



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 JUL 29 2020
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: PD \$100 ek # 2108
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1st Location	By: _____
<input type="checkbox"/> Brewery-Public House 2nd Location	Date: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	OLCC USE ONLY
<input type="checkbox"/> Distillery	Date application received: 5/21/20
<input type="checkbox"/> Full On-Premises, Commercial	By: SR
<input type="checkbox"/> Full On-Premises, Caterer	License Action(s): N/O
<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 checked="" 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):

Blue Star Doughnuts LLC \_\_\_\_\_ (Applicant #1)

\_\_\_\_\_ (Applicant #2)

\_\_\_\_\_ (Applicant #3)

\_\_\_\_\_ (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
3753 N Mississippi Ave.

City Portland	County Multnomah	Zip Code 97227
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: BLUE STAR DOUGHNUTS LLC Phone: 971-254-4575

Trade Name (dba): BLUE STAR DONUTS

Business Location Address: 3753 N MISSISSIPPI AVE

City: PORTLAND ZIP Code: 97227

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>7AM</u>	to	<u>8PM</u>
Monday	<u>7AM</u>	to	<u>8PM</u>
Tuesday	<u>7AM</u>	to	<u>8PM</u>
Wednesday	<u>7AM</u>	to	<u>8PM</u>
Thursday	<u>7AM</u>	to	<u>8PM</u>
Friday	<u>7AM</u>	to	<u>8PM</u>
Saturday	<u>7AM</u>	to	<u>8PM</u>

#### 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.

\_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

### 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: 5 Outdoor: \_\_\_\_\_

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 5

#### 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: Ke CEO / OWNER Date: 5 / 20 / 20

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

(rev. 12/07)