



# 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 1 <sup>st</sup> Location	Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> <i>JUL - 9 2020</i> Name of City or County: <u>PD Hood</u> # <u>1022</u> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____	
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location		
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location		
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location		
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location		
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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 1 <sup>st</sup> location		
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location		
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location		
<input type="checkbox"/> Limited On-Premises		<b>OLCC USE ONLY</b> Date application received: <u>6-15-2020</u> By: <u>Lisa T.</u> License Action(s): <u>n/o</u>
<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 1 <sup>st</sup> Location		
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location		
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location		

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

**Chirre Investments LLC**

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

**Stadium Superette**

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

**2010 W Burnside St**

City <b>Portland</b>	County <b>Multnomah</b>	Zip Code <b>97209</b>
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CHIRRE INVESTMENTS LLC Phone: 503-754-8129

Trade Name (dba): STADIUM SUPERETTE

Business Location Address: 2010 W BURNSIDE ST

City: PORTLAND ZIP Code: 97209

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>5AM</u>	to	<u>9PM</u>
Monday	<u>5AM</u>	to	<u>9PM</u>
Tuesday	<u>5AM</u>	to	<u>9PM</u>
Wednesday	<u>5AM</u>	to	<u>9PM</u>
Thursday	<u>5AM</u>	to	<u>9PM</u>
Friday	<u>5AM</u>	to	<u>9PM</u>
Saturday	<u>5AM</u>	to	<u>9PM</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: <u>0</u>	Outdoor: <u>0</u>
Lounge: <u>0</u>	Other (explain): <u>0</u>
Banquet: <u>0</u>	Total Seating: <u>0</u>

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:  Date: 09/24/2019