



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:

<b>License Applied For:</b>	<b>CITY AND COUNTY USE ONLY</b>
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp:
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: _____
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd 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	By: _____
<input type="checkbox"/> Grower Sales Privilege 1st Location	Date: _____
<input type="checkbox"/> Grower Sales Privilege 2nd Location	<b>OLCC USE ONLY</b>
<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	Date application received: 3-30-20
<input type="checkbox"/> Winery 5th Location	By: RE
	License Action(s):  APriv

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

Lovejoy's  
Lovejoy's Portland LLC

(Applicant #1)

(Applicant #2)

4-2-20 RE

(Applicant #3)

(Applicant #4)

<b>3. Trade Name of the Business (Name Customers Will See)</b> Lovejoy's Tea Room of Portland		
<b>4. Business Address (Number and Street Address of the Location that will have the liquor license)</b> 3286 NE Killingsworth St		
City Portland	County Multnomah	Zip Code 97211



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5. Trade Name of the Business (Name Customers Will See) Lovejoy's Tea Room of Portland			
6. Does the business address currently have an OLCC liquor license?		<input checked="" type="checkbox"/> YES	<input 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) 8325 N Wabash Ave			
City Portland	State OR	Zip Code 97217	
9. Phone Number of the Business Location 503-567-7888		10. Email Contact for this Application brendon@lovejoysportland.com	
11. Contact Person for this Application Brendon Constans		Phone Number 831-332-2202	
Contact Person's Mailing Address (if different)	City	State	Zip Code

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: Lovejoy's Portland LLC Phone: 503-567-7888

Trade Name (dba): Lovejoy's Tea Room of Portland

Business Location Address: 3286 NE Killingsworth St

City: Portland ZIP Code: 97211

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 11 AM to 6 PM  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday 11 AM to 6 PM  
 Thursday 11 AM to 6 PM  
 Friday 11 AM to 6 PM  
 Saturday 11 AM to 6 PM

#### Outdoor Area Hours:

Sunday 11 AM to 6 PM  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday 11 AM to 6 PM  
 Thursday 11 AM to 6 PM  
 Friday 11 AM to 6 PM  
 Saturday 11 AM to 6 PM

The outdoor area is used for:

- Food service Hours: 11 AM to 6 PM
- Alcohol service Hours: 11 AM to 6 PM
- Enclosed, how Planter Boxes

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)  
Unable to access current records

for outdoor area. Accepting as is 4-3-20 RE

Seasonal Variations:  Yes  No If yes, explain: Patio closed most of Fall/Winter months.

### 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: 32 Outdoor: 8  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 40

#### OLCC USE ONLY

Investigator Verified Seating: \_\_\_\_ (Y) X (N)  
 Investigator Initials: RE  
 Date: 4-3-20

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

Applicant Signature: Brandon Constantine Date: 04 / 03 / 2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)