



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:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp: received by Portland Liquor Licenses MAY 11 2020
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: <u>PD PBL 75 ck</u> # <u># 21-23135</u>
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1st Location	By: _____
<input type="checkbox"/> Brewery-Public House 2nd Location	Date: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	OLCC USE ONLY
<input type="checkbox"/> Distillery	Date application received: 3-20-20
<input type="checkbox"/> Full On-Premises, Commercial	By: <u>ECH</u>
<input type="checkbox"/> Full On-Premises, Caterer	License Action(s):
<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	

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

GLITZ LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

DANTE'S CAFE & COCKTAIL LOUNGE

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

1 SW 3RD AVE.

City PORTLAND	County MULTNOMAH	Zip Code 97204
------------------	---------------------	-------------------



LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) DANTE'S CAFE & COCKTAIL LOUNGE			
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) 1 SW 3RD AVE.			
City PORTLAND	State OR	Zip Code 97204	
9. Phone Number of the Business Location 503-227-1127		10. Email Contact for this Application FRANK.FAILLACE@GMAIL.COM	
11. Contact Person for this Application FRANK FAILLACE		Phone Number 503-318-2213	
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: GLITZ LLC Phone: 503-227-1127

Trade Name (dba): DANTE'S CAFE & COCKTAIL LOUNGE

Business Location Address: 350 W. BURNSIDE

City: PORTLAND ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:	Outdoor Area Hours:	The outdoor area is used for:
Sunday <u>11 AM</u> to <u>2:30 AM</u>	Sunday <u>11 AM</u> to <u>2:30 AM</u>	<input checked="" type="checkbox"/> Food service Hours: <u>11 AM</u> to <u>2:30 AM</u>
Monday <u>"</u> to <u>"</u>	Monday <u>"</u> to <u>"</u>	<input checked="" type="checkbox"/> Alcohol service Hours: <u>11 AM</u> to <u>2:30 AM</u>
Tuesday <u>"</u> to <u>"</u>	Tuesday <u>"</u> to <u>"</u>	<input checked="" type="checkbox"/> Enclosed, how <u>Steel Railing</u>
Wednesday <u>"</u> to <u>"</u>	Wednesday <u>"</u> to <u>"</u>	The exterior area is adequately viewed and/or supervised by Service Permittees.
Thursday <u>"</u> to <u>"</u>	Thursday <u>"</u> to <u>"</u>	_____ (Investigator's Initials)
Friday <u>"</u> to <u>"</u>	Friday <u>"</u> to <u>"</u>	
Saturday <u>"</u> to <u>"</u>	Saturday <u>"</u> to <u>"</u>	

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: Burlesque + Comedy

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>11 AM</u>	to	<u>2:30 AM</u>
Monday	<u>"</u>	to	<u>"</u>
Tuesday	<u>"</u>	to	<u>"</u>
Wednesday	<u>"</u>	to	<u>"</u>
Thursday	<u>"</u>	to	<u>"</u>
Friday	<u>"</u>	to	<u>"</u>
Saturday	<u>"</u>	to	<u>"</u>

SEATING COUNT

Restaurant: 36 Outdoor: 15
 Lounge: 90 Other (explain): 0
 Banquet: 0 Total Seating: 141

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: _____ Date: 4/30/2020