



# 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: Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Currently have this SEP - 9 2020
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Name of City or County: PD \$75 dk # 3076
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	By: _____ Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date application received: 3-31-2020
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	By: HA
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	License Action(s): A/priv
<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):

Shandong inc \_\_\_\_\_ (Applicant #1) \_\_\_\_\_ (Applicant #2)

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

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
3724 NE Broadway st

City Portland	County Mult	Zip Code <del>9700</del> 97232
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# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Shandong Inc Phone: 503 431 1248

Trade Name (dba): Shandong Resto

Business Location Address: 3724 Ne Broadway st

City: PDY ZIP Code: 97232

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>11 AM</u> to <u>9:30 PM</u>
Monday	<u>11 AM</u> to <u>9:30 PM</u>
Tuesday	<u>11 AM</u> to <u>9:30 PM</u>
Wednesday	<u>11 AM</u> to <u>9:30 PM</u>
Thursday	<u>11 AM</u> to <u>9:30 PM</u>
Friday	<u>11 AM</u> to <u>9:30 PM</u>
Saturday	<u>11 AM</u> to <u>9:30 PM</u>

#### Outdoor Area Hours:

Sunday	<del>_____ to _____</del>
Monday	<del>_____ to _____</del>
Tuesday	<del>_____ to _____</del>
Wednesday	<del>_____ to _____</del>
Thursday	<del>_____ to _____</del>
Friday	<del>_____ to _____</del>
Saturday	<del>_____ to _____</del>

#### 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:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Live Music        | <input type="checkbox"/> Karaoke                |
| <input checked="" type="checkbox"/> Recorded Music    | <input type="checkbox"/> Coin-operated Games    |
| <input checked="" type="checkbox"/> DJ Music          | <input type="checkbox"/> Video Lottery Machines |
| <input checked="" type="checkbox"/> Dancing           | <input type="checkbox"/> Social Gaming          |
| <input checked="" type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables            |
|   | <input type="checkbox"/> Other: _____           |

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<del>_____ to _____</del>
Monday	<del>_____ to _____</del>
Tuesday	<del>_____ to _____</del>
Wednesday	<del>_____ to _____</del>
Thursday	<del>_____ to _____</del>
Friday	<del>_____ to _____</del>
Saturday	<del>_____ to _____</del>

### SEATING COUNT

Restaurant: 80 Outdoor: \_\_\_\_\_

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

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

OLCC USE ONLY	
Investigator Verified Seating: _____ (Y) <input checked="" type="checkbox"/> (N)	
Investigator Initials: <u>DT</u>	
Date: <u>04/02/2020</u>	

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

Applicant Signature: [Signature] Date: 3/23/2020