



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> <b>MAY 11 2020</b> Name of City or County: <i>PD 75 CH</i> # <i>5542</i>
<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	
	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied  By: _____ Date: _____
	<b>OLCC USE ONLY</b> Date application received: 04/03/2020  By: <u>ZM</u>  License Action(s): A/Priv

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

WildRice LLC \_\_\_\_\_  
 (Applicant #1) (Applicant #2)

\_\_\_\_\_  
 (Applicant #3) (Applicant #4)

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

WildRice LLC  
DBA The Fields Bar & Grill

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

1139 NW 17th Ave

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97209</u>
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5. Trade Name of the Business (Name Customers Will See) Wild Rice LLC DBA The Fields Bar & Grill			
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) 1139 NW 11th Ave			
City Portland	State OR	Zip Code 97209	
9. Phone Number of the Business Location 503.841.6601		10. Email Contact for this Application info@thefieldspdx.com	
11. Contact Person for this Application Jan Rice		Phone Number 360.912.2160	
Contact Person's Mailing Address (if different)	City	State	Zip Code

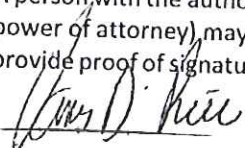
Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

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 #2)  
 \_\_\_\_\_ (Applicant #3)  
 \_\_\_\_\_ (Applicant #4)



**OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: James D Rice, Wild Rice, LLC Phone: 503 841 6601  
 Trade Name (dba): The Fields Bar & Grill  
 Business Location Address: 1139 NW 11<sup>th</sup> Ave  
 City: Portland ZIP Code: 97209

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday 10am to 10pm  
 Monday 11 to 10  
 Tuesday 11 to 11  
 Wednesday 11 to 11  
 Thursday 11 to 11  
 Friday 11 to 12am  
 Saturday 10 to 12am

**Outdoor Area Hours:**

Sunday 10am to 10pm  
 Monday 11am to 10pm  
 Tuesday 11 to 11pm  
 Wednesday 11 to 11pm  
 Thursday 11 to 11pm  
 Friday 11 to 12am  
 Saturday 10am to 12am

The outdoor area is used for:

- Food service Hours: 10am to 11pm
- Alcohol service Hours 10am to 12pm
- Enclosed, how Bushes/planters

The exterior area is adequately viewed and/or supervised by Service Permittees. Windows  
 \_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: Outdoor area only available weather permitting (summer months)

**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 \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

**SEATING COUNT**

Restaurant: 74 Outdoor: 26  
 Bar/Lounge: 10 Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 110

**OLCC USE ONLY**

Investigator Verified Seating (Y)  (N) \_\_\_\_\_

Investigator Initials gr

Date 4/9/19

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

Applicant Signature: James D Rice Date: 3-23-19