



OREGON LIQUOR CONTROL COMMISSION

# 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                | Name of City or County:  |
| <input type="checkbox"/> Brewery 3 <sup>rd</sup> Location                | Recommends this license be:                                      |
| <input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location   | <input type="checkbox"/> Granted <input type="checkbox"/> Denied |
| <input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location   | By: _____  |
| <input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location   | Date: _____  |
| <input type="checkbox"/> Distillery                                      |  |
| <input checked="" type="checkbox"/> Full On-Premises, Commercial         |  |
| <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 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 <sup>st</sup> Location                 |  |
| <input type="checkbox"/> Winery 2 <sup>nd</sup> Location                 |  |
| <input type="checkbox"/> Winery 3 <sup>rd</sup> Location                 |  |
|  | OLCC USE ONLY  |
|  | Date application received:                                       |
|  | By: _____  |
|  | Date application accepted as initially complete:                 |
|  | By: _____  |
|  | License Action(s): <u>N/O</u>                                    |

Rec'd by Portland  
Liquor Licenses  
MAY 09 2019  
PD \$100.00 CLK  
# 249

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

Casa Tolteca, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

| OLCC USE ONLY | OLCC FINANCIAL SERVICES USE ONLY |
|---------------|----------------------------------|
|               |                                  |



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

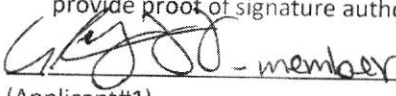
|  |                     |   |                   |
|--|---------------------|---|-------------------|
| 3. Applicant #1<br>Casa Tolteca, LLC   |                     | Applicant #2  |                   |
| Applicant #3   |                     | Applicant #4  |                   |
| 4. Trade Name of the Business (Name Customers Will See)<br>Casa Tolteca  |                     |   |                   |
| 5. Business Address (Number and Street Address of the Location that will have the liquor license)<br>422 NW 8th Ave                        |                     |   |                   |
| City<br>Portland   | County<br>Multnomah | Zip Code<br>97209                                       |                   |
| 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)<br>23104 SW Cinnamon Hill PI                   |                     |   |                   |
| City<br>Sherwood   | State<br>Oregon     | Zip Code<br>97209                                       |                   |
| 9. Phone Number of the Business Location<br>(956)621-6373  |                     | Email Contact for this Application<br>aalefdz@gmail.com |                   |
| Contact Person for this Application<br>Alex Fernandez  |                     | Phone Number<br>(956)621-6373                           |                   |
| Mailing Address<br>23104 SW Cinnamon Hill PI   | City<br>Sherwood    | State<br>OR   | Zip Code<br>97140 |

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.

 - member  
\_\_\_\_\_  
(Applicant#1)

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

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

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



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Casa Tolteca, LLC Phone: (956) 621-6376

Trade Name (dba): Casa Tolteca

Business Location Address: 422 NW 8th Ave

City: Portland ZIP Code: 97209

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 7:00 AM to 12:00 AM  
 Monday 7:00 AM to 2:00 AM  
 Tuesday 7:00 AM to 2:00 AM  
 Wednesday 7:00 AM to 2:00 AM  
 Thursday 7:00 AM to 2:00 AM  
 Friday 7:00 AM to 2:00 AM  
 Saturday 7:00 AM to 2:00 AM

### Outdoor Area Hours:

Sunday 7:00 AM to 12:00 AM  
 Monday 7:00 AM to 2:00 AM  
 Tuesday 7:00 AM to 2:00 AM  
 Wednesday 7:00 AM to 2:00 AM  
 Thursday 7:00 AM to 2:00 AM  
 Friday 7:00 AM to 2:00 AM  
 Saturday 7:00 AM to 2:00 AM

The outdoor area is used for:

- Food service Hours: 7:00 AM to 10:30 PM  
 Alcohol service Hours: 11:00AM to 2:00 AM  
 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 checked="" type="checkbox"/> Live Music     | <input type="checkbox"/> Karaoke                |
| <input checked="" 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 7:00 PM to 12:00 AM  
 Saturday 7:00 PM to 12:00 AM

## SEATING COUNT

Restaurant: 70 Outdoor: 15  
 Lounge: 10 Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 95

|  |  |
|--|--|
| <b>OLCC USE ONLY</b>                               |  |
| 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: 4/17/19