



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	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd 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 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>5/9/19</u>
	By: <u>Jan Z.</u>
	Date application accepted as initially complete: <u>5/10/19</u>
	By: <u>Jan Z.</u>
	License Action(s): <u>N/O</u>

Rec'd by Portland
Liquor Licenses
MAY 14 2019
PD \$100 CC
* 514155

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

Double G Holdings, LLC

Kiva Ventures, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

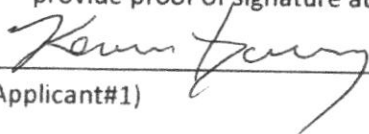
3. Applicant #1 Double G Holdings, LLC		Applicant #2 Kiva Ventures, LLC	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Bar Diane			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2112 NW Irving Street, Suite 105			
City Portland	County Multnomah	Zip Code 97210	
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) 2361 SW Cedar Street, Unit 2			
City Portland	State OR	Zip Code 97205	
9. Phone Number of the Business Location		Email Contact for this Application sami@bardiane.com	
Contact Person for this Application Samantha Gaston		Phone Number (971)404-4942	
Mailing Address 2361 SW Cedar Street, Unit 2	City Portland	State OR	Zip Code 97205

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: DOUBLE G HOLDINGS, LLC Phone: (971) 404-4942

Trade Name (dba): BAR DIANE

Business Location Address: 2112 NW IRVING ST SUITE 105

City: PORTLAND ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 4PM to 11PM
Monday 4PM to 11PM
Tuesday 4PM to 11PM
Wednesday 4PM to 11PM
Thursday 4PM to 11PM
Friday 4PM to 12AM
Saturday 4PM to 12AM

Outdoor Area Hours:

Sunday 4PM to 10PM
Monday 4PM to 10PM
Tuesday 4PM to 10PM
Wednesday 4PM to 10PM
Thursday 4PM to 10PM
Friday 4PM to 10PM
Saturday 4PM to 10PM

The outdoor area is used for:

- Food service Hours: 4PM to 10PM
Alcohol service Hours: 4PM to 10PM
Enclosed, how OFF STREET / GATED ALLEY

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
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 7PM to 9PM
Monday 7PM to 9PM
Tuesday 7PM to 9PM
Wednesday 7PM to 9PM
Thursday 8PM to 10PM
Friday 8PM to 10PM
Saturday 8PM to 10PM

SEATING COUNT

Restaurant: Outdoor: 18
Lounge: 10 Other (explain): BAR: 13 ADA: 2
Banquet: 20 Total Seating: 63

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: 5/8/2019