



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 for date stamp: Rec'd by Portland Liquor Licenses JUN 18 2020 Name of City or County: PD 75 ck # 27411 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: 3-30-20

By: RE

License Action(s): APriv

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

Toro Bravo, Inc (Applicant #1)

_____ (Applicant #2)

_____ (Applicant #3)

_____ (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
170 A NE Russell St.

City <u>Portland</u>	4-3-20 RE	County <u>Multnomah</u>	Zip Code <u>97212</u>
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**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**



Please Print or Type

Applicant Name: Top Bravo Inc. Phone: 503 2814464

Trade Name (dba): Top Bravo

Business Location Address: 120 A NE Russell St.

City: Portland OR ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:
 Sunday 5 to 10
 Monday close to close
 Tuesday 5 to 10
 Wednesday 5 to 10
 Thursday 5 to 10
 Friday 5 to 12
 Saturday 5 to 12

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:

- 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: 53 Outdoor: 0
 Lounge: 7 Other (explain): _____
 Banquet: 0 Total Seating: 60

OLCC USE ONLY
 Investigator Verified Sealing: (Y) (N)
 Investigator Initials: plc
 Date: 5/9/07

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

Applicant Signature: _____ Date: 5/9/07

1-800-452-OLCC (6522)
www.olcc.state.or.us