



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 2018 State	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2nd Location			JUN - 8 2020
<input type="checkbox"/> Brewery 3rd Location		Name of City or County:	PD \$75 ck # 4618
<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		By: _____	
<input type="checkbox"/> Brewery-Public House 3rd Location		Date: _____	
<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			

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

JACK KRIETZMAN
(Applicant #1)

VICTORIA GWIN
(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)
FILLMORE TRATTORIA, JACKTORIA LLC

4. Business Address (Number and Street Address of the Location that will have the liquor license)
1937 NW 23RD PLACE

City PORTLAND	County MULTNOMAH	Zip Code 97210
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OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Jacktoria, LLC

Phone: 971 386-5935

Trade Name (dba): Fillmore Trattoria

Business Location Address: 1937 NW 23rd Place

City: Portland

ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	<u>4:30</u>	to	<u>10:00</u>
Wednesday	<u>4:30</u>	to	<u>10:00</u>
Thursday	<u>4:30</u>	to	<u>10:00</u>
Friday	<u>4:30</u>	to	<u>10:00</u>
Saturday	<u>4:30</u>	to	<u>10:00</u>

Outdoor Area Hours:

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	<u>4:30</u>	to	<u>10</u>
Wednesday	<u>4:30</u>	to	<u>10</u>
Thursday	<u>4:30</u>	to	<u>10</u>
Friday	<u>4:30</u>	to	<u>10</u>
Saturday	<u>4:30</u>	to	<u>10</u>

The outdoor area is used for:

- Food service Hours: 4:30 to 10:00
- Alcohol service Hours: 4:30 to 10
- 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:

- | | |
|--|---|
| <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: 49 Outdoor: 20
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 69

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: Jack C. Fred

Date: 5/7/20

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)