



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 st Location	Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> JUL 16 2020
<input type="checkbox"/> Brewery 2 nd Location	
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County: <i>PD 75-OK</i> <i># 4149</i>
<input type="checkbox"/> Brewery-Public House 1 st location	
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received:
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<u>4/6/20</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: <u>SR</u>
<input type="checkbox"/> Grower Sales Privilege 1 st location	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 2 nd location	<u>A/PRIV</u>
<input type="checkbox"/> Grower Sales Privilege 3 rd 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 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

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)

Shigezo Japanese Restaurant

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

3810 SE Devision St., Unit B

City	County	Zip Code
<u>Portland</u>	<u>Multnomah</u>	<u>97202</u>



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Total Kitchen Services, LLC Phone: (503) 841-5527

Trade Name (dba): Shigezo Japanese Restaurant

Business Location Address: 3810 SE Division St., Unit B

City: Portland ZIP Code: 97202

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 for only warmer 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: 72 Outdoor: 18
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 90

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