



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:

3-10-20
N6

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	<p>Date application received and/or date stamp: APR 30 2020</p> <p>PD <u>50k</u> # <u>2769</u></p> <p>Name of City or County: _____</p> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date: _____</p>
<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	<p>OLCC USE ONLY</p> <p>Date application received: <u>3/20/2020</u></p> <p>By: <u>Jan Z.</u></p> <p>License Action(s): <u>A/P4W</u></p>
<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	

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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):

JOH Cafe LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Jam on Hawthorne

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

2239 SE Hawthorne Blvd

Zip Code



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Jam on Hawthorne			
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) 2239 SE Hawthorne Blvd			
City Portland	State OR	Zip Code 97214	
9. Phone Number of the Business Location 503.234.4790	10. Email Contact for this Application gordon@jamonhawthorne.com		
11. Contact Person for this Application Gordon Feighner		Phone Number 503.799.3156	
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.

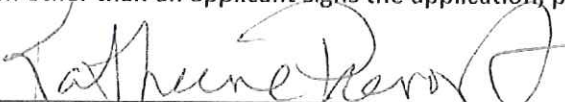
I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

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: JOYI Cafe LLC Phone: 503.234.4790

Trade Name (dba): JIMMY HAWTHORNE

Business Location Address: 2239 SE Hawthorne Blvd

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 7:30am to 3pm, Monday to Saturday. Outdoor Area Hours: N/A. The outdoor area is used for: [] Food service, [x] Alcohol service (7:30am to 3pm), [] Enclosed.

Seasonal Variations: [] Yes [x] 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

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

SEATING COUNT

Restaurant: 16 Outdoor: 11 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: