



LIQUOR LICENSE APPLICATION

PRINT

RESET FORM

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 20 2020
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD 75-ck # 2062</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	
<input type="checkbox"/> Brewery-Public House 3rd Location	By: _____
<input type="checkbox"/> Distillery	Date: _____
<input type="checkbox"/> Full On-Premises, Commercial	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date application received: <i>5/4/20</i>
<input type="checkbox"/> Full On-Premises, Other Public Location	By: _____ SR
<input type="checkbox"/> Full On-Premises, For Profit Private Club	License Action(s): <i>C/O</i>
<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 checked="" 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):

HALSEY AMPM Inc. _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
1511 NE 102nd

City <i>PORTLAND OREGON</i>	County <i>MULTNOMAH</i>	Zip Code <i>97220</i>
--------------------------------	----------------------------	--------------------------



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: RAVINDER SINGH Phone: 503-807-0287

Trade Name (dba): HALSEY AMPM Inc

Business Location Address: 1511 NE 102nd Ave

City: PORTLAND OREGON ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours: 24 hrs 7 DAYS Outdoor Area Hours: The outdoor area is used for:
Sunday to Sunday to
Monday to Monday to
Tuesday to Tuesday to
Wednesday to Wednesday to
Thursday to Thursday to
Friday to Friday to
Saturday to Saturday to
Food service Hours: to
Alcohol service Hours: to
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: Outdoor:
Lounge: Other (explain):
Banquet: Total Seating:

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: Date: 05-02-2020