



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:
<input type="checkbox"/> Brewery 2nd Location	Name of City or County:
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1st Location	<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 type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input checked="" 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):

ALGORITHM LLC (Applicant #1)      KATIE PRINSEW (Applicant #2)

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

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
4523 NE FRONT

City PORTLAND	County MULTNOMAH	Zip Code 97213
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Algorithm LLC Phone: 503 360 7141

Trade Name (dba): Algorithm Wines

Business Location Address: 4523 NE Fremont St

City: Portland ZIP Code: 97213

### DAYS AND HOURS OF OPERATION

#### Business Hours:

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

*Storage only*

#### Outdoor Area Hours:

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for:

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music        | <input type="checkbox"/> Karaoke                |
| <input 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: <u>0</u>	Outdoor: <u>0</u>
Lounge: <u>0</u>	Other (explain): <u>This location is only for wine storage</u>
Banquet: <u>0</u>	Total Seating: <u>0</u>

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: Jordan Sowers Date: 05/12/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)