



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>
<input type="checkbox"/> Brewery 2nd Location	<i>JUL 15 2020</i>
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD \$75 ck</i>
<input type="checkbox"/> Brewery-Public House 1st Location	# <i>2158</i>
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3rd Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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	

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

OLD VEGAS LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
1203 NE ALBERTA ST

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97211</u>
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OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: OLD VEGAS LLC Phone: 503-477-7244

Trade Name (dba): DENNIE VEGAS

Business Location Address: 1203 NE MURBENNA ST

City: PORTLAND ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12:00 to 2:30 AM
Monday 4 PM to 2:30 AM
Tuesday 4 PM to 2:30 AM
Wednesday 4 PM to 2:30 AM
Thursday 4 PM to 2:30 AM
Friday 4 PM to 2:30 AM
Saturday 12 PM to 2:30 AM

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: 12/4 PM to 2:30 AM
Alcohol service Hours: 12/4 PM to 2:30 AM
Enclosed, how: Fe No. E

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:

- 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 9 PM to 1 AM
Wednesday to
Thursday to
Friday 9 PM to 1 AM
Saturday 9 PM to 1 AM

SEATING COUNT

Restaurant: 109 Outdoor: 44
Lounge: Other (explain):
Banquet: Total Seating: 98

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials:
Date: 6-30-2020

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

Applicant Signature: Date: 4/28/20