



# 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: <i>Rec'd by Portland Liquor Licenses</i> <i>JUNE 15 2020</i> Name of City or County: <i>PD # 7165 \$75 de</i> 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	
<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	
	OLCC USE ONLY
	Date application received: 5-26-20
	By: RE
	License Action(s): A/Priv

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

SEPAL INC \_\_\_\_\_ (Applicant #1)

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

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

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

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
1020 NW 17th AVE

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97209</u>
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: DEPAL INC Phone: 503-943-2780

Trade Name (dba): PAYMASTER LOUNGE

Business Location Address: 1020 NW 17th AVE

City: PORTLAND OR ZIP Code: 97209

### DAYS AND HOURS OF OPERATION

#### Business Hours:

WILL  
BE  
CLOSED  
ON  
Mondays  
&  
Tuesdays  
FIRST

Sunday	10	to	10
Monday	12	to	10
Tuesday	12	to	10
Wednesday	12	to	10
Thursday	12	to	10
Friday	12	to	10
Saturday	10	to	10

#### Outdoor Area Hours:

Sunday	10	to	10
Monday	12	to	10
Tuesday	12	to	10
Wednesday	12	to	10
Thursday	12	to	10
Friday	12	to	10
Saturday	10	to	10

The outdoor area is used for:

- Food service Hours: 10 to 10
- Alcohol service Hours: 10 to 10
- Enclosed, how Beer has fence + roof

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

NA (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: We built a single putt on the rear patio

### DAYS & HOURS OF LIVE OR DJ MUSIC

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

### SEATING COUNT

Restaurant: \_\_\_\_\_  
 Lounge: \_\_\_\_\_  
 Banquet: \_\_\_\_\_

I am requesting this in to when I'm done doing repairs and painting!!  
 Outdoor: \_\_\_\_\_  
 Other (explain): will be much less than previous with covid 19 requirements  
 Total Seating: \_\_\_\_\_

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) <u>X</u> (N)	
Investigator Initials: <u>RE</u>	
Date: <u>6-3-20</u>	

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

Applicant Signature: \_\_\_\_\_ Date: 5-26-2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)