



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 started Portland Liquor Licenses
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	JUL 27 2020
<input type="checkbox"/> Brewery-Public House 1st Location	PD 55 dk
<input type="checkbox"/> Brewery-Public House 2nd Location	Name of City or County: # 2265
<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	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Date application received:
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	6-11-2020
<input type="checkbox"/> Grower Sales Privilege 1st Location	By: Lynn J.
<input type="checkbox"/> Grower Sales Privilege 2nd Location	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 3rd Location	A/priv
<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):

VORAPANI (H) BAWAN LLC (Applicant #1) _____ (Applicant #2)

(Applicant #3) _____ (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
3801 SE BELMONT ST.

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	Zip Code <u>97214</u>
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OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: VORAPANICH BAWAN LLC Phone: (503) 477-8081

Trade Name (dba): IMJAI THAI

Business Location Address: 3801 SE BELMONT ST.

City: PORTLAND, OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

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

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: 11 AM to 9:30 PM
Alcohol service Hours: 11 AM to 9:30 PM
Enclosed, how like dining inside, but outside

The exterior area is adequately viewed and/or supervised by Service Permittees.
SB (Investigator's Initials)

Seasonal Variations: [] Yes [x] No If yes, explain:

ENTERTAINMENT

Check all that apply:

- Live Music []
Recorded Music [x]
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: 43 Outdoor: 8
Lounge: Other (explain):
Banquet: Total Seating: 51

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: K. T. [Signature] Date: 5/29/20