



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:

<p style="text-align: center;"><b>License Applied For:</b></p> <input type="checkbox"/> Brewery 1st Location <input type="checkbox"/> Brewery 2nd Location <input type="checkbox"/> Brewery 3rd Location <input type="checkbox"/> Brewery-Public House 1st Location <input type="checkbox"/> Brewery-Public House 2nd Location <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 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	<p style="text-align: center;"><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses JUN 10 2020</i></p> <p>Name of City or County: # <i>PD 35-clk 10847</i></p> <p>Recommends this license be:  <input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____  Date: _____</p> <p style="text-align: center;"><b>OLCC USE ONLY</b></p> <p>Date application received:  <u>04/30/2020</u></p> <p>By: <u>Deborah Tenenholz</u></p> <p>License Action(s):  <p style="text-align: center;">A/Priv</p> </p>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Mehri Gaspeed

(Applicant #1) \_\_\_\_\_ (Applicant #2) \_\_\_\_\_

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

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

Mehri's ~~Cafe & Bakery~~ Bakery & Cafe

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

6923 SE 52<sup>nd</sup> ave, Portland

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97206</u>
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Mehri Gaspeed Phone: 503-473-6137

Trade Name (dba): Mehri's ~~eate & Bakery~~ Bakery & Cafe

Business Location Address: 6923 SE 52<sup>nd</sup> ave

City: Portland, OR ZIP Code: 97206

### DAYS AND HOURS OF OPERATION

**Business Hours:**

Sunday	8am	to	2pm
Monday	8am	to	3pm
Tuesday	8am	to	3pm
Wednesday	10am	to	6pm
Thursday	8am	to	6pm
Friday	8am	to	6pm
Saturday	8am	to	6pm

**Outdoor Area Hours:**

Sunday	8am	to	2pm
Monday	8am	to	3pm
Tuesday	8am	to	3pm
Wednesday	10am	to	6pm
Thursday	8am	to	6pm
Friday	8am	to	6pm
Saturday	8am	to	6pm

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: Covid-19 hrs.

**ENTERTAINMENT** Check all that apply:

Live Music  Karaoke N/A

Recorded Music  Coin-operated Games

DJ Music  Video Lottery Machines

Dancing  Social Gaming

Nude Entertainers  Pool Tables

Other: \_\_\_\_\_

**DAYS & HOURS OF LIVE OR DJ MUSIC**

N/A

Sunday \_\_\_\_\_ to \_\_\_\_\_

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

**SEATING COUNT**

Restaurant: 40 Outdoor: 15

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 55

**OLCC USE ONLY**

Investigator Verified Seating: \_\_\_\_\_ (Y) X (N)

Investigator Initials: DT

Date: 05/04/2020

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Mehri Gaspeed Date: 4/30/20