



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:	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2nd Location			MAY 19 2020
<input type="checkbox"/> Brewery 3rd Location		Name of City or County:	PD # 75-116 5006
<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			
<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			
			OLCC USE ONLY
		Date application received:	4/17/20
		By: _____	ko
		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):

Kapwood INCorporated

(Applicant #1) _____ (Applicant #2) _____

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

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
4727 NE Fremont St

City Portland	County Multnomah	Zip Code 97213
------------------	---------------------	-------------------



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: KAPWOOD INC Phone: 503-688-5577

Trade Name (dba): BANG BANG

Business Location Address: 4727 NE FREMONT ST., SUITE B

City: PORTLAND ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9a to 2:30a
 Monday 9a to 2:30a
 Tuesday 9a to 2:30a
 Wednesday 9a to 2:30a
 Thursday 9a to 2:30a
 Friday 9a to 2:30a
 Saturday 9a to 2:30a

Outdoor Area Hours:

Sunday 9a to 2:30a
 Monday 9a to 2:30a
 Tuesday 9a to 2:30a
 Wednesday 9a to 2:30a
 Thursday 9a to 2:30a
 Friday 9a to 2:30a
 Saturday _____ to 2:30a

The outdoor area is used for:

- Food service Hours: 9a to 2:30a
 Alcohol service Hours: 9a to 2:30a
 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 Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 30
 Lounge: 10 (Bar)
 Banquet: _____

sidewalk
 Outdoor: 10
breezeway
 Other (explain): 8
 Total Seating: 58

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) (N)
 Investigator Initials: AL
 Date: 1-21-15

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

Applicant Signature: [Signature] Date: 12/16/14

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)