



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 and/or date stamp: Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2 nd Location	
<input type="checkbox"/> Brewery 3 rd Location	AUG 23 2019
<input type="checkbox"/> Brewery-Public House 1 st location	PD \$100.00
<input type="checkbox"/> Brewery-Public House 2 nd location	# 093017
<input type="checkbox"/> Brewery-Public House 3 rd location	Name of City or County: _____
<input type="checkbox"/> Distillery	Recommends this license be:
<input checked="" type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<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	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	8/13/19
<input type="checkbox"/> Warehouse	By: Jan Z
<input type="checkbox"/> Wholesale Malt Beverage & Wine	License Action(s):
<input type="checkbox"/> Winery 1 st Location	N/A
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

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

Roman Russian Food Store, Inc

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)

Roman Russian Market

4. Business Address (Number and Street Address of the Location that will have the liquor license)

10918 SE Division St

City Portland	County Multnomah	Zip Code 97266
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LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Roman Russian Market			
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) 10918 SE Division St			
City Portland	State OR	Zip Code 97266	
9. Phone Number of the Business Location 503-408-7525		10. Email Contact for this Application roman-russian@comcast.net	
11. Contact Person for this Application Fatima Magomadova			Phone Number 503-740-8640
Contact Person's Mailing Address (if different) 10918 SE Division St	City Portland	State OR	Zip Code 97266

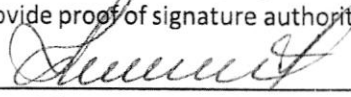
Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

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: Roman Russian Food Store, Inc Phone: 503-468-7525

Trade Name (dba): Roman Russian Market

Business Location Address: 10918 SE Division St

City: Portland ZIP Code: 97066

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 09:00 to 23:00
 Monday 09:00 to 23:00
 Tuesday 09:00 to 23:00
 Wednesday 09:00 to 23:00
 Thursday 09:00 to 23:00
 Friday 09:00 to 23:00
 Saturday 09:00 to 23:00

Outdoor Area Hours:

Sunday AM 09:00 to 9:00 PM
 Monday AM 09:00 to 9:00 PM
 Tuesday AM 09:00 to 9:00 PM
 Wednesday AM 09:00 to 9:00 PM
 Thursday AM 09:00 to 9:00 PM
 Friday AM 09:00 to 9:00 PM
 Saturday AM 09:00 to 9:00 PM

The outdoor area is used for:

Food service Hours: 9:00 AM to 23:00
 Alcohol service Hours: 9:00 AM to 21:00
 Enclosed, how Store

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: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: _____ Outdoor: 4 tables
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 15

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: 8/12/19