



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:

<p style="text-align: center;">License Applied For:</p> <input type="checkbox"/> Brewery 1st Location <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 checked="" 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	<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p style="text-align: center;">Filed by Portland Liquor Licenses</p> <p>Date application received and by: _____</p> <p style="text-align: center;">JUN 18 2020 PD 75 ck # 1094</p> <p>Name of City or County: _____</p> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: _____ 5/9/20</p> <p>By: _____ SR</p> <p>License Action(s): A/PRIV</p>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

JUNOON 45 LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) SILSILA THE FLAMING TANDOOR		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 819 N KILLINGSWORTH ST		
City PORTLAND	County MULTNOMAH	Zip Code 97217



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Junoon 45 LLC Phone: 971-373-8641

Trade Name (dba): Silsila THE Planning Indoor

Business Location Address: 819 N Killingsworth st.

City: Portland OR ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11AM</u>	<u>9 pm</u>
Monday	<u>11 am</u>	<u>9 pm</u>
Tuesday	<u>11 am</u>	<u>9 pm</u>
Wednesday	<u>11 am</u>	<u>9 pm</u>
Thursday	<u>11 am</u>	<u>9 pm</u>
Friday	<u>11 am</u>	<u>9 pm</u>
Saturday	<u>11 am</u>	<u>9 pm</u>

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: _____ to _____
- Alcohol service Hours: _____ to _____
- Enclosed, how _____

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: 60 Outdoor: X

Lounge: X Other (explain): X

Banquet: X Total Seating: 60

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) <u>X</u> (N)	
Investigator Initials: _____ ml	
Date: <u>5/16/2020</u>	

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

Applicant Signature: [Signature] Date: 05/05/2020