



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: <i>Rec'd by Portland Liquor Licenses</i> APR 29 2020 Name of City or County: <i>PD \$75 ck</i> # <i>1491</i> 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 checked="" 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: <i>4-6-2020</i> By: <i>JA</i> License Action(s): <i>A/Priv</i>

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

Misdemeanor Meadows LLC
(Applicant #1)

Linda Powers-Taylor
(Applicant #2)

Jesse Powers-Taylor
(Applicant #3)

(Applicant #4)

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

Misdemeanor Meadows

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

6920 SE 52nd Ave

City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97206</i>
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LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>Misdemeanor Meadows</i>			
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) 6920 SE 52nd Ave 5726 SE Malden Street			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</i>	
9. Phone Number of the Business Location <i>503-806-8556</i>		10. Email Contact for this Application <i>linda.mod@gmail.com</i>	
11. Contact Person for this Application <i>Linda Powers-Taylor</i>		Phone Number <i>503 863 8276</i>	
Contact Person's Mailing Address (if different) <i>5726 SE Malden st.</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</i>

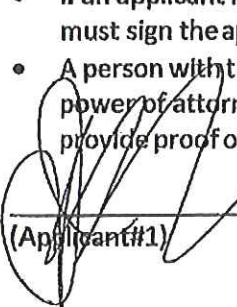
Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

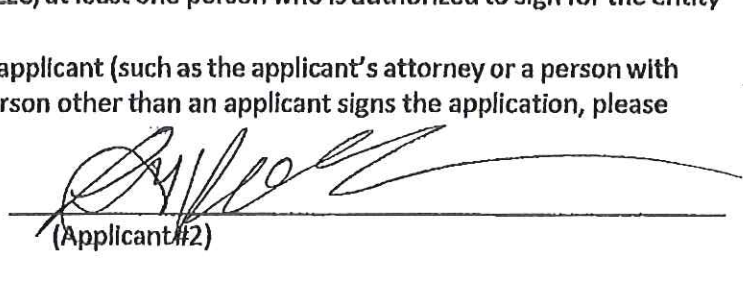
I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

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

503-206-8556

Applicant Name: Misdemeanor Meadows LLC

Phone: 503-473-5721

Trade Name (dba): Misdemeanor Meadows

Business Location Address: 6920 SE 52nd Ave

City: Portland

ZIP Code: 97206

DAYS AND HOURS OF OPERATION

hours are w/ or non-compliance use guidelines

Business Hours:

Sunday	<u>11 AM</u> to <u>11 PM</u>
Monday	_____ to _____
Tuesday	<u>11 AM</u> to <u>11 PM</u>
Wednesday	<u>11 AM</u> to <u>11 PM</u>
Thursday	<u>11 AM</u> to <u>11 PM</u>
Friday	<u>11 AM</u> to <u>11 PM</u>
Saturday	<u>11 AM</u> to <u>11 PM</u>

Outdoor Area Hours:

Sunday	<u>11 AM</u> to <u>10 PM</u>
Monday	_____ to _____
Tuesday	<u>11 AM</u> to <u>10 PM</u>
Wednesday	<u>11 AM</u> to <u>10 PM</u>
Thursday	<u>11 AM</u> to <u>10 PM</u>
Friday	<u>11 AM</u> to <u>10 PM</u>
Saturday	<u>11 AM</u> to <u>10 PM</u>

The outdoor area is used for:

- Food service Hours: 11am to 10pm
- Alcohol service Hours: 11am to 10pm
- Enclosed, how shades

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

DT (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

To be determined

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

SEATING COUNT

Restaurant: _____ Outdoor: 26

Lounge: 38 Other (explain): At the bar

Banquet: _____ Total Seating: 78

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) (N)

Investigator Initials: DT

Date: 10/26/17

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

Applicant Signature: _____

Date: 11/09/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)