



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 MAY 12 2020</i>
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: <i>PD 75 ck</i>
<input type="checkbox"/> Brewery 3rd Location	# <i>1695</i>
<input type="checkbox"/> Brewery-Public House 1st Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2nd Location	By: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	Date: _____
<input type="checkbox"/> Distillery	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Full On-Premises, Commercial	Date application received: <i>4/16/20</i>
<input type="checkbox"/> Full On-Premises, Caterer	By: <i>SR</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	License Action(s): <i>A/PRIV</i>
<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	

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

*DEVIN'S DIVE LLC*  
 (Applicant #1) \_\_\_\_\_ (Applicant #2) \_\_\_\_\_  
 (Applicant #3) \_\_\_\_\_ (Applicant #4) \_\_\_\_\_

3. Trade Name of the Business (Name Customers Will See)  
*THE DIVE BAR*

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
*1112 SE TACOMA ST.*

City <i>PORTLAND</i>	County <i>MULTNOMAH</i>	Zip Code <i>97202</i>
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: DEVIN'S DIVE LLC

Phone: (917) 972-3151  
(917) 972-3164

Trade Name (dba): THE DIVE BAR

Business Location Address: 1112 SE TACOMA ST.

City: PORTLAND

ZIP Code: 97202

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>11 am</u> to <u>10 pm</u>
Monday	<u>11 am</u> to <u>10 pm</u>
Tuesday	<u>11 am</u> to <u>10 pm</u>
Wednesday	<u>11 am</u> to <u>10 pm</u>
Thursday	<u>11 am</u> to <u>10 pm</u>
Friday	<u>11 am</u> to <u>10 pm</u>
Saturday	<u>11 am</u> to <u>10 pm</u>

#### Outdoor Area Hours:

Sunday	<u>11 am</u> to <u>10 pm</u>
Monday	<u>11 am</u> to <u>10 pm</u>
Tuesday	<u>11 am</u> to <u>10 pm</u>
Wednesday	<u>11 am</u> to <u>10 pm</u>
Thursday	<u>11 am</u> to <u>10 pm</u>
Friday	<u>11 am</u> to <u>10 pm</u>
Saturday	<u>11 am</u> to <u>10 pm</u>

The outdoor area is used for:

Food service Hours: 11 am to 10 pm  
 Alcohol service Hours: 11 am to 10 pm  
 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 Summer weekends occasionally
- 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: \_\_\_\_\_

Outdoor: 62

Lounge: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_

Total Seating: 62 N/A TM

#### 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: Devin Cullen

Date: 4/24/2020

1-800-452-OLCC (6522)