



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>Permitted to Renew Licenses</i>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	AUG 25 2020 PD \$75 ck # 11787
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Name of City or County: #
<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	
<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):

Team Evil Inc

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
The Florida Room		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
435 N. Killingsworth St		
City	County	Zip Code
Portland	Multnomah	97217



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Team Evil Inc

Phone: 503 287-5658

Trade Name (dba): The Florida Room

Business Location Address: 435 N Killingsworth St

City: Portland

ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 4 to 10
Monday 4 to 10
Tuesday 4 to 10
Wednesday 4 to 10
Thursday 4 to 10
Friday 4 to 10
Saturday 4 to 10

Outdoor Area Hours:

Sunday 4 to 10
Monday 4 to 10
Tuesday 4 to 10
Wednesday 4 to 10
Thursday 4 to 10
Friday 4 to 10
Saturday 4 to 10

The outdoor area is used for:

- Food service Hours: 4 to 10
Alcohol service Hours: 4 to 10
Enclosed, how fenced

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: due to covid these are temp ours our usual hours are 3-

3pm-2am

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: 68
Lounge: 26 Other (explain):
Banquet: Total Seating: 120

OLCC USE ONLY

Investigator Verified Seating: (Y) (N)

Investigator Initials: LJ

Date: 8-13-2020

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

Applicant Signature:

Date: 7/31/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)