



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: Rec'd by Portland Liquor Licenses JUL 13 2020 Name of City or County: <u>SEASIDE</u> # <u>807</u> 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 checked="" 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 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: <u>6/29/20</u>
	By: <u>SR</u>
	License Action(s): <u>C/O, G/PRIV C/TN</u>

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

CASA MAYA, LLC
 (Applicant #1) _____ (Applicant #2) _____
 _____ (Applicant #3) _____ (Applicant #4) _____

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

CASA MAYA TAQUERIA & CANTINA

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

8233 N DENVER AVE

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97217</u>
-------------------------	----------------------------	--------------------------



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Casa Maya LLC Phone: (503) 933-8945
Trade Name (dba): Casa Maya Taqueria & Cantina
Business Location Address: 8833 N Denver Ave
City: Portland, Oregon ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours: AM PM Outdoor Area Hours: AM PM
Sunday 10:00 to 10:00 Sunday 10:00 to 10:00
Monday 10:00 to 10:00 Monday 10:00 to 10:00
Tuesday 10:00 to 10:00 Tuesday 10:00 to 10:00
Wednesday 10:00 to 10:00 Wednesday 10:00 to 10:00
Thursday 10:00 to 10:00 Thursday 10:00 to 10:00
Friday 10:00 to 10:00 Friday 10:00 to 10:00
Saturday 10:00 to 10:00 Saturday 10:00 to 10:00
The outdoor area is used for:
[X] Food service Hours: 10:00 to 10:00
[X] Alcohol service Hours: 10:00 to 10:00
[] 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:

- [X] Live Music [] Karaoke
[X] Recorded Music [] Coin-operated Games
[] DJ Music [] Video Lottery Machines
[] Dancing [] Social Gaming
[] Nude Entertainers [] Pool Tables
[] Other: TV, Boxing, UFC fights

DAYS & HOURS OF LIVE OR DJ MUSIC

Occasionally always Family Friendly
Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: 59 Outdoor: 12
Lounge: Other (explain): Bar 14
Banquet: Total Seating: 78

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: Miguel Date: 04/01/2020