



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 Name of City or County: <i>PD # 75 ck 2931</i> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____ | |
| <input type="checkbox"/> Brewery 2nd Location | | |
| <input type="checkbox"/> Brewery 3rd Location | | |
| <input type="checkbox"/> Brewery-Public House 1st Location | | |
| <input type="checkbox"/> Brewery-Public House 2nd Location | | |
| <input type="checkbox"/> Brewery-Public House 3rd Location | | |
| <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 | | OLCC USE ONLY Date application received: 5-8-20 By: <u>ECH</u> License Action(s): 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):

Artigiano LLC ~~Richard Grover~~
(Applicant #1) (Applicant #2)

(Applicant #3) (Applicant #4)

| | | |
|--|--------------|-------------------|
| 3. Trade Name of the Business (Name Customers Will See) Artigiano | | |
| 4. Business Address (Number and Street Address of the Location that will have the liquor license) 3302 SE Division St | | |
| City Portland | County OR | Zip Code 97202 |



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Artigiano LLC Phone: 5038603419

Trade Name (dba): Artigiano

Business Location Address: 3302 SE Division

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday 5 to 10
 Friday 5 to 10
 Saturday 5 to 10

Outdoor Area Hours:

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday 5 to 10
 Friday 5 to 10
 Saturday 5 to 10

The outdoor area is used for:

- Food service Hours: 5 to 10
 Alcohol service Hours: 5 to 10
 Enclosed, how closed in with benches around the

The exterior area is adequately viewed and/or supervised by Service Permittees.
 _____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Artigiano is an outdoor restaurant, typically open May-C

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 6 to 9
 Friday 6 to 9
 Saturday 6 to 9

SEATING COUNT

Restaurant: 35 Outdoor: 35
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 35

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: 5/10/20