



# 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:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp: Rec'd by Portland Liquor Licenses AUG 28 2020 Name of City or County: PD \$75 ck # 1412 Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd 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 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	

OLCC USE ONLY
Date application received:
By: _____
License Action(s):
RECEIVED MAY 05 2020 Initials: <u>MM</u> Oregon Liquor Control Commission

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

~~CAREY BRIGGS~~ Vilumina, Inc \_\_\_\_\_  
 (Applicant #1) (Applicant #2)

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

3. Trade Name of the Business (Name Customers Will See)  
 REEL M INN

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
 2430 SE division st.

City portland	County Multnomah	Zip Code 97202
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: ~~AAAD/BRIMS~~ Vilumina Inc. Phone: 503-791-9060

Trade Name (dba): Reel M Inn

Business Location Address: 2430 SE division St

City: Portland ZIP Code: 97202

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	10 am to 2 am
Monday	10 am to 2 am
Tuesday	10 am to 2 am
Wednesday	10 am to 2 am
Thursday	10 am to 2 am
Friday	10 am to 2 am
Saturday	10 am to 2 am

### Outdoor Area Hours:

Sunday	10 am to 2 am 10 pm
Monday	10 am to 2 am 10 pm
Tuesday	10 am to 2 am 10 pm
Wednesday	10 am to 2 am 10 pm
Thursday	10 am to 2 am 10 pm
Friday	10 am to 2 am 10 pm
Saturday	10 am to 2 am 10 pm

The outdoor area is used for:

- Food service Hours: 10 am to 10 pm
  - Alcohol service Hours: 10 am to 10 pm
  - Enclosed, how video cameras, bar fence
- 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: 49 Outdoor: 8

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

Banquet: \_\_\_\_\_ Total Seating: 57

OLCC USE ONLY

Investigator Verified Seating: \_\_\_\_\_ (Y)  (N)

Investigator Initials: DT

Date: 05/13/2020

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

Applicant Signature: \_\_\_\_\_ Date: 4/29/20