Zip Code 97062

Telephone # 503-9169-3275 Fax # _____

Email willcottaaron@gmail.com

Name(s) of business manager(s) First Aaron Middle Dale Last Willcott

Type of business Restaurant / Brewery

Type of food served Burgers, Sandwiches, Salads

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

Days and hours of operation 7 days a week 11am - 9pm

Food service hours: Breakfast _____ Lunch X Dinner X

Restaurant seating capacity 100 Outside or patio seating capacity 30

How late will you have outside seating? 9 pm How late will you sell alcohol? 8:30 pm

How many full-time employees do you have? 7 Part-time employees? 4

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants 21st Amendment LLC

Type of liquor license (refer to OLCC form) Brewery - Public House

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 _____

Business address _____

(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 _____ 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: Aaron Wilcott _____

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] 1/14/20
[REDACTED] Date
S[REDACTED]

Sources Checked:

DMV by SC LEDS by SC TuPD Records by SC

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 date Cooper

Denied

Cause of unfavorable recommendation: _____

[REDACTED]
Signature

Greg Pickering
Chief of Police
Tualatin Police Department

1/23/26
Date