



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	<i>Rec'd by Portland Liquor Licenses AUG 01 2019 PD \$100.00 * 501</i>
<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:	8/1/19
By: _____	JMZ
Date application accepted as initially complete:	8/1/19
By: _____	JMZ
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):

Peter Mahr Go! LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1577801-91 Ex: 7/2021

Please Print or Type

LLC Name: Go! LLC Year Filed: 2019

Trade Name (dba): Go!

Business Location Address: 1739 SE Hawthorne Blvd

City: Portland, OR ZIP Code: 97214

List Members of LLC:


Percentage of Membership Interest:

- | | |
|----------------------------------------------------------|-------------|
| 1. <u>Peter Mahr</u>
<small>(managing member)</small> | <u>100%</u> |
| 2. <u>Lynda Peel</u>
<small>(members)</small> | <u>0%</u> |
| 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: Peter Mahr DOB: 2/24/1970

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

Signature:  Date: 7/29/19
(name) (title)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Peter Maher Gol LLC Phone: 503-358-1715

Trade Name (dba): Gol

Business Location Address: 1739 SE Hawthorne Blvd.

City: Portland OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7 AM to 2:30 AM
 Monday 7 AM to 2:30 AM
 Tuesday 7 AM to 2:30 AM
 Wednesday 7 AM to 2:30 AM
 Thursday 7 AM to 2:30 AM
 Friday 7 AM to 2:30 AM
 Saturday 7 AM to 2:30 AM

Outdoor Area Hours:

Sunday 7 AM to 12 AM
 Monday 7 AM to 12 AM
 Tuesday 7 AM to 12 AM
 Wednesday 7 AM to 12 AM
 Thursday 7 AM to 12 AM
 Friday 7 AM to 12 AM
 Saturday 7 AM to 12 AM

The outdoor area is used for:

- Food service Hours: 7 AM to 12 AM
 Alcohol service Hours: 7 AM to 12 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:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: Futsal

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday 9 AM to 12 AM
 Friday 9 AM to 12 AM
 Saturday 9 AM to 12 AM

SEATING COUNT

Restaurant: 40 Outdoor: 12
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: _____

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: 7/29/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)