



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: Name of City or County: Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<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 checked="" 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 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	

OLCC USE ONLY

Date application received:

03/26/2020

By: Deborah Tenenholz

License Action(s):

A/P

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

TMTQ, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

The Bye and Bye

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

1011 NE Alborn (Alberta)

City

Portland

County

Multnomah

Zip Code

97211



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <u>The Bye and Bye</u>			
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) <u>1011 NE Albark</u>			
City <u>Portland</u>		State <u>OR</u>	Zip Code <u>97211</u>
9. Phone Number of the Business Location <u>619 884-0564</u>		10. Email Contact for this Application <u>liam@lbcpx.com</u>	
11. Contact Person for this Application <u>Liam Duffy</u>		Phone Number <u>619-884-0564</u>	
Contact Person's Mailing Address (if different) <u>same as above</u>	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.

[Signature]
(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: TMTQ, LLC Phone: 619.884.0564

Trade Name (dba): Bye and Bye

Business Location Address: 1011 NE Alberta ZIP Code: 97211

City: Portland

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>12pm</u> to <u>2am</u>
Monday	<u>12pm</u> to <u>2am</u>
Tuesday	<u>12pm</u> to <u>2am</u>
Wednesday	<u>12pm</u> to <u>2am</u>
Thursday	<u>12pm</u> to <u>2am</u>
Friday	<u>12pm</u> to <u>2am</u>
Saturday	<u>12pm</u> to <u>2am</u>

Outdoor Area Hours:

Sunday	<u>12pm</u> to <u>2am</u>
Monday	<u>12pm</u> to <u>2am</u>
Tuesday	<u>12pm</u> to <u>2am</u>
Wednesday	<u>12pm</u> to <u>2am</u>
Thursday	<u>12pm</u> to <u>2am</u>
Friday	<u>12pm</u> to <u>2am</u>
Saturday	<u>12pm</u> to <u>2am</u>

The outdoor area is used for:

- Food service Hours: 12pm to 2am
- Alcohol service Hours: 12pm to 2am
- Enclosed, how WOOD FENCING

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Front patio is only used during nicer weather

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: 98 Outdoor: 96

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 194

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: _____ Date: 3.30.20