



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: <i>Rec'd by Portland Liquor Licenses JUL 29 2020 PD 75 ck # 4369</i>
<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	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2nd Location	By: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	Date: _____
<input type="checkbox"/> Distillery	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Commercial	Date application received: 7/9/20
<input type="checkbox"/> Full On-Premises, Caterer	By: SR
<input type="checkbox"/> Full On-Premises, Passenger Carrier	License Action(s): A/PRIV
<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):

Hanna Maddix LLC (Applicant #1) _____ (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)

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

Mad Hanna

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

6129 NE Fremont St.

City
Portland

County
Multnomah

Zip Code
97213



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Hanna Maddix LLC Phone: 503-288-2944

Trade Name (dba): Mad Hanna

Business Location Address: 6129 NE Fremont St.

City: Portland ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 2:30am

Monday 11am to 2:30am

Tuesday 11am to 2:30am

Wednesday 11am to 2:30am

Thursday 11am to 2:30am

Friday 11am to 2:30am

Saturday 11am to 2:30am

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: _____ to _____

Alcohol service Hours: _____ to _____

Enclosed, how _____

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

N/A - OFF ONLY (Investigator's Initials)

Applicant's comment
7-17-20 RE

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: _____ Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: ___(Y) X(N)

Investigator Initials: RE

Date: 7-17-20

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

Applicant Signature: [Signature] Date: 7/9/2020

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Exp: 4-26-21

Please Print or Type

LLC Name: Hanna Maddix LLC Year Filed: 2012

Trade Name (dba): Mad Hanna

Business Location Address: 6129 NE fremont

City: Portland ZIP Code: 97213

List Members of LLC:	Percentage of Membership Interest:
1. <u>Elizabeth Hanna</u> (managing member)	<u>91%</u>
2. <u>Brenna Walker</u> (members)	<u>9%</u>
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: N/A - OFF ONLY DOB: _____

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

Signature: [Signature] (name) [Signature] (title) Managing Member
7-17-20 RE Date: 7/9/2020