



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: <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 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		CITY AND COUNTY USE ONLY Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses JUN 25 2020</i> Name of City or County: # <i>PD 75 dk 3740</i> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____ OLCC USE ONLY <i>RECEIVED</i> Date application received: <i>MAY 26 2020</i> Initials: <i>MD</i> By: _____ Oregon Liquor Control Commission License Action(s): <i>A/priv</i>
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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):

THIRSTY EYE INC
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

LAY LOW TAVERN

4. Business Address (Number and Street Address of the Location that will have the liquor license)

6015 SE POWELL BLVD

City Portland	County Multnomah	Zip Code <i>97206</i>
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**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: THIRSTY EYE INC Phone: 503 774 4645
 Trade Name (dba): LAY LOW TAVERN
 Business Location Address: 6015 SE POWELL BLVD
 City: Portland ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 2:30am
 Monday 11 to 2:30
 Tuesday 11 to 2:30
 Wednesday 11 to 2:30
 Thursday 11 to 2:30
 Friday 11 to 2:30
 Saturday 11 to 2:30

Outdoor Area Hours:

Sunday 11am to 2am
 Monday 11 to 2
 Tuesday 11 to 2
 Wednesday 11 to 2
 Thursday 11 to 2
 Friday 11 to 2
 Saturday 11 to 2

The outdoor area is used for:

- Food service Hours: 11am to 2am
 Alcohol service Hours: 11am to 2am
 Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: n/a

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 60 Outdoor: 20
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 80

OLCC USE ONLY
 Investigator Verified Seating: ____ (Y) (N)
 Investigator Initials: DT
 Date: 06/02/2020

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

Applicant Signature: [Signature] Date: 05/22/20