



# LIQUOR LICENSE APPLICATION

**LICENSE FEE:** Do not include the license fee with the application (the license fee will be collected at a later time).

**APPLICATION:** Application is being made for:

- Brewery
- Brewery-Public House
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, Nonprofit Private Club
- Full On-Premises, For-Profit Private Club
- Grower Sales Privilege
- Limited On-Premises *202-60*
- Off-Premises *100*
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine (WMBW)
- Winery

**CITY AND COUNTY USE ONLY**

Date application received \_\_\_\_\_

Name of City or County \_\_\_\_\_

Recommends this license be  Denied  Granted *Rec'd by Board and Liquor Licenses*

By \_\_\_\_\_

Date \_\_\_\_\_

**OLCC USE**

Application received by S/6/19

Date Jan 2

License Action: N/O Accepted: 5/7/19 by Jan Z.

*MAY 07 2019 PD \$100.00 cc # 226961*

**1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:**

Applicant #1 <u>Sol Station LLC</u> <u>Dayna Rainier</u>	Applicant #2 <u>Mykael Craig</u>
Applicant #3	Applicant #4

**2. Trade Name of the Business (the name customers will see):**  
Sol Station, LLC

**3. Business Location: Number and Street** 8510 SW Terwilliger Blvd  
 City Portland County Multnomah ZIP 97219

**4. Is the business at this location currently licensed by the OLCC?**  Yes  No

**5. Mailing Address (where the OLCC will send your mail):**  
 PO Box, Number, Street, Rural Route 2029  
 City Lake Oswego State OR ZIP 97035

**6. Phone Number of the Business Location:**

**7. Contact Person for this Application:**

Name <u>Dayna Rainier</u>	Phone Number <u>(503) 803-9333</u>
Mailing Address, City, State, ZIP <u>3908 Carman Dr. Lake Oswego, OR 97035</u>	
Email <u>solstationcafe@gmail.com</u>	

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

Signature of Applicant #1 <u>Dayna Rainier</u>	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Dayna Rainier Phone: (503) 803-9333

Trade Name (dba): Sol Station, LLC

Business Location Address: 8510 SW Terwilliger Blvd

City: Portland ZIP Code: 97219

## DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8am</u>	to	<u>4pm</u>
Monday	<u>6</u>	to	<u>7pm</u>
Tuesday	<u>6</u>	to	<u>7pm</u>
Wednesday	<u>6</u>	to	<u>7pm</u>
Thursday	<u>6</u>	to	<u>7pm</u>
Friday	<u>6</u>	to	<u>7pm</u>
Saturday	<u>7</u>	to	<u>6pm</u>

Outdoor Area Hours: *Seasonal*

Sunday	<u>Same</u>	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)

\* occasional evening events after normal service hours, for classes etc.

Seasonal Variations:  Yes  No If yes, explain: Outdoor space is not covered, so weather permitting.

## ENTERTAINMENT

Check all that apply:

<input checked="" type="checkbox"/> Live Music	<input type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Coin-operated Games
<input checked="" type="checkbox"/> DJ Music	<input type="checkbox"/> Video Lottery Machines
<input checked="" 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	<u>12pm</u>	to	<u>4pm</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	<u>4pm</u>	to	<u>7pm</u>
Friday	<u>4pm</u>	to	<u>7pm</u>
Saturday	<u>4pm</u>	to	<u>7pm</u>

## 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: Dayna Rainier Date: 5-7-19

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1307558-95

Please Print or Type

LLC Name: Sol Station LLC Year Filed: 2016  
Trade Name (dba): Sol Station #52  
Business Location Address: 8510 SW Terwilliger Blvd.  
City: Portland ZIP Code: 97219

List Members of LLC:

Percentage of Membership Interest:

- |  |             |
|--|-------------|
| 1. <u>Dayna Rainier</u><br>(managing member) | <u>100%</u> |
| 2. _____<br>(members)                        | _____       |
| 3. _____                                     | _____       |
| 4. _____                                     | _____       |
| 5. _____                                     | _____       |
| 6. _____                                     | _____       |

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: Mykael Craig DOB: 10/4/86

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

Signature: Dayna Rainier (name) owner (title) Date: 5-9-19