



# 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> <b>JUL 15 2020</b> Name of City or County: <u>PD</u> <i>JK</i> # <u>414</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 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	
	<b>OLCC USE ONLY</b> Date application received: <u>6/10/20</u> By: <u>SR</u> License Action(s):  <u>A/PRIV</u>

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

Lisa Clark Petunia's Pies & Pastries LLC  
(Applicant #1)

Jacob Williamson  
(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) <u>Petunia's Pies &amp; Pastries</u>		
4. Business Address (Number and Street Address of the Location that will have the liquor license) <u>610 SW 12th Ave</u>		
City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97205</u>



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Petunia's Pies & Pastries LLC Phone: (503)841-5961

Trade Name (dba): Petunia's Pies & Pastries

Business Location Address: 610 SW 12th Ave

City: Portland ZIP Code: 97205

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	9	to	8
Monday	9	to	8
Tuesday	9	to	8
Wednesday	9	to	8
Thursday	9	to	8
Friday	9	to	10
Saturday	9	to	10

#### Outdoor Area Hours:

Sunday	9	to	8
Monday	9	to	8
Tuesday	9	to	8
Wednesday	9	to	8
Thursday	9	to	8
Friday	9	to	10
Saturday	9	to	10

The outdoor area is used for:

- Food service Hours: 9 to close
- Alcohol service Hours: 9 to close
- Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

NA-RE (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: 24 Outdoor: 6

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 30

#### OLCC USE ONLY

Investigator Verified Seating: \_\_\_(Y) **X** (N)

Investigator Initials: RE

Date: 6-26-20

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

Applicant Signature: [Signature] Date: 6/8/20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)