



# 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: Rec'd by Portland Liquor Licenses JUN 10 2020 Name of City or County: <u>St. J. ck</u> # <u>5084</u> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<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	OLCC USE ONLY Date application received: <u>4-16-2020</u> By: <u>[Signature]</u> License Action(s): <u>A/priv</u>
<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):

Flying Fish Company LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Flying Fish Company

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

3004 E Burnside St

City

Portland

County

Multnomah

Zip Code

97214



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: ~~Lgf Gilderstroom~~ Flying Fish Company LLC Phone: 503 260 6552  
 Trade Name (dba): Flying Fish Company 971-806-6747 10-17-19  
 Business Location Address: 3004 East Burnside  
 City: Portland OR ZIP Code: 97214

### DAYS AND HOURS OF OPERATION

10-17-19 RE

#### Business Hours:

Sunday 10am to 9 pm  
 Monday 10 to 9  
 Tuesday 10 to 9  
 Wednesday 10 to 9  
 Thursday 10 to 9  
 Friday 10 to 9  
 Saturday 10 to 9

#### Outdoor Area Hours:

Sunday 10am to 9 pm  
 Monday 10 to 9  
 Tuesday 10 to 9  
 Wednesday 10 to 9  
 Thursday 10 to 9  
 Friday 10 to 9  
 Saturday 10 to 9

The outdoor area is used for:

Food service Hours: 10am to 9pm  
 Alcohol service Hours: 10am to 9  
 Enclosed, how planter boxes

The exterior area is adequately viewed and/or supervised by Service Permittees.

RE (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

Check all that apply: N/A

- 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

N/A  
 Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

Restaurant: 1230 Outdoor: 24 10-17-19 RE  
 Lounge: 8 Other (explain): \_\_\_\_\_  
 Banquet: 15 Total Seating: 5954

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) <u>X</u> (N)	
Investigator Initials: <u>RE</u>	
Date: <u>10-17-19</u>	

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

Applicant Signature: [Signature] Date: 10.12.19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)