



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:	Rec'd by Portland Liquor Licenses MAY 21 2020
<input type="checkbox"/> Brewery 2nd Location		Name of City or County:	PD \$100 ck # 1109
<input type="checkbox"/> Brewery 3rd Location		Recommends this license be:	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1st Location		By: _____	
<input type="checkbox"/> Brewery-Public House 2nd Location		Date: _____	
<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 checked="" type="checkbox"/> Limited On-Premises			
<input 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:	5-1-2020
		By: _____	AK
		License Action(s):	n/o

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Urban Hospitality, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Urban Pantry

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

1128 NW Lovejoy Street

City

Portland

County

MULT

Zip Code

97209



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: URBAN Hospitality, LLC. Phone: (503) 849-6327

Trade Name (dba): URBAN PANTRY

Business Location Address: 1128 NW Lovejoy St.

City: PORTLAND, OR ZIP Code: 97209

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday CLOSED  
 Monday 10a to 8p  
 Tuesday 10a to 8p  
 Wednesday 10a to 8p  
 Thursday 10a to 8p  
 Friday 10a to 8p  
 Saturday 10a to 6p

#### Outdoor Area Hours:

Sunday CLOSED  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday Same to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for:

Food service Hours: Same as to \_\_\_\_\_  
 Alcohol service Hours: BUSINESS  
 Enclosed, how HOURS.

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

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

Seasonal Variations:  Yes  No If yes, explain: Slight variations to reduce winter hours.

### ENTERTAINMENT

Check all that apply:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- 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: 14 Outdoor: 8  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 22

**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: 04/22/2020