



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: <i>Rec'd by Portland Liquor Licenses</i> <i>MAY -1 2020</i> <i>PD 75 ck</i> Name of City or County: <i>3136</i> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<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	Date application received: <i>[Signature]</i> By: <i>3-20-2020</i> License Action(s): <i>A/Priv</i>
<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):

COSMOS LLC

(Applicant #1) (Applicant #2)

(Applicant #3) (Applicant #4)

3. Trade Name of the Business (Name Customers Will See) STAR THEATER		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 13 NW 6TH AVE.		
City PORTLAND	County MULTNOMAH	Zip Code 97209



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5. Trade Name of the Business (Name Customers Will See) STAR THEATER			
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) 13 NW 6TH AVE.			
City PORTLAND	State OR	Zip Code 97209	
9. Phone Number of the Business Location 503-248-4700		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: Cosmos LLC Phone: 503-248-4700

Trade Name (dba): Star Theater

Business Location Address: 13 NW 6th Ave

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

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

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: 11 AM to 2 AM
- Alcohol service Hours: 11 AM to 2 AM
- Enclosed, how FENCE

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
(butique sometimes)
- Karaoke
- Coin-operated Games
- Video Lottery Machines (applying)
- Social Gaming (applying)
- Pool Tables
- Other: Comedy + Theater

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>11 AM</u>	to	<u>2:00 AM</u>
Monday	<u>11 AM</u>	to	"
Tuesday	<u>11 AM</u>	to	"
Wednesday	<u>11 AM</u>	to	"
Thursday	<u>11 AM</u>	to	"
Friday	<u>11 AM</u>	to	"
Saturday	<u>11 AM</u>	to	"

SEATING COUNT

Restaurant: _____ Outdoor: _____
 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: _____ Date: 4/15/2020