



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	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County: Portland, Oregon, Multnomah County
<input type="checkbox"/> Brewery-Public House 1 st location	AUG 29 2019
<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 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 checked="" type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	8/12/19
<input type="checkbox"/> Warehouse	By: <u>Jon Z</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	8/12/19
<input type="checkbox"/> Winery 2 nd Location	By: <u>Jon Z</u>
<input type="checkbox"/> Winery 3 rd Location	License Action(s): <u>N/O</u>

PD \$100 CC
05293D

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

YEON CHO

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



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3. Applicant #1 YEON CHO		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) CAESAR'S DELI			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 3164 NE 82ND AVE, PORTLAND, OR 97220			
City PORTLAND	County MULTNOMAH	Zip Code 97220	
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) 3164 NE 82ND AVE, PORTLAND, OR 97220			
City PORTLAND	State OR	Zip Code 97220	
9. Phone Number of the Business Location NOT APPLICABLE		Email Contact for this Application NMT97220@GMAIL.COM	
Contact Person for this Application YEON CHO		Phone Number 503-766-7858	
Mailing Address 3164 NE 82ND AVE	City PORTLAND	State OR	Zip Code 97220

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: YEON CHO Phone: 503-766-7858
Trade Name (dba): CAESAR'S DELI
Business Location Address: 3164 NE 82ND AVE
City: PORTLAND, OR ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 7:00 AM to 2:30 AM, Monday 7:00 AM to 2:30 AM, Tuesday 7:00 AM to 2:30 AM, Wednesday 7:00 AM to 2:30 AM, Thursday 7:00 AM to 2:30 AM, Friday 7:00 AM to 2:30 AM, Saturday 7:00 AM to 2:30 AM
Outdoor Area Hours: N/A
The outdoor area is used for: N/A
Seasonal Variations: No

ENTERTAINMENT

Check all that apply:

- Recorded Music, Video Lottery Machines, Other: TV

DAYS & HOURS OF LIVE OR DJ MUSIC

Days and hours of live or DJ music section, currently crossed out.

SEATING COUNT

Restaurant: 10 Outdoor:
Lounge:
Banquet: Total Seating: 10

OLCC USE ONLY
Investigator Verified Seating:
Investigator Initials:
Date:

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

Applicant Signature: [Signature] Date: AUGUST 1, 2019