



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:
<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"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date application received:
<input type="checkbox"/> Grower Sales Privilege 1st Location	5-1-2020
<input type="checkbox"/> Grower Sales Privilege 2nd Location	By: <i>JA</i>
<input type="checkbox"/> Grower Sales Privilege 3rd Location	License Action(s):
<input type="checkbox"/> Limited On-Premises	A/priv
<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	

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

XLB Williams LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
XLB		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
4090 N Williams Ave		
City	County	Zip Code
Portland	Multnomah	97227



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: XLB Williams LLC Phone: 503-222-0600

Trade Name (dba): XLB

Business Location Address: 4090 N Williams Ave

City: Portland ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Business Hours:

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

Outdoor Area Hours:

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

The outdoor area is used for:

Food service Hours: 11am to 10pm

Alcohol service Hours: 11am to 10pm

Enclosed, how _____

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
- 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: 44 Outdoor: 34
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 78

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: 4/26/20