



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/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> <i>MAY 11 2020</i> <i>PL 15 CH</i> <i># 1123</i>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: _____
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____ Date: _____
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: _____
<input type="checkbox"/> Full On-Premises, For Profit Private Club	DT
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: <u>04/25/2020</u>
<input type="checkbox"/> Grower Sales Privilege 1st Location	License Action(s):  A/Priv
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input checked="" 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):

LA cocina Restaurant LLC  
 (Applicant #1) \_\_\_\_\_ (Applicant #2)  
 \_\_\_\_\_ (Applicant #3) \_\_\_\_\_ (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
3901 N. Williams Ave. Suite B

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97227</u>
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# LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <i>LA COCINA</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>PO Box 11281</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97211</i>	
9. Phone Number of the Business Location <i>503-278-5414</i>		10. Email Contact for this Application <i>julioknows@gmail.com</i>	
11. Contact Person for this Application <i>Julio Valera</i>		Phone Number <i>503-830-2977</i>	
Contact Person's Mailing Address (if different) <i>PO Box 1323</i>	City <i>Silverton</i>	State <i>OR</i>	Zip Code <i>97381</i>

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.

*Pedro Flores*  
(Applicant#1)

\_\_\_\_\_  
(Applicant#2)

\_\_\_\_\_  
(Applicant#3)

\_\_\_\_\_  
(Applicant#4)





# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: LA COCINA RESTAURANT LLC Phone: (503) 278-5914

Trade Name (dba): LA COCINA

Business Location Address: 3901 ~~B~~ N. Williams Ave, Ste. B

City: PORTLAND ZIP Code: ~~97211~~ 97227

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>9 AM</u> to <u>11 PM</u>
Monday	<u>10 AM</u> to <u>11 pm</u>
Tuesday	<u>10 AM</u> to <u>11 pm</u>
Wednesday	<u>"</u> to <u>"</u>
Thursday	<u>"</u> to <u>"</u>
Friday	<u>"</u> to <u>12 AM</u>
Saturday	<u>"</u> to <u>12 AM</u>

#### Outdoor Area Hours:

Sunday	<u>9 AM</u> to <u>11 pm</u>
Monday	<u>10 AM</u> to <u>11 pm</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>

The outdoor area is used for:

Food service Hours: 9 AM to 11 pm  
 Alcohol service Hours: 9 AM to 11 pm  
 Enclosed, how trellis

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

DT (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music                | <input type="checkbox"/> Karaoke                |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music                  | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing                   | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Nude Entertainers         | <input type="checkbox"/> Pool Tables            |
|  | <input type="checkbox"/> Other: _____           |

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>N/A</u> to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

### SEATING COUNT

Restaurant: 60 Outdoor: 44  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 104

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) <u>X</u> (N)	
Investigator Initials: <u>DT</u>	
Date: <u>03/24/2020</u>	

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

Applicant Signature: Pedro Flores Date: 2/24/20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)