



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

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 COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 st Location	Date application received and/or date stamp:
Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Brewery-Public House (BPH) 1 st location	Name of City or County:
BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
<input type="checkbox"/> Distillery	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	Date: _____
<input type="checkbox"/> Full On-Premises, For Profit Private Club	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location	Date application received: <u>8/30/21</u>
GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Date application accepted: <u>9/9/21</u>
<input checked="" type="checkbox"/> Limited On-Premises	License Action(s):
Off-Premises <u>NSR HB 2264 8/30/21</u>	
<input type="checkbox"/> Warehouse	N/O
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	
(4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/>	

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**¹ applying for the license(s):

Moxie Cafe + Market, LLC

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) Moxie Cafe + Market <i>cf</i>		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 601 Fair Oaks Avenue Unit A31		
City Ashland	County Jackson	Zip Code 97520

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

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Moxie Cafe & Market			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in .) 601 Fair Oaks Avenue Unit A91			
City Ashland		State OR	Zip Code 97620
9. Phone Number of the Business Location 541-840-6669		10. Email Contact for this Application and for the Business moxiecafemarket@gmail.com	
11. Contact Person for this Application Allison Hamik		Phone Number 5418406669	
Contact Person's Mailing Address (if different) 552 Fair Oaks Ave	City Ashland	State OR	Zip Code 97620-

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

I understand that marijuana is prohibited on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311(6)) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

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.

Moxie Cafe and Market LLC

08/28/2021

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)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Allison Hamik Moxie Cafe & Market LLC Phone: 5418406669

Trade Name (dba): Moxie Cafe and Market

Business Location Address: 601 Fair Oaks Avenue, Unit A31

City: Ashland ZIP Code: 97520

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8am to 4pm
Monday 7am to 9pm
Tuesday 7am to 9pm
Wednesday 7am to 9pm
Thursday 7am to 9pm
Friday 7am to 9pm
Saturday 7am to 9pm

Outdoor Area Hours:

Sunday 9am to 4pm
Monday 7am to 9pm
Tuesday 7am to 9pm
Wednesday 7am to 9pm
Thursday 7am to 9pm
Friday 7am to 9pm
Saturday 7am to 9pm

The outdoor area is used for:

- Food service Hours: 7am to 9pm
Alcohol service Hours: 7am to 9pm
Enclosed, how partially by a retaining wall

The exterior area is adequately viewed and/or supervised by Service Permittees.

LT (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain:

ENTERTAINMENT

Check all that apply:

- Live Music
Recorded Music
DJ Music
Dancing
Nude Entertainers
Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: Outdoor: 25
Lounge: Other (explain): cafe and market 25
Banquet: Total Seating: 50

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials: LT
Date: 10-20-2021

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

Applicant Signature: Allison Hamik Date: 3/28/21