



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"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 st location	By: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	
<input 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 checked="" type="checkbox"/> Limited On-Premises	
<input checked="" 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
JUL 31 2019
PD \$100 clc
* 1067

OLCC USE ONLY

Date application received: 6/12/19

By: Karina

Date application accepted as initially complete: 7/18/19

By: Jan Z

License Action(s): N/O

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

Bae's Hot Chicken LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

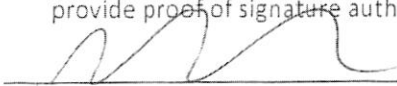
3. Applicant #1 Micah Camden Bae's Hot Chicken LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Bae's			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 225 SW Ash St.			
City Portland	County Multnomah	Zip Code 97204	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input type="checkbox"/> NO It did previously. Not sure if it has expired. Building is empty.			
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) 1403 SE Stark St. Suite 5			
City Portland	State OR	Zip Code 97214	
9. Phone Number of the Business Location		Email Contact for this Application Chris ptownchris@hotmail.com	
Contact Person for this Application Chris Thornton		Phone Number 646-250-8472	
Mailing Address 1403 SE Stark St. Suite 5	City Portland	State OR	Zip Code 97214

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: BAE'S HOT CHICKEN LLC Phone: 503.473.3784

Trade Name (dba): BAE'S

Business Location Address: 225 SW ASH ST

City: PORTLAND ZIP Code: 97204

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11a</u>	to	<u>11p</u>
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday	<u>11a</u>	to	<u>1a</u>
Saturday	<u>11a</u>	to	<u>1a</u>

Outdoor Area Hours:

Sunday	<u>11a</u>	to	<u>11p</u>
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday	<u>11a</u>	to	<u>1a</u>
Saturday	<u>11a</u>	to	<u>1a</u>

The outdoor area is used for:

- Food service Hours: 11a to 1a
- Alcohol service Hours: 11a to 1a
- Enclosed only interior courtyard

The exterior area is adequately fenced and supervised by Service Permittees

Seasonal Variations: Yes No If yes, explain: winter hours: M-F 11a-7p

ENTERTAINMENT

Check all that apply: N/A

- 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

N/A

Sunday		to	
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	

SEATING COUNT

Restaurant: 20 Outdoor: 20
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 40

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: 10/10/19