



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	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3rd Location	JUN 11 2020
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County: PD
<input type="checkbox"/> Brewery-Public House 2nd Location	# 13176 + 13450
<input type="checkbox"/> Brewery-Public House 3rd Location	Recommends this license be:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: 4/23/20
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: SR
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 1st Location	A/PRIV
<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	

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

SMART MOUTH INC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

GRAY

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

3957 N. MISSISSIPPI AVE

City	County	Zip Code
PORTLAND	MULTNOMAH	97227



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: SMART MOUTH INC Phone: 503-287-8800

Trade Name (dba): GRAYV

Business Location Address: 3957 N. MISSISSIPPI AVE

City: PORTLAND OR ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7:30am to 3:00pm
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

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:

- 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

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

SEATING COUNT

Restaurant: 52 Outdoor:
Lounge: Other (explain):
Banquet: Total Seating: 52

OLCC USE ONLY
Investigator Verified Seating: (Y) X (N)
Investigator Initials: DT
Date: 04/27/2020

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

Applicant Signature: Date: 4-23-2020