



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: Rec'd by Portland Liquor Licenses |
| <input type="checkbox"/> Brewery 2nd Location | JUL 22 2020 |
| <input type="checkbox"/> Brewery 3rd Location | PD ZS dk |
| <input type="checkbox"/> Brewery-Public House 1st Location | # 1410 |
| <input type="checkbox"/> Brewery-Public House 2nd Location | Name of City or County: _____ |
| <input type="checkbox"/> Brewery-Public House 3rd Location | Recommends this license be: |
| <input type="checkbox"/> Distillery | <input type="checkbox"/> Granted <input type="checkbox"/> Denied |
| <input type="checkbox"/> Full On-Premises, Commercial | By: _____ |
| <input type="checkbox"/> Full On-Premises, Caterer | Date: _____ |
| <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 | |

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

Butcher Inc

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Laurelhurst Market

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

3155 E. Burnside St.

| City | County | Zip Code |
|----------|-----------|----------|
| Portland | Multnomah | 97214 |



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Butcher Inc Phone: (503)206-3097

Trade Name (dba): Laurelhurst Market

Business Location Address: 3155 E. Burnside St.

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10am to 10pm
 Monday 10am to 10pm
 Tuesday 10am to 10pm
 Wednesday 10am to 10pm
 Thursday 10am to 10pm
 Friday 10am to 10pm
 Saturday 10am to 10pm

Outdoor Area Hours:

Sunday 5pm to 10pm
 Monday 5pm to 10pm
 Tuesday 5pm to 10pm
 Wednesday 5pm to 10pm
 Thursday 5pm to 10pm
 Friday 5pm to 10pm
 Saturday 5pm to 10pm

The outdoor area is used for:

- Food service Hours: 5pm to 10pm
- Alcohol service Hours: 5pm to 10pm
- Enclosed, how Fence and plants

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outdoor seating only during nice weather

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: 70 Outdoor: 34
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 104

| | |
|--|--|
| 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: *Benji B.* Date: 4/1/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc