



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:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and stamp: <i>Rec'd by Portland Liquor Licenses</i> JUL 23 2020 PD <u>7/5</u> ck # <u>100113</u>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: _____
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	
<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	<p style="text-align: center;">OLCC USE ONLY</p> Date application received: 6-1-20
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: <u>ECH</u>
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	License Action(s): A/PRIV
<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):

Watchfire LLC, dba Clarklewis Restaurant

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) Clarklewis		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 1001 SE Water Avenue, at Taylor		
City Portland	County Multnomah	Zip Code 97214



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Watchfire LLC Phone: 503-235-2294

Trade Name (dba): Clarklewis

Business Location Address: 1001 SE Water Ave

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10 AM to 9 PM
 Monday 11:30 AM to 9 PM
 Tuesday 11:30 AM to 9 PM
 Wednesday 11:30 AM to 9 PM
 Thursday 11:30 AM to 9 PM
 Friday 11:30 AM to 10 PM
 Saturday 4:30 PM to 10 PM

Outdoor Area Hours:

Sunday 10 AM to 9 PM
 Monday 11:30 AM to 9 PM
 Tuesday 11:30 AM to 9 PM
 Wednesday 11:30 AM to 9 PM
 Thursday 11:30 AM to 9 PM
 Friday 11:30 AM to 10 PM
 Saturday 4:30 PM to 10 PM

The outdoor area is used for:

- Food service Hours: 10 AM to 11 PM
 Alcohol service Hours: 10 AM to 11 PM
 Enclosed, how separate patio

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: patio is not heated or covered.
seated weather permitting

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: 140 Outdoor: 45
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: _____

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: 6/1/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)