



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> <b>JUN - 8 2020</b>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD # 875 # 616</i>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: <u>4/1/20</u>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <u>SR</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s): <u>A/PRIV</u>
<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):

AG Delta LLC  
\_\_\_\_\_  
(Applicant #1) (Applicant #2)

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

3. Trade Name of the Business (Name Customers Will See) Delta Cafe		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 4607 SE Woodstock Blvd		
City Portland	County Multnomah	Zip Code 97206



**OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: AG DELTA LLC / CESAR ALVAREZ Phone: 971 391 6889

Trade Name (dba): DELTA CAFE

Business Location Address: 4607 SE WOODSTOCK Blvd.

City: PORTLAND ZIP Code: 97206

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday 9 AM to 11 PM  
 Monday 11 AM to 11 PM  
 Tuesday 11 AM to 11 PM  
 Wednesday 11 AM to 11 PM  
 Thursday 11 AM to 11 PM  
 Friday 11 AM to 12 AM  
 Saturday 9 AM to 12 AM

**Outdoor Area Hours:**

Sunday 9 AM to 11 PM  
 Monday 4 PM to 11 PM  
 Tuesday 4 PM to 11 PM  
 Wednesday 4 PM to 11 PM  
 Thursday 4 PM to 11 PM  
 Friday 4 PM to 12 AM  
 Saturday 9 AM to 12 AM

The outdoor area is used for:

Food service Hours: 9 AM to 11 PM  
 Alcohol service Hours: 9 PM to 10 PM  
 Enclosed, how FENCE

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
- 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 7 PM to 9 PM  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

**SEATING COUNT**

Restaurant: 46 Outdoor: 32  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 108

**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: 6/4/2020