



# LIQUOR LICENSE APPLICATION

PRINT

RESET FORM

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:

<p style="text-align: center;"><b>License Applied For:</b></p> <input type="checkbox"/> Brewery 1st Location <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 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 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	<p style="text-align: center;"><b>CITY AND COUNTY USE ONLY</b></p> <p>Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> <i>JUL 20 2020</i> <i>PD 100 ek</i> <i># 12303242</i></p> <p>Name of City or County: _____</p> <p>Recommends this license be:  <input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date: _____</p> <p style="text-align: center;"><b>OLCC USE ONLY</b></p> <p>Date application received: _____  <span style="float: right;">6.23.20</span></p> <p>By: <u>SR</u></p> <p>License Action(s):    N/O</p>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Mexirican LLC

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

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

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

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

3. Trade Name of the Business (Name Customers Will See) <p style="text-align: center;">Avenida Tropicale</p>		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 2337 NE Glisan St Portland Or 97217		
City Portland	County Multnomah	Zip Code 97232



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Mexirican LLC Phone: 5039754742

Trade Name (dba): Avenida Tropicale

Business Location Address: 2337 NE Glisan St

City: Portland and ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 11 to 24, Monday 11 to 20, Tuesday 11 to 20, Wednesday 11 to 20, Thursday 11 to 20, Friday 11 to 24, Saturday 11 to 24

Outdoor Area Hours: Sunday 11 to 24, Monday 11 to 20, Tuesday 11 to 20, Wednesday 11 to 20, Thursday 11 to 20, Friday 11 to 24, Saturday 11 to 24

The outdoor area is used for: Food service, Alcohol service, Enclosed, how A physical barrier is installed. The exterior area is adequately viewed and/or supervised by Service Permittees.

Seasonal Variations: [X] Yes [ ] No If yes, explain: Rain will affect and we will potentially close at 10pm everyday

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 to, Wednesday to, Thursday to, Friday to, Saturday to

SEATING COUNT

Restaurant: 12 Outdoor: 16 Lounge: Other (explain): Banquet: Total Seating: 28

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: June 23rd 2020