



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:
	5/28/19
	By: Jan Z
	Date application accepted as initially complete:
	6/3/19
	By: Jan Z
	License Action(s): N/O

Rec'd by Portland
Liquor Licenses
JUN 04 2019
PD \$100 ck
* 1505

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

Vertical Diner SW POX LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

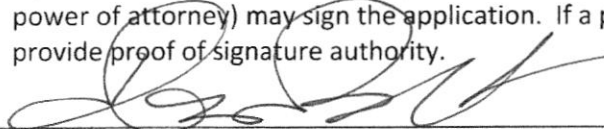
3. Applicant #1 <i>Vertical Diner SW PDX LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Vertical Diner and The Gold Room</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>8124 SW Barber Blvd</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 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) <i>8124 SW Barber Blvd</i> XXXX			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97219</i>	
9. Phone Number of the Business Location <i>801-259-3106</i>		Email Contact for this Application <i>ian@elevatedcuisine.com</i>	
Contact Person for this Application <i>Ian Brandt</i>		Phone Number <i>801-259-3106</i>	
Mailing Address <i>8124 SW Barber Blvd</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97219</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
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1511055-91

Please Print or Type

LLC Name: Vertical Diner SW PDX LLC Year Filed: 2019

Trade Name (dba): Vertical Diner and the Gold Room

Business Location Address: 8124 SW Barbur Blvd.

City: Portland ZIP Code: 97219

List Members of LLC:

Percentage of Membership Interest:

1. Ian Brandt
(managing member)

100%

2. _____
(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: Ian Brandt DOB: 3/14/1975

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

Signature:  president Date: 5/25/2019
(name) (title)