



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: <i>Rec'd by Portland Liquor Licenses</i> <i>JUL -7 2020</i> Name of City or County: <i>PD \$75 ck</i> # <i>27111</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>3.19.20</i> By: <i>EL</i> License Action(s): <i>APPROV ✓</i>

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

MASU SUSHI, INC.
 (Applicant #1) _____ (Applicant #2) _____
 (Applicant #3) _____ (Applicant #4) _____

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

MASU SUSHI

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

406 SW 13th AVE

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97205</u>
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**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**



Please Print or Type

Applicant Name: ~~JEFF BERBAK~~ ^{(A) 3/31/20} MASU SUSHI, INC Phone: 503.221.6278
 Trade Name (dba): MASU ^{confirmed via 4/21/20 email}
 Business Location Address: 406 SW 13th Ave ^{(A) 4/22/20 confirmed via 5/14/20 email}
 City: Portland ZIP Code: 97205

DAYS AND HOURS OF OPERATION

Business Hours: 5pm to 10pm
 Sunday 5pm to 10pm
 Monday 11:30am to 11pm
 Tuesday 11:30am to 11pm
 Wednesday 11:30am to 11pm
 Thursday 11:30am to 11pm
 Friday 11:30am to midnight
 Saturday 5pm to midnight

Outdoor Area Hours: NONE
 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.
N/A - OFF (Investigator's Initials)
 (A) 5/15/20

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 9:30 to midnight
 Saturday 9:30 to midnight

SEATING COUNT

Restaurant: 50 Outdoor: NONE
 Lounge: 15 Other (explain): sushi bar, bar
 Banquet: none Total Seating: 75

OLCC USE ONLY
 Investigator Verified Seating: (Y) (N) _____
 Investigator Initials: JS
 Date: 5/15/20

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

Applicant Signature: Jeff Berk Date: 10/14/09

1-800-452-OLCC (6522)
 www.olcc.state.or.us

(A) 5/15/20
 hours of operation
 (rev. 04/03)
 may vary during
 COVID-19.