



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</i> MAY 19 2020
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD 75 cl</i> <i>5896</i>
<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 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: <i>5-1-2020</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <i>H</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s): <i>A/Priv</i>
<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 I.I.C) or INDIVIDUAL(S) applying for the license(s):

CHURCHGATE STATION INC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

BOLLYWOOD THEATER

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

3010 + 3050 SE DIVISION ST STE 175

City

PORTLAND

County

MULTNOMAH

Zip Code

97202



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: CHURCHGATE STATION LLC Phone: (503) 477-6699

Trade Name (dba): HOLLYWOOD THEATER

Business Location Address: 3010 SE DIVISION ST + 3050 SE DIVISION ST STE 175

City: PORTLAND ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 AM to 10 PM
Monday 11 AM to 10 PM
Tuesday 11 AM to 10 PM
Wednesday 11 AM to 10 PM
Thursday 11 AM to 10 PM
Friday 11 AM to 10 PM
Saturday 11 AM to 10 PM

Outdoor Area Hours:

Sunday 11 AM to 10 PM
Monday 11 AM to 10 PM
Tuesday 11 AM to 10 PM
Wednesday 11 AM to 10 PM
Thursday 11 AM to 10 PM
Friday 11 AM to 10 PM
Saturday 11 AM to 10 PM

The outdoor area is used for:

[X] Food service Hours: 11 AM to 10 PM
[X] 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: [X] Yes [X] No If yes, explain: PATIO IS CLOSED IN OFF-SEASON

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: 80 Outdoor: 70
Lounge: Other (explain):
Banquet: Total Seating:

OLCC USE ONLY
Investigator Verified Seating: (Y) X (N)
Investigator Initials: DT
Date: 05/04/2020

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

Applicant Signature: [Signature] Date: 4/25/2020