



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: <i>Perth by Portland Liquor Licenses</i> <b>AUG 25 2020</b>
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: <i>PD 75 ck</i> # <i>5503</i>
<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	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Distillery	Date application received: <i>8-3-2020</i>
<input type="checkbox"/> Full On-Premises, Commercial	By: <i>LT</i>
<input type="checkbox"/> Full On-Premises, Caterer	License Action(s): <i>A/priv</i>
<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 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):

Fritz Feffer, Inc. \_\_\_\_\_ (Applicant #2)  
(Applicant #1)

\_\_\_\_\_ (Applicant #3) \_\_\_\_\_ (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
4811 SE Hawthorne

City	County	Zip Code
Portland	Multnomah	97215



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Fritz Felffer Phone: 503-236-2454

Trade Name (dba): QuarterWorld Arcade

Business Location Address: 4811 SE Hawthorne Blvd

City: Portland ZIP Code: 97215

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday	12pm	to	1am
Monday	closed	to	closed
Tuesday	8pm	to	1am
Wednesday	8pm	to	1am
Thursday	3pm	to	1am
Friday	12pm	to	1am
Saturday	12pm	to	1am

**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: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
 Lounge: ASOS 88 30A 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: 7/30/2020