



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: Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2nd Location	SEP 10 2020
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: PD 100 de
<input type="checkbox"/> Brewery-Public House 1st Location	# 821
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3rd Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date application received: 8/10/20
<input type="checkbox"/> Full On-Premises, Other Public Location	By: SR
<input type="checkbox"/> Full On-Premises, For Profit Private Club	License Action(s):
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	N/O
<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):

Blind Ox Tap House LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Blind Ox Tap House

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

4765 NE Fremont st.

City Portland	County Multnomah	Zip Code 97213
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Eric ~~West~~ Blind Ox LLC Phone: 971-678-5653

Trade Name (dba): Blind Ox Taphouse LLC

Business Location Address: 4765 NE Fremont ST

City: Portland OR ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11 am</u> to <u>10 pm</u>
Monday	<u>3 pm</u> to <u>10 pm</u>
Tuesday	<u>3 pm</u> to <u>10 pm</u>
Wednesday	<u>3 pm</u> to <u>10 pm</u>
Thursday	<u>3 pm</u> to <u>10 pm</u>
Friday	<u>3 pm</u> to <u>10 pm</u>
Saturday	<u>11 am</u> to <u>10 pm</u>

Outdoor Area Hours:

Sunday	<u>11 am</u> to <u>10 pm</u>
Monday	<u>3 pm</u> to <u>10 pm</u>
Tuesday	<u>3 pm</u> to <u>10 pm</u>
Wednesday	<u>3 pm</u> to <u>10 pm</u>
Thursday	<u>3 pm</u> to <u>10 pm</u>
Friday	<u>3 pm</u> to <u>10 pm</u>
Saturday	<u>11 am</u> to <u>10 pm</u>

The outdoor area is used for:

Food service Hours: 12 pm to 10 pm
 Alcohol service Hours: 12 pm to 10 pm
 Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: N/A

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 type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input checked="" type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: _____ |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>7 pm</u> to <u>10 pm</u>
Monday	<u>7 pm</u> to <u>10 pm</u>
Tuesday	<u>7 pm</u> to <u>10 pm</u>
Wednesday	<u>7 pm</u> to <u>10 pm</u>
Thursday	<u>7 pm</u> to <u>10 pm</u>
Friday	<u>7 pm</u> to <u>10 pm</u>
Saturday	<u>7 pm</u> to <u>10 pm</u>

SEATING COUNT

Restaurant: 26 Outdoor: 4-6
 Lounge: 0 Other (explain): (Social distancing seating)
 Banquet: 0 Total Seating: 30-36

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: Eric West Date: 8-7-2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)