



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

- ☐ Full On-Premises Sales (\$402.60/yr)
☐ Commercial Establishment
☐ Caterer
☐ Passenger Carrier
☐ Other Public Location
☐ Private Club
☒ Limited On-Premises Sales (\$202.60/yr)
☒ Off-Premises Sales (\$100/yr)
☒ with Fuel Pumps
☐ Brewery Public House (\$252.60)
☐ Winery (\$250/yr)
☐ Other: _____

ACTIONS

- ☒ Change Ownership
☐ New Outlet
☐ Greater Privilege
☐ Additional Privilege
☐ Other _____

P351
L147537

90-DAY AUTHORITY

☒ Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- ☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- ☐ Granted ☐ Denied

By: Jeff Cogen 06/23/11
(signature) (date)

Name: Jeff Cogen

Title: County Chair

OLCC USE ONLY

Application Rec'd by: JP

Date: 6-2-11

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

1. GPO Investments LLC 3. ANNE L. FEARNA
2. PATRICK R. CLORIGHT 4. OTHER CLORIGHT

2. Trade Name (dba): CORBETT COUNTRY MARKET

3. Business Location: 36801 E. HISTORIC COLUMBIA RIVER HWY, CORBETT, OR 97019
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 41516 SE GORDON CREEK RD. CORBETT, OR 97019
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 695-2234
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No

7. If yes to whom: LARSON LEIGH ENT. LLC Type of License: OFF-PREMISES Sales w/ FUEL PUMP.

8. Former Business Name: CORBETT COUNTRY MARKET

9. Will you have a manager? ☐ Yes ☒ No Name: _____
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Multnomah County
(name of city or county)

11. Contact person for this application: PATRICK CLORIGHT 503-349-8950
(name) (phone number(s))
41516 SE GORDON CREEK RD. CORBETT, OR 97019 NIXON969@aol.com
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

[Signature] member Date 6/1/11 3. Anne P... member Date 6-1-11
2. _____ Date _____ 4. _____ Date _____