



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:
<input type="checkbox"/> Brewery 2nd Location	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3rd Location	JUN 30 2020
<input type="checkbox"/> Brewery-Public House 1st Location	PD 75 <i>sk</i>
<input type="checkbox"/> Brewery-Public House 2nd Location	Name of City or County: # 6463
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<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):

See See Motor Coffee Co LLC
(Applicant #1) (Applicant #2)

(Applicant #3) (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
<u>See See Motor Coffee Co</u>		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
<u>1642 NE Sandy Blvd</u>		
City	County	Zip Code
<u>Portland</u>	<u>MULT</u>	<u>97232</u>



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: See See Motor Coffee Co. LLC Phone: (503) 894-9566

Trade Name (dba): See See ^{MOTOR} Coffee Co

Business Location Address: 1642 SANDY BLVD.

City: PORTLAND ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8AM</u>	to	<u>6PM</u>
Monday	<u>7AM</u>	to	<u>8PM</u>
Tuesday	<u>7AM</u>	to	<u>8PM</u>
Wednesday	<u>7AM</u>	to	<u>8PM</u>
Thursday	<u>7AM</u>	to	<u>8PM</u>
Friday	<u>7AM</u>	to	<u>8PM</u>
Saturday	<u>8AM</u>	to	<u>6PM</u>

Outdoor Area Hours:

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for.

Food service Hours: _____ to _____

Alcohol service Hours: _____ to _____

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:

<input type="checkbox"/> Live Music	<input type="checkbox"/> Karaoke
<input 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: 44 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 44

OLCC USE ONLY

Investigator Verified Seating: (Y) X (N)

Investigator Initials R

Date 6/1/12

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

Applicant Signature: [Signature] Date: 4-01-12