



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:

<p style="text-align: center;">License Applied For:</p> <input type="checkbox"/> Brewery 1st Location <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 checked="" 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	<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p>Date application received and/or date stamp:</p> <p>Name of City or County:</p> <hr/> <p>Recommends this license be:</p> <input type="checkbox"/> Granted <input type="checkbox"/> Denied
	<p>By: _____</p> <p>Date: _____</p>
	<p>OLCC USE ONLY</p> <p>Date application received:</p> <p style="text-align: right;">4/16/20</p> <hr/> <p>By: _____ SR</p> <p>License Action(s):</p> <p style="text-align: center;">A/LOR; D/LOR; C/TN; Address Correction</p>

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

Kimpton Hotel & Restaurant Group, LLC	SBG Portland, LLC
(Applicant #1)	(Applicant #2)
(Applicant #3)	(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Riverplace Hotel & King Tide		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1510 SW Harbor Way 1510 S Harbor Way		
City	County	Zip Code
Portland	Multnomah	97201



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Kimpton Hotel & Restaurant Group, LLC / SBG Portland, LLC Phone: (503) 295-6166

Trade Name (dba): Riverplace Hotel & King Tide

Business Location Address: 1510 SW Harbor Way

City: Portland ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours: Restaurant/Bar

Sunday 6:00am to 1:00am
 Monday 6:00am to 1:00am
 Tuesday 6:00am to 1:00am
 Wednesday 6:00am to 1:00am
 Thursday 6:00am to 1:00am
 Friday 6:00am to 1:00am
 Saturday 6:00am to 1:00am

Outdoor Area Hours:

Sunday 6:00am to 1:00am
 Monday 6:00am to 1:00am
 Tuesday 6:00am to 1:00am
 Wednesday 6:00am to 1:00am
 Thursday 6:00am to 1:00am
 Friday 6:00am to 1:00am
 Saturday 6:00am to 1:00am

The outdoor area is used for:

- Food service Hours: 6:00am to 1:00am
 Alcohol service Hours: 6:00am to 1:00am
 Enclosed, how partially fenced

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outdoor seating is weather dependent.

ENTERTAINMENT

Check all that apply:

- Live Music* Karaoke
 Recorded Music* Coin-operated Games
 DJ Music* Video Lottery Machines
 Dancing* Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

*Hotel will have live music & DJ's for private events.

DAYS & HOURS OF LIVE OR DJ MUSIC

Varies per private event

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 112 Outdoor: 150
 Lounge: 110 Other (explain): _____
 Banquet: 250 Total Seating: 567

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: [Signature] Date: 4/3/20