



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: <u>Rec'd by Portland Liquor Licenses</u>
<input type="checkbox"/> Brewery 2nd Location	<u>AUG 25 2020</u>
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <u>PD # 3281</u>
<input type="checkbox"/> Brewery-Public House 1st Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 2nd Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	By: _____
<input type="checkbox"/> Distillery	Date: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Caterer	Date application received: <u>8/4/20</u>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: <u>SR</u>
<input type="checkbox"/> Full On-Premises, Other Public Location	License Action(s): <u>C/O</u>
<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 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):

Band o' Brothers, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Shake Bar		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
28 NW Fourth Ave		
City	County	Zip Code
Portland	Multnomah	97209



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Band o' Brothers, LLC Phone: 503-847-9177

Trade Name (dba): Shake Bar

Business Location Address: 28 NW 4th Ave

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>9pm</u>	to	<u>2:30am</u>
Monday	<u>9pm</u>	to	<u>2:30am</u>
Tuesday	<u>9pm</u>	to	<u>2:30am</u>
Wednesday	<u>9pm</u>	to	<u>2:30am</u>
Thursday	<u>9pm</u>	to	<u>2:30am</u>
Friday	<u>9pm</u>	to	<u>2:30am</u>
Saturday	<u>9pm</u>	to	<u>2:30am</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: COVID Hours 6pm-10pm

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	<u>9pm</u>	to	<u>2:30am</u>
Monday	<u>9pm</u>	to	<u>2:30am</u>
Tuesday	<u>9pm</u>	to	<u>2:30am</u>
Wednesday	<u>9pm</u>	to	<u>2:30am</u>
Thursday	<u>9pm</u>	to	<u>2:30am</u>
Friday	<u>9pm</u>	to	<u>2:30am</u>
Saturday	<u>9pm</u>	to	<u>2:30am</u>

SEATING COUNT

Restaurant: 51 Outdoor: _____

Lounge: 37 Other (explain): _____

Banquet: _____ Total Seating: 88

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:  Date: Aug 4, 2020