



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: <b>Rec'd by Portland</b> <b>Liquor Licenses</b> <b>JUL 22 2020</b> Name of City or County: <u>25 CLK</u> # <u>1259</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>3/25/20</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):

Top Burmese, LLC.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) Top Burmese		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 413 NW 21st Ave		
City Portland	County Multnomah	Zip Code 97209



**OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Top Burmese, LLC. Phone: 477-5985  
~~(503) 208-3682~~

Trade Name (dba): Top Burmese

Business Location Address: 413 NW 21<sup>st</sup> Ave

City: Portland Oregon ZIP Code: 97209.

**DAYS AND HOURS OF OPERATION**

**Business Hours:**  
 Sunday 11 Am to 9 pm  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday 11 Am to 9 pm  
 Wednesday 11 Am to 9 pm  
 Thursday 11 Am to 9 pm  
 Friday 11 Am to 10 pm  
 Saturday 11 Am to 10 pm

**Outdoor Area Hours:**  
 Sunday 11 Am to 9 pm  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday 11 Am to 9 pm  
 Wednesday 11 Am to 9 pm  
 Thursday 11 Am to 9 pm  
 Friday 11 Am to 10 pm  
 Saturday 11 Am to 10 pm

The outdoor area is used for:  
 Food service Hours: 11 Am to 10 pm  
 Alcohol service Hours: 11 Am to 10 pm  
 Enclosed, how \_\_\_\_\_  
 The exterior area is adequately viewed and/or supervised by Service Permittees.  
 \_\_\_\_\_ (Investigator's Initials)

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

**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: 36 Outdoor: 6  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 36

**OLCC USE ONLY**  
 Investigator Verified Seating: \_\_\_\_\_ (Y)  (N)  
 Investigator Initials: [Signature]  
 Date: 9-27-19

I understand If my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 9/4/2019