



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> <i>JUN 22 2020</i>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD 75 ck</i> <i>402258</i>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: <i>03/20/2020</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <i>ZM</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s): <i>A/Priv</i>
<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	

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

Fogo De Chao Churrascaria (Portland) LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) Fogo de Chao		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 930 SW 6th Ave.		
City Portland	County Multnomah	Zip Code 97204



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Fogo de Chao Churrascaria (Portland), LLC Phone: (503) 241-0900

Trade Name (dba): Fogo de Chao

Business Location Address: 930 SW 6th Avenue

City: Portland ZIP Code: 97204

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 00am to 12.00am
 Monday 11.00am to 12:00am
 Tuesday 11:00am to 12 00am
 Wednesday 11.00am to 12.00am
 Thursday 11 00am to 12.00am
 Friday 11.00am to 12 00am
 Saturday 11 00am to 12 00am

Outdoor Area Hours:

Sunday 11:00am to 12 00am
 Monday 11 00am to 12:00am
 Tuesday 11 00am to 12.00am
 Wednesday 11.00am to 12 00am
 Thursday 11.00am to 12 00am
 Friday 11:00am to 12:00am
 Saturday 11 00am to 12:00am

The outdoor area is used for.

- Food service Hours: 11.00am to 12:00am
- Alcohol service Hours: 11 00am to 12 00am
- Enclosed, how Moveable barriers

The exterior area is adequately viewed and/or supervised by Service Permittees.

DB (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Varies depending on season and weather conditions

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

N/A
 Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 184 Outdoor: 12
 Lounge: 22 (Bar) Other (explain): _____
 Banquet: 96 Total Seating: 314

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) (N)

Investigator Initials: DB

Date: 7/22/14

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

Applicant Signature: [Signature] Date: 6/13/2014

1-800-452-OLCC (6522)
 www.oregon.gov/olcc