



# 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: <i>Rec'd by Portland Liquor Licenses</i> <b>SEP 15 2020</b> <i>PD \$75 ck</i>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>ADSS</i>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input 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	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: <i>7/3/20</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <i>SR</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):  <i>A/PRIV</i>
<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):

*Rowan Restaurant Group, LLC* (Applicant #1)    ~~*Sponsor Juanke, member/owner*~~ (Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) <i>Cafe Rowan</i>		
4. Business Address (Number and Street Address of the Location that will have the liquor license) <i>4437 SE Cesar E Chavez Blvd</i>		
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97202</i>



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Rowan Restaurant Group, LLC Phone: 973-452-3105

Trade Name (dba): Cafe Rowan

Business Location Address: 4437 SE Cesar E Chavez Blvd

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8am to 4pm  
\* Monday 6am to 4pm  
Tuesday 6am to 4pm  
Wednesday 6am to 4pm  
Thursday 6am to 4pm  
Friday 6am to 11pm  
Saturday 8am to 4pm

Outdoor Area Hours:

Sunday 8am to 4pm  
\* Monday 6am to 4pm  
Tuesday 6am to 4pm  
Wednesday 6am to 4pm  
Thursday 6am to 4pm  
Friday 6am to 11pm  
Saturday 8am to 4pm

The outdoor area is used for:

Food service Hours: 6am to 4pm  
 Alcohol service Hours: 8am to 4pm  
 Enclosed, how \_\_\_\_\_

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

\_\_\_\_\_  
(Investigator's Initials)

\*Legal hours for alcohol server is 7am to 2:30 am\*

Seasonal Variations:  Yes  No If yes, explain: depending on weather - no seating in winter months

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: 20 Outdoor: 22  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: 44

OLCC USE ONLY

Investigator Verified Seating:    (Y)    (N)

Investigator Initials: ECH

Date: 7-24-20

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

Applicant Signature: [Signature] Date: 7-3-2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)