



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 st Location	Date application received: _____
<input type="checkbox"/> Brewery 2 nd Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 rd Location	<i>Rec'd by Portland Liquor Licenses</i> MAY 01 2019 PD \$100.00 CC # 005197
<input type="checkbox"/> Brewery-Public House 1 st location	
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd 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 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input checked="" type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received: <u>3/22/19</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <u>Jan Z.</u>
<input type="checkbox"/> Warehouse	Date application accepted as initially complete: <u>4/22/19</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	By: <u>Jan Z.</u>
<input type="checkbox"/> Winery 1 st Location	License Action(s): <u>N/A</u>
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

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

Gold Dust LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 Gold Dust LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) PDX Gold Dust			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1476 NE Alberta Street			
City Portland	County Multnomah	Zip Code 97211	
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 mail) 1476 NE Alberta St.			
City Portland	State OR	Zip Code 97211	
9. Phone Number of the Business Location 503-288-4610		Email Contact for this Application blest@pdxgolddust.com	
Contact Person for this Application Sarah King		Phone Number 503-752-2971	
Mailing Address 5105 NE 14th Place	City Portland	State OR	Zip Code 97211

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.

Sarah King
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Gold Dust LLC Phone: 503-288-4610

Trade Name (dba): PDX Gold Dust

Business Location Address: 1476 NE Alberta Street

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11</u>	to	<u>5</u>
Monday	<u>11</u>	to	<u>5</u>
Tuesday	<u>11</u>	to	<u>5</u>
Wednesday	<u>11</u>	to	<u>5</u>
Thursday	<u>11</u>	to	<u>5</u>
Friday	<u>11</u>	to	<u>5</u>
Saturday	<u>11</u>	to	<u>5</u>

Outdoor Area Hours:

Sunday	<u>11</u>	to	<u>5</u>
Monday	<u>11</u>	to	<u>5</u>
Tuesday	<u>11</u>	to	<u>5</u>
Wednesday	<u>11</u>	to	<u>5</u>
Thursday	<u>11</u>	to	<u>5</u>
Friday	<u>11</u>	to	<u>5</u>
Saturday	<u>11</u>	to	<u>5</u>

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: our outdoor area is a garden that closes during the winter

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: 0

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: Sarah King Date: 3/8/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)