



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 Portland</i> <i>Liquor Licenses</i> JUL 22 2020 Name of City or County: <u>75th</u> # <u>7238</u> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<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	
	OLCC USE ONLY
	Date application received: <u>6/19/20</u>
	By: <u>SR</u>
	License Action(s): <u>A/PRIV</u>

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

~~Chait Sahib~~ DarSalam LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)

DarSalam

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

2921 NE Alberta St.

City

Portland

County

Multh

Zip Code

97211



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: DarSalam, LLC *9/14/20* Phone: 503-206-6148

Trade Name (dba): DarSalam Restaurant *9/14/20*

Business Location Address: 2921 NE Alberta St.

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 4:00pm to 8:30pm
Monday 4:00pm to 8:30pm
Tuesday 4:00pm to 8:30pm
Wednesday 4:00pm to 8:30pm
Thursday 4:00pm to 8:30pm
Friday 4:00pm to 8:30pm
Saturday 4:00pm to 8:30pm

Outdoor Area Hours:

Sunday 4:00pm to 8:30pm
Monday 4:00pm to 8:30pm
Tuesday 4:00pm to 8:30pm
Wednesday 4:00pm to 8:30pm
Thursday 4:00pm to 8:30pm
Friday 4:00pm to 8:30pm
Saturday 4:00pm to 8:30pm

The outdoor area is used for:

Food service Hours: 4:00pm to 8:30pm
 Alcohol service Hours: 4:00pm to 8:30pm
 Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: During the summer we open the patio for food & alcohol service. Fall and winter patio is closed

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: 40 Outdoor: 10
Lounge: 0 Other (explain): _____
Banquet: 0 Total Seating: 50

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: 05/19/2020