



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>Portland Liquor Licenses</i>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD \$100 ck</i> <i># 280</i>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	<p style="text-align: center;">OLCC USE ONLY</p> Date application received: <u>6/29/20</u>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: <u>SR</u>
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	License Action(s): N/O
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input checked="" 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	

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

Luxemburg Holdings LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Red House		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
101 SE 12th Ave		
City	County	Zip Code
Portland	Multnomah County	97214



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Luxemburg Holdings LLC Phone: 224-392-0701

Trade Name (dba): Red House

Business Location Address: 101 SE 12th Ave

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 3 to 11
 Monday 5 to 11
 Tuesday 5 to 11
 Wednesday 5 to 11
 Thursday 5 to 11
 Friday 5 to 12
 Saturday 3 to 12

Outdoor Area Hours:

Sunday 3 to 10
 Monday 5 to 10
 Tuesday 5 to 10
 Wednesday 5 to 10
 Thursday 5 to 10
 Friday 5 to 11
 Saturday 3 to 11

The outdoor area is used for:

- Food service Hours: _____ to _____
 Alcohol service Hours: Same as Outdoor Area Hours
 Enclosed, how Fence, no roof

The exterior area is adequately viewed and/or supervised by Service Permittees.
 _____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: There is no roof/covering so it will be based on weather.

Starting around May and closing around October.

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 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: 35
 Lounge: 8
 Banquet: _____

This is for social distancing, we anticipate renting the 2nd floor after COVID has been completely eradicated. Seating count will likely be similar with more dense main floor and 0 on 2nd floor.
 Outdoor: 15
 Other (explain): _____
 Total Seating: 58

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: [Signature] Date: 6/29/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)