



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> JUN 16 2020 Name of City or County: <u>PD 75-13</u> <u># 1087</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	
<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: <u>5/20/20</u> By: <u>SR</u> License Action(s): <u>A/PRIV</u>

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

PINE STATE BISCUITS ~~DIVISION~~ LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

PINE STATE BISCUITS ~~DIVISION~~ LLC

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

1 100 SE DIVISION #100

City PORTLAND	County OR	Zip Code 97202
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: PINE STATE BISCUITS DIVISION LLC Phone: 971 339-2729

Trade Name (dba): PINE STATE BISCUITS DIVISION LLC

Business Location Address: 1100 SE DIVISION ST #100

City: PORTLAND ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>7AM</u>	to	<u>3PM</u>
Monday	<u>7AM</u>	to	<u>3PM</u>
Tuesday	<u>7AM</u>	to	<u>3PM</u>
Wednesday	<u>7AM</u>	to	<u>3PM</u>
Thursday	<u>7AM</u>	to	<u>3PM</u>
Friday	<u>7AM</u>	to	<u>3PM</u>
Saturday	<u>7AM</u>	to	<u>3PM</u>

Outdoor Area Hours:

Sunday	<u>7AM</u>	to	<u>3PM</u>
Monday	<u>7AM</u>	to	<u>3PM</u>
Tuesday	<u>7AM</u>	to	<u>3PM</u>
Wednesday	<u>7AM</u>	to	<u>3PM</u>
Thursday		to	<u>3PM</u>
Friday	<u>7AM</u>	to	<u>3PM</u>
Saturday	<u>7AM</u>	to	<u>3PM</u>

The outdoor area is used for:

- Food service Hours: 7AM to 3PM
- Alcohol service Hours: 7AM to 3PM
- Enclosed, how RAILINGS, WALLS, CURTAIN

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:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: 45 Outdoor: 40

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 85

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) X (N)

Investigator Initials: ECH

Date: 5-30-20

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

Applicant Signature: _____ Date: 5/20/2020