



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> <i>JUL 06 2020</i> Name of City or County: <i>PD \$75 ck</i> <i># 348</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 Date application received: <i>4-23-2020</i> By: _____ License Action(s): <i>Al 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):

Kdc Inc.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

| | | |
|---|-----------|----------|
| 3. Trade Name of the Business (Name Customers Will See) | | |
| ✓ Nimblefish | | |
| 4. Business Address (Number and Street Address of the Location that will have the liquor license) | | |
| 1524 se 20th ave | | |
| City | County | Zip Code |
| Portland | multnomah | 97214 |



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: KDC, Inc. Phone: 503-719-4064

Trade Name (dba): Nimblefish

Business Location Address: 1524 se 20th Ave

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

| | | | |
|-----------|-----------|----|----------|
| Sunday | <u>12</u> | to | <u>8</u> |
| Monday | <u>12</u> | to | <u>8</u> |
| Tuesday | <u>12</u> | to | <u>8</u> |
| Wednesday | <u>12</u> | to | <u>8</u> |
| Thursday | <u>12</u> | to | <u>8</u> |
| Friday | <u>12</u> | to | <u>8</u> |
| Saturday | <u>12</u> | to | <u>8</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 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: 24 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 24

| | |
|--|--|
| OLCC USE ONLY | |
| Investigator Verified Seating: _____ (Y) <input checked="" type="checkbox"/> (N) | |
| Investigator Initials: <u>DT</u> | |
| Date: <u>04/23/2020</u> | |

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

Applicant Signature: _____ Date: 4/18/2020