



# 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 1 <sup>st</sup> Location	Date application received and/or date stamp:  <i>Rec'd by Portland Liquor Licenses</i> <i>JUL 16 2020</i> Name of City or County: _____ <i>PD # 25 de</i> Recommends this license be: <i>2431</i> <input type="checkbox"/> Granted <input type="checkbox"/> Denied  By: _____ Date: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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 1 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> 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 1 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	OLCC USE ONLY
	Date application received: 4/6/20
	By: SR
	License Action(s): A/PRIV

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

Total Kitchen Services, LLC

(Applicant #1) \_\_\_\_\_ (Applicant #2) \_\_\_\_\_

(Applicant #3) \_\_\_\_\_ (Applicant #4) \_\_\_\_\_

3. Trade Name of the Business (Name Customers Will See)		
Kichinto		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
102 NE Russell St.		
City	County	Zip Code
Portland	Maltnomah	97212



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Total Kitchen Services, LLC Phone: (971) 255-0169

Trade Name (dba): Kichinto

Business Location Address: 102 NE Russell St.

City: Portland ZIP Code: 97212

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 11:30 am to 10 pm  
 Monday 11:30 am to 10 pm  
 Tuesday 11:30 am to 10 pm  
 Wednesday 11:30 am to 10 pm  
 Thursday 11:30 am to 10 pm  
 Friday 11:30 am to 11 pm  
 Saturday 11:30 am to 11 pm

### Outdoor Area Hours:

Sunday 11:30 am to 10 pm  
 Monday 11:30 am to 10 pm  
 Tuesday 11:30 am to 10 pm  
 Wednesday 11:30 am to 10 pm  
 Thursday 11:30 am to 10 pm  
 Friday 11:30 am to 11 pm  
 Saturday 11:30 am to 11 pm

The outdoor area is used for:

- Food service Hours: 11:30 am to 10 pm  
 Alcohol service Hours: 11:30 am to 10 pm  
 Enclosed, how Stacked outside-chairs

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

\_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

Outdoor Area is used only warm days (summer time)

## 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: 99 Outdoor: 4  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 103

### 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: Gasuharu Nojiri Date: 04/06/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)