



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: Rec'd by Portland Liquor Licenses JUN 29 2020
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: PD # 75 ck 4715
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1st Location	By: _____
<input type="checkbox"/> Brewery-Public House 2nd Location	Date: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	OLCC USE ONLY
<input type="checkbox"/> Distillery	Date application received: 6/4/20
<input type="checkbox"/> Full On-Premises, Commercial	By: SR
<input type="checkbox"/> Full On-Premises, Caterer	License Action(s): A/PRIV
<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	

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

Banking Irons, LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
4835 N. Albina Ave.

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97217</u>
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Berking Irons, LLC Phone: 619-884-0564

Trade Name (dba): Victoria Bar

Business Location Address: 4835 N. Albina Ave.

City: Portland ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>12pm</u> to <u>2am</u>
Monday	<u>12pm</u> to <u>2am</u>
Tuesday	<u>12pm</u> to <u>2am</u>
Wednesday	<u>12pm</u> to <u>2am</u>
Thursday	<u>12pm</u> to <u>2am</u>
Friday	<u>12pm</u> to <u>2am</u>
Saturday	<u>12pm</u> to <u>2am</u>

Outdoor Area Hours:

Sunday	<u>12pm</u> to <u>2am</u>
Monday	<u>12pm</u> to <u>2am</u>
Tuesday	<u>12pm</u> to <u>2am</u>
Wednesday	<u>12pm</u> to <u>2am</u>
Thursday	<u>12pm</u> to <u>2am</u>
Friday	<u>12pm</u> to <u>2am</u>
Saturday	<u>12pm</u> to <u>2am</u>

The outdoor area is used for:

Food service Hours: 12pm to 2am
 Alcohol service Hours: 12pm to 2am
 Enclosed, how Wood fence

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

N/A - RE (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outdoor seating used in warmer weather

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" 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: 81 Outdoor: 100
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 181

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) (N)
 Investigator Initials: RE
 Date: 6-8-20

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

Applicant Signature: [Signature] Date: 6.4.20