



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 of start up: _____ <i>Rec'd by Portland Liquor Licenses</i> JUN 11 2020 PD <i>\$75 ck</i> Name of City or County # <i>7694</i>
<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	
	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
	OLCC USE ONLY Date application received: <i>4-2-20</i> By: <i>DMICK</i> License Action(s): <i>A/priv</i>

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

PDC Group Inc.

(Applicant #1)

(Applicant #2)

RECEIVED
OREGON LIQUOR CONTROL COMMISSION

(Applicant #3)

(Applicant #4)

APR 08 2020

SALEM REGIONAL OFFICE

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

Suki's Bar & Grill

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

2401 SW 4th Avenue

City

Portland

County

Multnomah

Zip Code

97201



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: PDC Group Inc. Phone: 503-226-1181

Trade Name (dba): Suki's Bar & Grill

Business Location Address: 2401 SW 4th Avenue

City: Portland ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	9:00am to 1:30am
Monday	10:00am to 1:30am
Tuesday	10:00am to 2:30am
Wednesday	10:00am to 2:30am
Thursday	10:00am to 2:30am
Friday	10:00am to 2:30am
Saturday	9:00am to 2:30am

Outdoor Area Hours:

Sunday	9:00am to 12:00am
Monday	10:00am to 12:00am
Tuesday	10:00am to 12:00am
Wednesday	10:00am to 12:00am
Thursday	10:00am to 12:00am
Friday	10:00am to 12:00am
Saturday	9:00am to 12:00am

The outdoor area is used for:

Food service Hours: 9:00am to 12:00am

Alcohol service Hours: 9:00am to 12:00am

Enclosed, how fenced.

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: 40 Outdoor: 26

Lounge: 104 Other (explain): 32 (extra folding chairs & tables)

Banquet: _____ Total Seating: 202

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: 5/26/20