



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Jinx, LLC Phone: 503-288-8075

Trade Name (dba): Jinx

Business Location Address: 3000 NE Killingsworth St.

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION Still working on Coronavirus how

Business Hours:		Outdoor Area Hours:		The outdoor area is used for:	
Sunday	<u>12</u> to <u>? 2:30</u>	Sunday	<u>12</u> to <u>? 2:30</u>	<input checked="" type="checkbox"/> Food service	Hours: <u>12</u> to <u>? 12 AM</u>
Monday	<u>12</u> to <u>? 2:30</u>	Monday	<u>12</u> to <u>? 2:30</u>	<input checked="" type="checkbox"/> Alcohol service	Hours: <u>12</u> to <u>? 12 AM</u>
Tuesday	<u>12</u> to <u>? 2:30</u>	Tuesday	<u>12</u> to <u>? 2:30</u>	<input type="checkbox"/> Enclosed, how	_____
Wednesday	<u>12</u> to <u>? 2:30</u>	Wednesday	<u>12</u> to <u>? 2:30</u>	The exterior area is adequately viewed and/or supervised by Service Permittees.	
Thursday	<u>12</u> to <u>? 2:30</u>	Thursday	<u>12</u> to <u>? 2:30</u>	_____ NA (Investigator's Initials)	
Friday	<u>12</u> to <u>? 2:30</u>	Friday	<u>12</u> to <u>? 2:30</u>		
Saturday	<u>12</u> to <u>? 2:30</u>	Saturday	<u>12</u> to <u>? 2:30</u>		

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 checked="" 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: 36 + 13 bar Outdoor: 32

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: ___(Y) X (N)

Investigator Initials: RE

Date: 6-3-20

I understand if my answers are not true and complete, the OLCC may deny my license application.
Applicant Signature: Courtney Hulbert Date: 5-26-2020