



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: <i>PD 75 ck</i> <i># 3303</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	

**Same Day Delivery*

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

Team Ron Incorporated
 (Applicant #1) _____ (Applicant #2)
 _____ (Applicant #3) _____ (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
333 NW 13th 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: TEAM RON Incorporated Phone: 503-222-0906

Trade Name (dba): Mediterranean Exploration Company

Business Location Address: 333 NW 13th Ave

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 4 pm to 10 pm
Monday 4 pm to 10 pm
Tuesday 4 pm to 10 pm
Wednesday 4 pm to 10 pm
Thursday 4 pm to 10 pm
Friday 4 pm to 12 am
Saturday 4 pm to 12 am

Outdoor Area Hours:

Sunday 4 pm to 10 pm
Monday 4 pm to 10 pm
Tuesday 4 pm to 10 pm
Wednesday 4 pm to 10 pm
Thursday 4 pm to 10 pm
Friday 4 pm to 12 am
Saturday 4 pm to 12 am

The outdoor area is used for

Food service Hours 4 pm to 10/12
Alcohol service Hours 4 pm to 10/12
Enclosed, how loading dock
The exterior area is adequately viewed and/or supervised by Service Permittees.

Investigator's Initials: RAJ PL

Seasonal Variations: Yes No If yes, explain: outdoor tables seated weather permitting

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: 70 Outdoor: 15
Lounge: 15 Other (explain):
Bar Area Counter Banquet: Total Seating: 100

OLCC USE ONLY
Investigator Verified Seating (Y) (N)
Investigator Initials PL
Date 4-24-14

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

Applicant Signature: Date: 2/25/14