



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;">License Applied For:</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;">CITY AND COUNTY USE ONLY</p> <p>Date application received and/or date stamp: Rec'd by Portland Liquor Licenses JUN 11 2020 PD 75 CK</p> <p>Name of City or County: <u># 11986</u></p> <hr/> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ Date: _____</p> <p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: 4/29/20</p> <hr/> <p>By: _____ SR</p> <p>License Action(s): A/PRIV</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):

O & S LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Oven & Shaker		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1134 NW Everett St		
City	County	Zip Code
Portland	OR	97209



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: OLS LLC Phone: (503) 241-1600

Trade Name (dba): Oven and Shaker

Business Location Address: 1134 NW Everett St

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:30 AM to 10:00 PM
Monday '' to ''
Tuesday '' to ''
Wednesday '' to ''
Thursday '' to ''
Friday 11:30 AM to 11:00 PM
Saturday '' to ''

Outdoor Area Hours:

Sunday 11:30 AM to 10:00 PM
Monday '' to ''
Tuesday '' to ''
Wednesday '' to ''
Thursday '' to ''
Friday 11:30 AM to 11:00 PM
Saturday '' to ''

The outdoor area is used for:

[X] Food service Hours: 11:30 AM to 10:00 PM
[X] Alcohol service Hours: 11:30 AM to 10:00 PM
[] Enclosed, how

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

(Investigator's Initials)

Seasonal Variations: [X] Yes [] No If yes, explain: Outdoor Tables no cover

ENTERTAINMENT

Check all that apply:

- [] Live Music [] Karaoke
[] 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

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

SEATING COUNT

Restaurant: 78 Outdoor: 16
Lounge: Other (explain):
Banquet: Total Seating: 94

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: Date: 4/24/20