



OREGON LIQUOR CONTROL COMMISSION

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:
<input type="checkbox"/> Brewery 1 st Location
<input type="checkbox"/> Brewery 2 nd Location
<input type="checkbox"/> Brewery 3 rd Location
<input type="checkbox"/> Brewery-Public House 1 st location
<input type="checkbox"/> Brewery-Public House 2 nd location
<input type="checkbox"/> Brewery-Public House 3 rd location
<input type="checkbox"/> Distillery
<input 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 1 st location
<input type="checkbox"/> Grower Sales Privilege 2 nd location
<input type="checkbox"/> Grower Sales Privilege 3 rd 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 1 st Location
<input type="checkbox"/> Winery 2 nd Location
<input type="checkbox"/> Winery 3 rd Location

Rec'd by Portland
Liquor Licenses

CITY AND COUNTY OF PORTLAND

Date application received and/or date stamp:
AUG 20 2020

PD **75**
28390

Name of City or County: _____

Recommends this license be:
 Granted Denied

By: _____

Date: _____

OLCC USE ONLY

Date application received:
5-22-20

By: **ECH**

License Action(s):
A/PRIV

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

Serv Inc., dba Beast

(Applicant #1) _____ (Applicant #2) _____

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

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
5425 NE 30th Ave

City Portland	County Multnomah	Zip Code 97211
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BUSINESS INFORMATION

Please Print or Type

2020 05 21

Applicant Name: Serv Inc.

Phone: 503.844.6968

Trade Name (dba): Blast

2020 05 21 2:54 PM

Business Location Address: 5425 NE 30th Ave

2020 05 21

City: Portland

ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>10am</u>	to	<u>10pm</u>
Monday	<u>-</u>	to	<u>-</u>
Tuesday	<u>5pm</u>	to	<u>9:30pm</u>
Wednesday	<u>6pm</u>	to	<u>12am</u>
Thursday	<u>6pm</u>	to	<u>12am</u>
Friday	<u>6pm</u>	to	<u>12am</u>
Saturday	<u>6pm</u>	to	<u>12am</u>

Outdoor Area Hours:

Sunday	<u>10am</u>	to	<u>10pm</u>
Monday	<u>-</u>	to	<u>-</u>
Tuesday	<u>5pm</u>	to	<u>9:30pm</u>
Wednesday	<u>6pm</u>	to	<u>12am</u>
Thursday	<u>6pm</u>	to	<u>12am</u>
Friday	<u>6pm</u>	to	<u>12am</u>
Saturday	<u>6pm</u>	to	<u>12am</u>

The outdoor area is used for:

- Food service Hours: 6pm to 12am
- Alcohol service Hours: 6pm to 12am
- Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: January 1st - May 31st hrs on

Wed- Thurs 7pm-10pm / outdoor Seating available from June 1st - Oct 1st

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: 26 Outdoor: 4

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 30

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: 5.21.2020