



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:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and date stamp: <i>Rec'd by Portland Liquor Licenses</i> MAY -1 2020 Name of City or County: <i>PD</i> _____ # <i>#</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: 3-27-20 ECH By: _____ License Action(s): <input type="radio"/> O <input type="radio"/> A/PRIV
<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):

Namika Inc.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) SHO Authentic Japanese Cuisine		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 10100 SW Barbur Blvd.		
City Portland	County Multnomah	Zip Code 97219



LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) SHO Authentic Japanese Cuisine			
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) 10100 SW Barbur Blvd.			
City Portland	State OR	Zip Code 97219	
9. Phone Number of the Business Location 503-977-3100		10. Email Contact for this Application SHO@shorerestaurant.com	
11. Contact Person for this Application Katsumichi Seki		Phone Number 503-702-8673	
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: NAMIKA INC. Phone: (503) 977-3100

Trade Name (dba): Sho Authentic JAPANESE Cuisine

Business Location Address: 10100 SW BARBUR BLVD

City: PORTLAND, OR ZIP Code: 97219

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:30a to 10:00p
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday 11:30a to 11:00p
 Saturday 11:30a to 11:00p

Outdoor Area Hours:

Sunday SAME AS Business Hours to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

The outdoor area is used for:

Food service Hours: 11:30a to 11pm
 Alcohol service Hours: 11:30a to 11pm
 Enclosed, how 3 1/2' TALL CEDAR FENCE WITH ONE GATE
 The exterior area is adequately viewed and/or supervised by Service Permittees.
D.T. (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: OUTDOOR AREA IS USED ONLY DURING THE SUMMER SEASON

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 N/A to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 70 Outdoor: 18
 Lounge: _____ Other (explain): Bar 8
 Banquet: _____ Total Seating: 102

OLCC USE ONLY
 Investigator Verified Seating: (M) ✓ (N)
 Investigator Initials: D.T.
 Date: 6/28/10

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

Applicant Signature: [Signature] Date: 11-15-10

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)