



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 75-213</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	Date application received: _____ 5/20/20 By: _____ SR License Action(s): A/PRIV
<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):

PINE STATE BISCUITS ALBERTA LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

PINE STATE BISCUITS ALBERTA LLC

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

2204 NE ALBERTA ST

City
PORTLAND

County
OR

Zip Code
97211



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

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

Trade Name (dba): PINE STATE BISCUITS ALBERTA LLC

Business Location Address: 2204 NE ALBERTA ST

City: PORTLAND ZIP Code: 97211

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) ____ (N)

Investigator Initials: _____

Date: _____

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

Applicant Signature:  Date: 5/20/2020