



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: JUN 25 2020 |
| <input type="checkbox"/> Brewery 2nd Location | |
| <input type="checkbox"/> Brewery 3rd Location | Name of City or County: PD 75 ck # 4210 |
| <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 | |
| <input type="checkbox"/> Full On-Premises, Caterer | Date: _____ |
| <input type="checkbox"/> Full On-Premises, Passenger Carrier | |
| <input type="checkbox"/> Full On-Premises, Other Public Location | <p style="text-align: center;">OLCC USE ONLY</p> Date application received: 5-22-20 |
| <input type="checkbox"/> Full On-Premises, For Profit Private Club | |
| <input type="checkbox"/> Full On-Premises, Nonprofit Private Club | By: <u>ECH</u> |
| <input type="checkbox"/> Grower Sales Privilege 1st Location | |
| <input type="checkbox"/> Grower Sales Privilege 2nd Location | License Action(s): A/PRIV |
| <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):

EARLY TIMES INC
 (Applicant #1) _____ (Applicant #2) _____

 (Applicant #3) _____ (Applicant #4) _____

| | | |
|---|----------------------------|--------------------------|
| 3. Trade Name of the Business (Name Customers Will See) SANDY HUT | | |
| 4. Business Address (Number and Street Address of the Location that will have the liquor license) 1430 NE SANDY BOULEVARD | | |
| City PORTLAND | County MULTNOMAH | Zip Code 97232 |



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: EARLY TIMES INC Phone: 503-235 7972

Trade Name (dba): SANDY HOT

Business Location Address: 1430 NE SANDY BLVD

City: PORTLAND ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

| | | | |
|-----------|-------------|----|---------------|
| Sunday | <u>11AM</u> | to | <u>2:30AM</u> |
| Monday | _____ | to | _____ |
| Tuesday | _____ | to | _____ |
| Wednesday | _____ | to | _____ |
| Thursday | _____ | to | _____ |
| Friday | _____ | to | _____ |
| Saturday | _____ | to | _____ |

Outdoor Area Hours:

| | | | |
|-----------|-------------|----|---------------|
| Sunday | <u>11AM</u> | to | <u>2:30AM</u> |
| Monday | _____ | to | _____ |
| Tuesday | _____ | to | _____ |
| Wednesday | _____ | to | _____ |
| Thursday | _____ | to | _____ |
| Friday | _____ | to | _____ |
| Saturday | _____ | to | _____ |

The outdoor area is used for:

Food service Hours: 11AM to 2:30AM
 Alcohol service Hours: 11AM to 2:30AM
 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:

- 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: 25
 Lounge: 98 Other (explain): _____
 Banquet: _____ Total Seating: 163

OLCC USE ONLY

Investigator Verified Seating: ___(Y)___ (N)

Investigator Initials: DT

Date: 06/05/2020

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

Applicant Signature: [Signature] Date: 5/22/20