



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> <i>JUN 25 2020</i> Name of City or County: <i>PD 75 CK</i> <i># 5447</i> 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	Date application received: RECEIVED <i>MAY 26 2020</i> By: _____ Initials: <i>MD</i> License Action(s): <i>A/priv.</i> Oregon Liquor Control Commission
<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):

~~Double Barrel Taverna~~ *GHOST SHIP INC*

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Double BARREL TAVORNA

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

2002 SE DIVISION Street

City Portland	County Multnomah	Zip Code <i>97202</i>
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: GHOST SHIP INC Phone: 503 234 1420

Trade Name (dba): DOUBLE BARREL TAVERN

Business Location Address: 2002 SE DIVISION

City: Portland ZIP Code: _____

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
- 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: 98 Outdoor: 50
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 148

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) <input checked="" type="checkbox"/> (N)	
Investigator Initials: <u>DT</u>	
Date: <u>05/28/2020</u>	

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

Applicant Signature: [Signature] Date: 5/20/20