



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: PAID TO THE ORDER OF RECEIVED BY PORTLAND LIQUOR LICENSES JUL 28 2020 Name of City or County, PD # \$75 ck 7370 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 checked="" 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 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: 6/8/20
	By: SR
	License Action(s): G/PRIV

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

E&I Holdings LLC
 (Applicant #1) _____ (Applicant #2) _____
 _____ (Applicant #3) _____ (Applicant #4) _____

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
 925310 SE main st

City Portland	County Multnomah	Zip Code 97214
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**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Eric Syverson (E&I Holdings LLC) Phone: 503-966-1212

Trade Name (dba): Birdie Time Pub

Business Location Address: 925 SE Main St

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10am to 12am
Monday 12pm to 12am
Tuesday 12pm to 12am
Wednesday 12pm to 12am
Thursday 12pm to 12am
Friday 12pm to 12am
Saturday 10am to 12am

Outdoor Area Hours:

Sunday 10am to 11:30pm
Monday 12pm to 11:30pm
Tuesday 12pm to 11:30pm
Wednesday 12pm to 11:30pm
Thursday 12pm to 11:30pm
Friday 12pm to 11:30pm
Saturday 10am to 11:30pm

The outdoor area is used for:

- Food service Hours: 12pm to 11:30
- Alcohol service Hours: 12pm to 11:30
- Enclosed, how Gate

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Beer Garden @ Closed in Winter

ENTERTAINMENT

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers

Check all that apply:

- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: Mini golf/simulator

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: ~100 Outdoor: ~50
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: 6-5-2020

1-800-452-OLCC (6522)
www.oregon.gov/olcc