



# 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 <sup>st</sup> Location	Date application received and/or date stamp:  Name of City or County:  Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied  By: _____ Date: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	<b>OLCC USE ONLY</b> Date application received: <u>12/17/19</u> By: <u>Jan Z.</u> License Action(s): <u>N/O</u> <i>Rec'd by Portland Liquor Licenses</i> <u>JAN - 7 2019</u> <i>PD 100-CC # 078493</i>
<input checked="" 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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

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

Federico Montoya Rodriguez  
(Applicant #1) (Applicant #2)

\_\_\_\_\_  
(Applicant #3) (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)  
Sofia's Peruvian Food + Gyros

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
4631 N Albina Ave

City <u>Portland</u>	County	Zip Code <u>97217</u>
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OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Marta Rodriguez Feder Phone: 503 995 8271

Trade Name (dba): Sofia Peruvian Food y Gyros

Business Location Address: 4631 N Albina Portland, OR, 97217

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday	<u>10</u>	to	<u>4</u>
Monday	<u>10</u>	to	<u>8</u>
Tuesday	<u>10</u>	to	<u>8</u>
Wednesday	<u>10</u>	to	<u>8</u>
Thursday	<u>10</u>	to	<u>8</u>
Friday	<u>10</u>	to	<u>8</u>
Saturday	<u>10</u>	to	<u>8</u>

**Outdoor Area Hours:**

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

The outdoor area is used for:

- Food service Hours: \_\_\_\_\_ to \_\_\_\_\_
- Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_
- 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
- 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**

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

**SEATING COUNT**

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
 Lounge: \_\_\_\_\_ Other (explain): Food Truck  
 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: 13 Feb 19