



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 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	

Rec'd by Portland
Liquor Licenses
MAY 30 2019
PD \$75cc
015414

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
Date application received:	
5/29/19	
By: Jan Z.	
Date application accepted as initially complete:	
5/29/19	
By: Jan Z.	
License Action(s): C/O + C/TN	

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

Li's Restaurant Management Company, Inc.
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



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3. Applicant #1 <i>Li's Restaurant Management Company, Inc.</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Szechuan Chef chinese Restaurant</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>7007 SW Macadam Ave.</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97219</i>	
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) <i>7007 SW Macadam Ave.</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97219</i>	
9. Phone Number of the Business Location <i>503-227-3136</i>		Email Contact for this Application <i>jencoor@yahoo.com</i>	
Contact Person for this Application <i>LinLin Wang</i>		Phone Number <i>425-999-6839</i>	
Mailing Address <i>8035 SE Ramona St.</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</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.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Li's Restaurant Management Company, Inc. Phone: _____

Trade Name (dba): Szechuan Chef Chinese Restaurant

Business Location Address: 7007 SW Macadam Ave.

City: Portland ZIP Code: 97219

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	11 am	to	9 pm
Monday	11 am	to	9 pm
Tuesday	11 am	to	9 pm
Wednesday	11 am	to	9 pm
Thursday	11 am	to	9 pm
Friday	11 am	to	10 pm
Saturday	11 am	to	10 pm

Outdoor Area Hours:

Sunday	11 am	to	9 pm
Monday	11 am	to	9 pm
Tuesday	11 am	to	9 pm
Wednesday	11 am	to	9 pm
Thursday	11 am	to	9 pm
Friday	11 am	to	9 pm
Saturday	11 am	to	9 pm

The outdoor area is used for:

Food service Hours: 11 am to 9 pm
 Alcohol service Hours: 11 am to 9 pm
 Enclosed Inlay _____

The exterior area is adequately ventilated and/or supervised by Service Permittees
 _____ Investigator's Initials

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input 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	_____	to	_____
Saturday	_____	to	_____

SEATING COUNT

Restaurant: 124 Outdoor: 18
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 142

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: 5-28-2019