



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: <i>Rec'd by Permit Liquor Licenses</i> JUL 15 2020 PD 100 ck Name of City or County: <u>1047</u>
<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	
	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
	OLCC USE ONLY Date application received: <u>7-1-2020</u> By: <u>LT</u> License Action(s): <u>n/o</u>

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

L&L PDX Operating Holdings LLC	Lauren Gonzalez
(Applicant #1)	(Applicant #2)
Lee Gonzalez	L&L PDX Real Estate Holdings, LLC
(Applicant #3)	(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
LoLo Pass		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1616 E Burnside		
City	County	Zip Code
Portland	OR	97214



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: L&L PDX Operating Holdings, LLC Phone: 202-413-6121

Trade Name (dba): LoLo Pass

Business Location Address: 1616 E Burnside

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	7am	to	2:30am
Monday	7am	to	2:30am
Tuesday	7am	to	2:30am
Wednesday	7am	to	2:30am
Thursday	7am	to	2:30am
Friday	7am	to	2:30am
Saturday	7am	to	2:30am

Outdoor Area Hours:

Sunday	8am	to	10pm
Monday	8am	to	10pm
Tuesday	8am	to	10pm
Wednesday	8am	to	10pm
Thursday	8am	to	10pm
Friday	8am	to	10pm
Saturday	8am	to	10pm

The outdoor area is used for:

Food service Hours: 8am to 10pm

Alcohol service Hours: 8am to 10pm

Enclosed, how _____

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

_____ (Investigator's Initials)

*Hotel will operate 24/7
Bar hours are listed*

Seasonal Variations: Yes No If yes, explain: Outdoor areas will only be open seasonally and weather permitting

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	5pm	to	12am
Monday	5pm	to	12am
Tuesday	5pm	to	12am
Wednesday	5pm	to	12am
Thursday	5pm	to	12am
Friday	5pm	to	12am
Saturday	5pm	to	12am

SEATING COUNT

Restaurant: 51 Outdoor: 25

Lounge: 36 Other (explain): Roof Deck: 60

Banquet: _____ Total Seating: 180

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: 6/26/20