



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: <u>Rec'd by Portland Liquor Licenses APR 30 2020</u></p> <p>Name of City or County: <u>PD #</u></p> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: <u>4-20-20</u></p> <p>By: _____ RE</p> <p>License Action(s): <p style="text-align: center;">APriv</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):

Chef Naoko Corporation

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) Shizuku by Chef Naoko		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 1237 SW Jefferson St.		
City Portland	County Multnomah	Zip Code 97201



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5. Trade Name of the Business (Name Customers Will See) Shizuku by Chef Naoko			
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) 1237 SW Jefferson St.			
City Portland	State OR	Zip Code 97201	
9. Phone Number of the Business Location 503-227-4136		10. Email Contact for this Application grahamb@chefnaoko.com	
11. Contact Person for this Application Graham Bell		Phone Number 503-333-2953	
Contact Person's Mailing Address (if different)	City	State	Zip Code

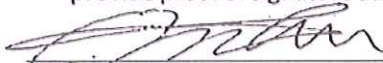
Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

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)



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BUSINESS INFORMATION

Please Print or Type

Applicant Name: CHEF NAOKO CORPORATION Phone: 503 227 4136

Trade Name (dba): CHEF NAOKO Shizuku by Chef Naoko 4-22-20 RE

Business Location Address: 1235 & 1237 SW JEFFERSON ST.

City: PORTLAND ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday Closed to
Monday 11:30 to 21:00
Tuesday 11:30 to 21:00
Wednesday 11:30 to 21:00
Thursday 11:30 to 21:00
Friday 11:30 to 21:00
Saturday 11:30 to 21:00

AM PM

Outdoor Area Hours:

Sunday NONE
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: 4-22-20 RE

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
Recorded Music Coin-operated Games
DJ Music Video Lottery Machines
Dancing Social Gaming
Nude Entertainers 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: 50 Outdoor:
Lounge: Other (explain):
Banquet: Total Seating 50

OLCC USE ONLY
Investigator Verified Seating (Y) (N)
Investigator Initials JM
Date 7/10/16

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

Applicant Signature: Date: 7/25/2016