



# LIQUOR LICENSE APPLICATION

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 <sup>st</sup> Location	Date application received:
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	_____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	Date application received:
<input type="checkbox"/> Warehouse	3/20/19
<input type="checkbox"/> Wholesale Malt Beverage & Wine	By: <u>Jan Z.</u>
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	Date application accepted as initially complete:
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	3/20/19
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	By: <u>Jan Z.</u>
	License Action(s): <u>C/O + C/TN</u>

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

HECTOR PASTOR

Hector Pastor

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 HECTOR PASTOR		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) EL GRANDE MEAT MARKET			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1725 SE 122ND AVE			
City PORTLAND	County MULTNOMAH	Zip Code 97233	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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 mail) 1725 SE 122ND AVE			
City PORTLAND	State OR	Zip Code 97233	
9. Phone Number of the Business Location		Email Contact for this Application	
Contact Person for this Application HECTOR PASTOR		Phone Number 3712267231	
Mailing Address 1725 SE 122ND AVE	City PORTLAND	State OR	Zip Code 97233

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

### Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

Hector Pastor M/6  
(Applicant#1)

\_\_\_\_\_  
(Applicant #2)

\_\_\_\_\_  
(Applicant#3)

\_\_\_\_\_  
(Applicant #4)



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: HECTOR PASTOR Phone: 503 730 6980

Trade Name (dba): EL GRANDE MEAT MARKET

Business Location Address: 1725 SE 122ND AVE

City: PORTLAND OR ZIP Code: 97233

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>8:00</u>	to	<u>10:00</u>
Monday	<u>8:00</u>	to	<u>10:00</u>
Tuesday	<u>8:00</u>	to	<u>10:00</u>
Wednesday	<u>8:00</u>	to	<u>10:00</u>
Thursday	<u>8:00</u>	to	<u>10:00</u>
Friday	<u>8:00</u>	to	<u>10:00</u>
Saturday	<u>8:00</u>	to	<u>10:00</u>

#### Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: \_\_\_\_\_ to \_\_\_\_\_
- Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_
- Enclosed, how \_\_\_\_\_

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

\_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music        | <input type="checkbox"/> Karaoke                |
| <input type="checkbox"/> Recorded Music    | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music          | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing           | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables            |
|  | <input type="checkbox"/> 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: \_\_\_\_\_

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

#### OLCC USE ONLY

Investigator Verified Seating: \_\_\_\_ (Y) \_\_\_\_ (N)

Investigator Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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

Applicant Signature: Hector Pastor Date: 3/15/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



# OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

SS: 180A330-93

Please Print or Type

Corporation Name: PASTOR'S INVESTMENTS INC Year Incorporated: 2018

Trade Name (dba): EL GRANDE MEAT MARKET

Business Location Address: 1725 SE 122ND AVE

City: PORTLAND ZIP Code: 97233

### List Corporate Officers:

<u>HECTOR PASTOR</u>	<u>PRESIDENT</u>
(name)	(title)
_____	_____
_____	_____
_____	_____

### List Board of Directors:

(name) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	<b>Number of Stock Shares:</b>
<u>HECTOR PASTOR</u>	<u>100</u>	Issued: <u>100</u> Unissued: <u>0</u> Total Shares Authorized to Issue: <u>100</u>
_____	_____	
_____	_____	
_____	_____	

Server Education Designee: HECTOR PASTOR DOB: 01/28/1979  
(See Liquor License Application Guide for more information)

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

Officer's Signature: *Hector Pastor* Date: 03152018  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> Avenue, Suite #110, Portland OR 97204

On New Outlet applications, property owners within 300 feet of the location, the Portland Police Bureau and all interested parties are notified by mail (with a copy of this form) and given an opportunity to comment on your application. The OLCC allows the City at least 45 days to complete the recommendation process. Submission of a complete operating plan can expedite the time required to process. A City liquor endorsement is not a confirmation that the property is properly zoned. Call (503) - 823-7525 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLCC Liquor Application Form, initialed by your OLCC License Investigator
- OLCC Individual History Forms (all persons anticipated to have a financial interest, or key personnel are required)
- City Endorsement Fees

City Endorsement Fees are payable at the beginning of the application process (please make checks payable to City of Portland): New outlets are \$100.00, all others are \$75.00. All blank sections must be filled in. If the question does not apply, write "N/A" in the space.

LEGAL NAME OF BUSINESS: PASTORS INVESTMENT INC  
DBA OR TRADE NAME: EL GRANDE MEAT MARKET PHONE: 503 730 6980 FAX: 971 404 3050  
BUSINESS ADDRESS (Including ZIP Code): 1725 SE 122ND AVE PORTLAND OR 97233

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): \_\_\_\_\_

CONTACT PERSON: HECTOR PASTOR PHONE: 503 730 6980 EMAIL: HECTOR.PASTOR@GMAIL.COM

### DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart  Night Club  
 Restaurant  Sports Bar  
 Convenience Store  Other: \_\_\_\_\_

SIZE OF SERVICE AREA: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: \_\_\_\_\_ LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: \_\_\_\_\_

DESCRIBE SECURITY: \_\_\_\_\_

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?  
 Yes  No  I Don't Know

### HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 8:00 CLOSE: 10:00 FRIDAY & SATURDAY OPEN: 8:00 CLOSE: 10:00

HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: TIENDA EL GRANDE

NAME & ADDRESS OF PROPERTY OWNER: HECTOR PASTOR 11911 SE DIVISION ST No 51 PORTLAND OR 97266

### ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing  Video Poker  Live Music  Nude Dancers  
 Karaoke  Video Games/Pinball  Recorded Music  DJ Entertainment  
 Pool Tables (How Many): \_\_\_\_\_  Events (Describe): \_\_\_\_\_  Other: \_\_\_\_\_

The City requires an Amusement Location Permit for all locations with amusement devices or pool tables. Contact the Revenue Bureau for rules and an Amusement Location Permit application form now. Permits are non-transferable from one owner to another and must be paid before games are placed on the premises. Contact Anne Holm at 503-865-2433. The City of Portland will notify affected nearby neighbors and a copy of this form will be included in our mailing.

Use this area to provide any additional information that you wish to be considered on this liquor application

A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: HECTOR PASTOR DATE: 3/10/19