



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:

<p style="text-align: center;">License Applied For:</p> <input type="checkbox"/> Brewery 1st Location <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 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	<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p>Date application received and/or date stamp: Rec'd by Portland Liquor Licenses APR 29 2020</p> <p>Name of City or County: <u>PD \$75 ck 2326986</u></p> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ Date: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: 03/26/2020</p> <p>By: <u>Deborah Tenenholz</u></p> <p>License Action(s): A/P</p>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

CHLN, INC.

(Applicant #1) _____

(Applicant #2) _____

(Applicant #3) _____

(Applicant #4) _____

<p>3. Trade Name of the Business (Name Customers Will See)</p> <p style="text-align: center;">THE CHART HOUSE</p>		
<p>4. Business Address (Number and Street Address of the Location that will have the liquor license)</p> <p style="text-align: center;">5700 SW TERWILLIGER BLVD.</p>		
<p>City</p> <p>PORTLAND</p>	<p>County</p> <p>MULTNOMAH</p>	<p>Zip Code</p> <p>97201</p>



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5. Trade Name of the Business (Name Customers Will See) THE CHART HOUSE			
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) 1510 WEST LOOP SOUTH /LICENSING DEPT			
City HOUSTON	State OR	Zip Code 77027	
9. Phone Number of the Business Location 503-246-6963		10. Email Contact for this Application NHERNANDEZ@LDRY.COM	
11. Contact Person for this Application NELDA HERNANDEZ		Phone Number 713-386-7275S	
Contact Person's Mailing Address (if different) SAME AS ABOVE	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.

√ Digitized by:
Steven L. Scheinthal
OLCC
(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CHLN, INC. Phone: 503-246-6963

Trade Name (dba): THE CHART HOUSE

Business Location Address: 5700 SW TERWILLIGER BLVD.

City: PORTLAND ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11am</u>	to	<u>8pm</u>
Monday	<u>11am</u>	to	<u>8pm</u>
Tuesday	<u>11am</u>	to	<u>8pm</u>
Wednesday	<u>11am</u>	to	<u>8pm</u>
Thursday	<u>11am</u>	to	<u>8pm</u>
Friday	<u>11am</u>	to	<u>8pm</u>
Saturday	<u>11am</u>	to	<u>8pm</u>

Outdoor Area Hours:

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

The outdoor area is used for:

- 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: Yes No If yes, explain: Holiday's are Special Hours: New Years Eve, Valentines, Mothers Day, Fathers Day, Easter, Thanksgiving, Christmas Eve, Christmas, etc.

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" 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

N/A

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

SEATING COUNT

No change from currently on file

Restaurant: _____ Outdoor: _____

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: Steven L. Scheinthal Date: 4/14/2020

Steven L. Scheinthal, VP/Secy

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)