



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	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 type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	
	OLCC USE ONLY
	Date application received:
	<u>4/30/19</u>
	By: <u>Jan Z.</u>
	Date application accepted as initially complete:
	<u>4/30/19</u>
	By: <u>Jan Z.</u>
	License Action(s): <u>C/O + CATN</u>

Rec'd by Portland
Liquor Licenses
MAY 06 2019
PD \$75.00cc
400045

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

[Signature] Authentic H+S Enterprises
(Applicant #1) LLC Zurisadai Lopez
NSZ (Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Authentic H+S Enterprises LLC</i> <i>Mana T. Hernandez NJZ</i>	Applicant #2 <i>Zurisada Lopez</i>
Applicant #3	Applicant #4

4. Trade Name of the Business (Name Customers Will See)
Andale Andale Mexican Restaurant

5. Business Address (Number and Street Address of the Location that will have the liquor license)
10114 SE Division st. #A

City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97266</i>
-------------------------	----------------------------	--------------------------

6. Does the business address currently have an OLCC liquor license? YES NO

7. Does the business address currently have an OLCC marijuana license? YES NO

8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail)
10114 SE Division st.

City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97266</i>
-------------------------	--------------------	--------------------------

9. Phone Number of the Business Location
Email Contact for this Application
andalemexrest@gmail.com

Contact Person for this Application
Zuri Lopez

Phone Number
971-716-8138

Mailing Address <i>519 SW Beach Rd</i>	City <i>Estacada</i>	State <i>OR</i>	Zip Code <i>97023</i>
---	-------------------------	--------------------	--------------------------

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.

[Signature]

(Applicant #1)

[Signature]

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Mania T. Hernandez Phone: 971-716-8138

Trade Name (dba): Andale Andale Mexican Restaurant

Business Location Address: 10114 SE Division St #A Portland OR

City: Multnomah ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	9:00	to	6:00pm
Monday	9:00	to	12:00am
Tuesday	9:00	to	12:00am
Wednesday	9:00	to	12:00am
Thursday	9:00	to	12:00am
Friday	9:00	to	12:00am
Saturday	9:00	to	12:00am

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: We would like to consider closing earlier during winter such as 10:00pm.

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	9:00	to	12:00am
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

5 de Mayo Holiday based on day it falls will follow regular business hrs.

SEATING COUNT

Restaurant: 51 Outdoor: _____

Lounge: 15 Other (explain): _____

Banquet: _____ Total Seating: 66

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: 4/25/19