



OREGON LIQUOR CONTROL COMMISSION

# 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>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	JUN 22 2020
<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	PD \$75 c/c <u>          1065          </u>
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Other Public Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: _____
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date: _____
<input type="checkbox"/> Grower Sales Privilege 1st Location	OLCC USE ONLY
<input type="checkbox"/> Grower Sales Privilege 2nd Location	Date application received:
<input type="checkbox"/> Grower Sales Privilege 3rd Location	3/27/20
<input type="checkbox"/> Limited On-Premises	By: _____ SR
<input checked="" type="checkbox"/> Off-Premises	License Action(s):
<input type="checkbox"/> Off-Premises with Fuel Pumps	C/O; C/TN
<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):

<del>Mesfen-Ephrem</del> <u>YoYo Market LLC</u>	<del>Yoeyas-Mesfen</del>
(Applicant #1)	(Applicant #2)
<del>Hrate-Wesenu</del>	
(Applicant #3)	(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
YoYo Market		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1727 So. Hawthorne Blvd.		
City	County	Zip Code
Portland	OR	97214



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: YOYO MARKET LLC  
Mesfian Ephrem Phone: 503-516-5005

Trade Name (dba): Yoyo Market

Business Location Address: 1727 Se. Hawthorne Blvd.

City: Portland ZIP Code: 97214

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>10 AM</u>	to	<u>10 PM</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

#### 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: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

OLCC USE ONLY	
Investigator Verified Sealing: _____	(Y) <u>NP</u> (N)
Investigator Initials: <u>TCO</u>	_____
Date: <u>4-8-2020</u>	_____

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

Applicant Signature: [Signature] Date: 03-25-20