



# 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 1st Location	Date application received and/or date stamp: Rec'd by Portland Liquor Licenses <b>MAR 10 2020</b>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <u>PD \$100 ck</u> <u># 1001</u>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: <u>2/27/20</u>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <u>Karina</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):  <u>N/O</u>
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input 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 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

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

Vin De Pinnacle LLC

ANGELO TORRES

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

VIN DE PINNACLE LLC

IRS EN: 84-4887140

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

1930 NW 23rd PLACE

City

PORTLAND

County

MULTNOMAH

Zip Code

97210



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Vin De Pinnacle LLC  
ANGELA TURNER Phone: 202-230-4038

Trade Name (dba): VIN DE PINACLE, LLC

Business Location Address: 1930 NW 23rd PLACE

City: PORTLAND ZIP Code: 97210

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	<u>X</u>	to	<u>X</u>
Monday	<u>12P</u>	to	<u>2P</u>
Tuesday	<u>X</u>	to	<u>X</u>
Wednesday	<u>X</u>	to	<u>X</u>
Thursday	<u>X</u>	to	<u>X</u>
Friday	<u>12P</u>	to	<u>2P</u>
Saturday	<u>X</u>	to	<u>X</u>

### Outdoor Area Hours:

Sunday	<u>N/A</u>	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for:

- Food service Hours: N/A 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music <u>N/A</u> | <input type="checkbox"/> Karaoke                |
| <input type="checkbox"/> Recorded Music        | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music              | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing               | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Nude Entertainers     | <input type="checkbox"/> Pool Tables            |
|  | <input type="checkbox"/> Other: _____           |

## DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>N/A</u>	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

## SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Lounge: N/A Other (explain): N/A

Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

<b>OLCC USE ONLY</b>	
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: 2/13/20