



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:

currently have an F-Com 5-15-20 RE  
for the O per email 5-15-20 RE

License Applied For:

- Brewery 1st Location
- Brewery 2nd Location
- Brewery 3rd Location
- Brewery-Public House 1st Location
- Brewery-Public House 2nd Location
- Brewery-Public House 3rd Location
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, For Profit Private Club
- Full On-Premises, Nonprofit Private Club
- Grower Sales Privilege 1st Location
- Grower Sales Privilege 2nd Location
- Grower Sales Privilege 3rd Location
- Limited On-Premises
- Off-Premises
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine
- Winery 1st Location
- Winery 2nd Location
- Winery 3rd Location
- Winery 4th Location
- Winery 5th Location

CITY AND COUNTY USE ONLY

Date application received and/or date stamp:  
*Rec'd by Portland Liquor Licenses*  
**SEP 15 2020**

Name of City or County: *PD 75 ck*  
*5868*

Recommends this license be:  
 Granted  Denied

By: \_\_\_\_\_  
Date: \_\_\_\_\_

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OLCC USE ONLY

Date application received:  
5/15/20

By: \_\_\_\_\_ RE

License Action(s):  
A/PRIV

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

*Catalina's Restaurant inc*  
 (Applicant #1) \_\_\_\_\_ (Applicant #2)  
 \_\_\_\_\_ (Applicant #3) \_\_\_\_\_ (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)  
*Catalina's Restaurant*

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
*517 NE Killingsworth St*

City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97211</i>
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OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type Catalina's Restaurant Inc 5-21-20 RE

Applicant Name: Jaime Caldera Phone: (503) 351-3277

Trade Name (dba): Catalina's Mexican Rest

Business Location Address: 517 NE Killingsworth St

City: Portland, OR ZIP Code: 97211

**DAYS AND HOURS OF OPERATION**

<b>Business Hours:</b>	<b>Outdoor Area Hours:</b>	<b>The outdoor area is used for:</b>
Sunday <u>7am</u> to <u>10pm</u>	Sunday _____ to _____	<input type="checkbox"/> Food service Hours: _____ to _____
Monday <u>7am</u> to <u>10pm</u>	Monday _____ to _____	<input type="checkbox"/> Alcohol service Hours: _____ to _____
Tuesday <u>7am</u> to <u>10pm</u>	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how _____
Wednesday <u>7am</u> to <u>10pm</u>	Wednesday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees.
Thursday <u>7am</u> to <u>10pm</u>	Thursday _____ to _____	_____ (Investigator's Initials)
Friday <u>7am</u> to <u>10pm</u>	Friday _____ to _____	
Saturday <u>7am</u> to <u>10pm</u>	Saturday _____ to _____	

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: 100 Outdoor: \_\_\_\_\_  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 100

**OLCC USE ONLY**

Investigator Verified Seating: \_\_\_\_\_ (Y) X (N)  
 Investigator Initials: RE  
 Date: 5-21-20

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

Applicant Signature: \_\_\_\_\_ Date: 5/15/20