



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:

License Applied For: <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		CITY AND COUNTY USE ONLY Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> <i>APR 30 2020</i> Name of City or County: # <i>PD 75 ck 21166</i> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
OLCC USE ONLY Date application received: <u>4/13/20</u> By: <u>SR</u> License Action(s): <u>A/PRIV</u>		

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

The Mississippi Inc (Applicant #1) _____ (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)

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

The Mississippi Pizza Pub and Atlantis Lounge

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

355 2 N MISSISSIPPI AVE

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97027</u>
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5. Trade Name of the Business (Name Customers Will See) <i>The Mississippi Pizza Pub and Atlantis Lounge</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) <i>3552 N Mississippi Pizza Pub</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97227</i>	
9. Phone Number of the Business Location <i>503 288 3231</i>		10. Email Contact for this Application <i>accounting@mississippipizza.com</i>	
11. Contact Person for this Application <i>Marcella Alexander</i>		Phone Number <i>503 475 0011</i>	
Contact Person's Mailing Address (if different) <i>Same</i>	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) *Philip Stoten (owner)* (Applicant #2)

(Applicant #3) (Applicant #4)



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: The Mississippi Inc. Phone: 503 288 3231
 Trade Name (dba): The Mississippi Pizza Pub and Atlantic Lounge 503 475 0011 (office)
 Business Location Address: 3552 N Mississippi Ave
 City: Portland OR ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 12 am
 Monday 11 am to 11 am
 Tuesday 11 am to 11 am
 Wednesday 11 am to 11 am
 Thursday 11 am to 11 am
 Friday 11 am to 1 am
 Saturday 11 am to 1 am

Outdoor Area Hours:

Sunday Some to Some
 Monday 11 am to 11 am
 Tuesday 11 am to 11 am
 Wednesday 11 am to 11 am
 Thursday 11 am to 11 am
 Friday 11 am to 11 am
 Saturday 11 am to 11 am

The outdoor area is used for:

Food service Hours: same to same
 Alcohol service Hours: same to same
 Enclosed, how street seating on 3 sides

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

cmlo (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: _____

live music is in current space (not to be in extension area)

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday 5 PM to 11 PM
 Monday 11 am to 11 am
 Tuesday 11 am to 11 am
 Wednesday 11 am to 11 am
 Thursday 11 am to 11 am
 Friday 11 am to 1 am
 Saturday 4 PM to 1 am

SEATING COUNT

Restaurant: 90 Outdoor: 24
 Lounge: 20 Other (explain): _____
 Banquet: _____ Total Seating: 134

OLCC USE ONLY
 Investigator Verified Seating: X (Y) _____ (N)
 Investigator Initials: cmlo
 Date: 1/26/17

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

Applicant Signature: [Signature] Date: 1/26/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)