



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:

Already has an L this app is for an O per email 4-26-20 RE

License Applied For:	CITY AND COUNTY USE ONLY
<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	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<p style="text-align: center;">OLCC USE ONLY</p> Date application received:
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	4/26/20
<input type="checkbox"/> Grower Sales Privilege 2nd Location	By: _____ SR
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input checked="" type="checkbox"/> Limited On-Premises	License Action(s):
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	A/PRIV
<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	

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

MCM Enterprises, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Uncle Vinny's Eatery & Pizza

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

12424 NE Sandy Bvd

City

Portland

County

Multnomah

Zip Code

97230



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Uncle Vinny's Eatery & Pizza			
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) 161 NW Linneman Ave			
City Gresham	State OR	Zip Code 97030	
9. Phone Number of the Business Location 503-254-7930		10. Email Contact for this Application r.rodwires@frontier.com	
11. Contact Person for this Application Michael J Markovich		Phone Number 503-348-7915	
Contact Person's Mailing Address (if different)	City	State	Zip Code

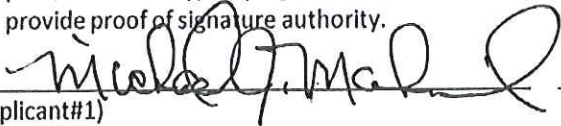
Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

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 MCM Enterprises LLC 4-28-20 RE

Applicant Name: Michael J Markovioch Phone: 503-348-7915

Trade Name (dba): Uncle Vinny's Eatery & Pizza

Business Location Address: 12424 NE Sandy Blvd

City: Portland ZIP Code: 97230

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>CLOSED</u>	to	_____
Monday	<u>11:00 am</u>	to	<u>7:00 pm</u>
Tuesday	<u>11:00 am</u>	to	<u>7:00 pm</u>
Wednesday	<u>11:00 am</u>	to	<u>7:00 pm</u>
Thursday	<u>11:00 am</u>	to	<u>7:00 pm</u>
Friday	<u>11:00 am</u>	to	<u>7:00 pm</u>
Saturday	<u>11:00 am</u>	to	<u>7:00 pm</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: Hours are temporary due to Corona Virus

ENTERTAINMENT

Check all that apply:

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

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

SEATING COUNT

Restaurant: 45 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 45

OLCC USE ONLY

Investigator Verified Seating: (Y)X(N)

Investigator Initials: RE

Date: 4-28-20

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

Applicant Signature: Michael J Markovioch Date: 4-26-20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)