



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 checked="" type="checkbox"/> Brewery 1 st Location <i>NO CONSUMPTION</i>	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2 nd Location	<i>Rec'd by Portland Liquor Lic</i>
<input type="checkbox"/> Brewery 3 rd Location	<i>MAR 16 2020</i>
<input type="checkbox"/> Brewery-Public House 1 st location	Name of City or County: <i>100 ck</i>
<input type="checkbox"/> Brewery-Public House 2 nd location	<i># 2054</i>
<input type="checkbox"/> Brewery-Public House 3 rd location	Recommends this license be:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<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
RECEIVED

Date application received: *JAN 23 2020*

By: _____ Initials: *an*
Oregon Liquor Control Commission

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): *Compass Brewing PDX LLC*

Kevin J. Calhoun

(Applicant #1)

Susan L. Hobbel

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Compass Brewing PDX

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

1125 SE Clatsop st.

City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97202</i>
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BUSINESS INFORMATION

Please Print or Type

Applicant Name: Kevin Callais Phone: 971 219 4092
Trade Name (dba): Compass Brewing PDX
Business Location Address: 1125 SE Clatsop St.
City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours: Outdoor Area Hours: NA
The outdoor area is used for: NA
Sunday 8 to 5 Sunday to
Monday to Monday to
Tuesday to Tuesday to
Wednesday to Wednesday to
Thursday to Thursday to
Friday 8 to 5 Friday to
Saturday 8 to 5 Saturday to
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: [X] Yes [] No If yes, explain: Production only - days/times of operation will vary

ENTERTAINMENT

Check all that apply:

- [] Live Music [] Karaoke
[] Recorded Music [] Coin-operated Games
[] DJ Music N/A [] Video Lottery Machines
[] Dancing [] Social Gaming
[] Nude Entertainers [] Pool Tables
[] Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to N/A
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: Outdoor: NA
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: 1/3/2020