



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:
<input type="checkbox"/> Brewery 2nd Location	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3rd Location	JUN 29 2020
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County: <u>Portland</u>
<input type="checkbox"/> Brewery-Public House 2nd Location	# <u>75 ck</u>
<input type="checkbox"/> Brewery-Public House 3rd Location	Recommends this license be:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	By: <u>[Signature]</u>
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received:
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<u>6/5/20</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: <u>SR</u>
<input type="checkbox"/> Grower Sales Privilege 1st Location	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 2nd Location	<u>C/O; C/TN</u>
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input 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):

BEESWING LLC

(Applicant #1) _____ (Applicant #2) _____

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

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

BEESWING

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

6716 SE MILWAUKIE AVE.

City

PORTLAND

County

MULTNOMAH

Zip Code

97202



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Beeswing LLC Phone: 503 265 8068

Trade Name (dba): Beeswing

Business Location Address: _____

City: Portland, OREGON ZIP Code: 97207

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8am</u> to <u>3pm</u>
Monday	<u>8am</u> to <u>3pm</u>
Tuesday	<u>8am</u> to <u>3pm</u>
Wednesday	<u>8am</u> to <u>3pm</u>
Thursday	<u>8am</u> to <u>3pm</u>
Friday	<u>8am</u> to <u>3pm</u>
Saturday	<u>8am</u> to <u>3pm</u>

Outdoor Area Hours:

Sunday	<u>8am</u> to <u>3pm</u>
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

The outdoor area is used for:

- Food service Hours: 8am to 3pm
- Alcohol service Hours: 8am to 3pm
- 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: 84 Outdoor: 12

ounge: _____ Other (explain): _____

anquet: _____ Total Seating: 96

OLCC USE ONLY

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

Investigator Initials: _____

Date: _____

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

Applicant Signature: [Signature] Date: 6/10/2020