



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	_____
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<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 checked="" type="checkbox"/> Full On-Premises, Commercial	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	MAY 02 2019
<input type="checkbox"/> Full On-Premises, Other Public Location	PD \$75
<input type="checkbox"/> Full On-Premises, For Profit Private Club	* Cash
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 st location	OLCC USE ONLY
<input type="checkbox"/> Grower Sales Privilege 2 nd location	Date application received:
<input type="checkbox"/> Grower Sales Privilege 3 rd location	4/19/19
<input type="checkbox"/> Limited On-Premises	By: Jon Z.
<input type="checkbox"/> Off-Premises	Date application accepted as initially complete:
<input type="checkbox"/> Off-Premises with Fuel Pumps	4/19/19
<input type="checkbox"/> Warehouse	By: Jon Z.
<input type="checkbox"/> Wholesale Malt Beverage & Wine	License Action(s): C/O
<input type="checkbox"/> Winery 1 st Location	
<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):

S & D Restaurant Group LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

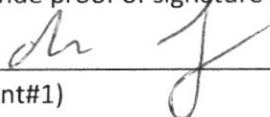
3. Applicant #1 S & D Restaurant Group LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Sweet Home Bar & Grill			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2824 N Lombard			
City Portland	County Multnomah	Zip Code 97217	
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) 3315 NW 164th Terrace			
City Beaverton	State OR	Zip Code 97006	
9. Phone Number of the Business Location (503) 748-9207		Email Contact for this Application dlusby30@gmail.com	
Contact Person for this Application Andrew Lusby		Phone Number (503) 748-9207	
Mailing Address 3315 NW 164th Terrace	City Beaverton	State OR	Zip Code 97006

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.



(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: S+D Restaurant Group LLC Phone: (503) 748-9207

Trade Name (dba): Sweet Home Bar + Grill

Business Location Address: 2824 N Lombard

City: Portland ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9 am to 12 am
 Monday 9 am to 2:30 am
 Tuesday 9 am to 2:30 am
 Wednesday 9 am to 2:30 am
 Thursday 9 am to 2:30 am
 Friday 9 am to 2:30 am
 Saturday 9 am to 2:30 am

Outdoor Area Hours:

Sunday 9 am to 12 am
 Monday 9 am to 2:30 am
 Tuesday 9 am to 2:30 am
 Wednesday 9 am to 2:30 am
 Thursday 9 am to 2:30 am
 Friday 9 am to 2:30 am
 Saturday 9 am to 2:30 am

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:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 33 AL Outdoor: 15
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 48

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: [Signature] Date: 4/16/19