



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> JUN 25 2020 <i>dk</i> Name of City or County: <i>PD 75</i> # <i>13125</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	
<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 RECEIVED Date application received: MAY 26 2020 By: _____ Initials: <i>WJ</i> Oregon Liquor Control Commission License Action(s): <i>A/priv</i>

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

Bleeding Hearts LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Gold Dust Meridian

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

3267 SE Hawthorne Boulevard

City	County	Zip Code
Portland	Multnomah	97214



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bleeding Hearts LLC Phone: 503-239-1143

Trade Name (dba): Gold Dust Meridian

Business Location Address: 3267 SE Hawthorne Boulevard

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11am</u>	to	<u>2:30am</u>
Monday	<u>11</u>	to	<u>2:30</u>
Tuesday	<u>11</u>	to	<u>2:30</u>
Wednesday	<u>11</u>	to	<u>2:30</u>
Thursday	<u>11</u>	to	<u>2:30</u>
Friday	<u>11</u>	to	<u>2:30</u>
Saturday	<u>11</u>	to	<u>2:30</u>

Outdoor Area Hours:

Sunday	<u>11am</u>	to	<u>2am</u>
Monday	<u>11</u>	to	<u>2</u>
Tuesday	<u>11</u>	to	<u>2</u>
Wednesday	<u>11</u>	to	<u>2</u>
Thursday	<u>11</u>	to	<u>2</u>
Friday	<u>11</u>	to	<u>2</u>
Saturday	<u>11</u>	to	<u>2</u>

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: 40

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 138

OLCC USE ONLY	
Investigator Verified Seating: _____(Y) <input checked="" type="checkbox"/> (N)	
Investigator Initials: <u>DT</u>	
Date: <u>05/30/2020</u>	

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

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