



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:

<p style="text-align: center;"><b>License Applied For:</b></p> <input type="checkbox"/> Brewery 1st Location <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 <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	<p style="text-align: center;"><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received and/or date stamp:  <span style="color: blue; font-weight: bold;">Rec'd by Portland Liquor Licenses</span>  <span style="color: red; font-weight: bold;">MAY 19 2020</span>  <span style="color: blue; font-weight: bold;">PD [Signature]</span></p> <p>Name of City or County: <u>1006</u></p> <p>Recommends this license be:  <input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____  Date: _____</p> <p style="text-align: center;"><b>OLCC USE ONLY</b></p> <p>Date application received:  <span style="float: right;">4/29/20</span></p> <p>By: _____ SR</p> <p>License Action(s):  <p style="text-align: center;">A/PRIV</p> </p>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Vaux Market LLC

(Applicant #1) \_\_\_\_\_ (Applicant #2) \_\_\_\_\_

(Applicant #3) \_\_\_\_\_ (Applicant #4) \_\_\_\_\_

3. Trade Name of the Business (Name Customers Will See) Better Half		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 25 N. Fremont St.		
City Portland	County OR	Zip Code 97227



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Vaux Market LLC Phone: 503-720-9427

Trade Name (dba): Better Half

Business Location Address: 25 N. Fremont St.

City: Portland ZIP Code: 97227

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>9am</u>	to	<u>5pm</u>
Monday	<u>8am</u>	to	<u>6pm</u>
Tuesday	<u>closed</u>	to	<u>closed</u>
Wednesday	<u>8am</u>	to	<u>6pm</u>
Thursday	<u>8am</u>	to	<u>6pm</u>
Friday	<u>8am</u>	to	<u>6pm</u>
Saturday	<u>9am</u>	to	<u>5pm</u>

#### Outdoor Area Hours:

Sunday	<u>9am</u>	to	<u>5pm</u>
Monday	<u>8am</u>	to	<u>6pm</u>
Tuesday	<u>closed</u>	to	<u>closed</u>
Wednesday	<u>8am</u>	to	<u>6pm</u>
Thursday	<u>8am</u>	to	<u>6pm</u>
Friday	<u>8am</u>	to	<u>6pm</u>
Saturday	<u>9am</u>	to	<u>5pm</u>

The outdoor area is used for:

- Food service Hours: 8am to 6pm
- Alcohol service Hours: 8am to 6pm
- Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: Outdoor patio will be available for seating, weather permitting

### ENTERTAINMENT

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music                | <input type="checkbox"/> Karaoke                |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music                  | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing                   | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Nude Entertainers         | <input type="checkbox"/> Pool Tables            |
|  | <input type="checkbox"/> 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: 37 Outdoor: 24  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 61

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: 4/27/2020