



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"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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: <u>4/20/20</u>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: _____ SR
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 1st Location	N/O
<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 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):

Bon Appetit Management Co. _____
 (Applicant #1) (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Bon Appetit @ Google PDX		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
555 SW Morrison Street (Fifth Floor)		
City	County	Zip Code
Portland	Multnomah	97204



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bon Appetit Management Co. Phone: TBD

Trade Name (dba): Bon Appetit @ Google PDX

Business Location Address: 555 SW Morrison Street

City: Portland ZIP Code: 97204

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday N/A to N/A
Monday 7:30am to 1:30pm
Tuesday 7:30am to 1:30pm
Wednesday 7:30am to 1:30pm
Thursday 7:30am to 1:30pm
Friday 7:30am to 1:30pm
Saturday N/A to N/A

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: to
Alcohol service Hours: to
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: 114 Outdoor:
Lounge: Other (explain):
Banquet: Total Seating: 114

OLCC USE ONLY

Investigator Verified Seating: (Y) (N)
Investigator Initials:
Date:

I understand
Applicant

Handwritten signature of Joseph McCull

and complete, the OLCC may deny my license application.

Date: 4/9/20

1-800-452-OLCC (6522)
www.oregon.gov/olcc