



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: <u>SEP 29 2020</u>
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: <u>PD</u>
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be: <u>4269</u>
<input type="checkbox"/> Brewery-Public House 1st Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2nd Location	By: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	Date: _____
<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	

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

House Divided, Inc
 Applicant #1) _____ (Applicant #2)
 Applicant #3) _____ (Applicant #4)

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

Relax Bar & Grill

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

5751 NE Fremont

City	County	Zip Code
<u>Portland</u>	<u>Multnomah</u>	<u>97213</u>



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Hansa Divided, Inc Phone: 503-460-0544

Trade Name (dba): Peter's Bar & Grill

Business Location Address: 5701 NE Fremont

City: Portland ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11:30</u> to <u>11</u>
Monday	<u>11:30</u> to <u>11</u>
Tuesday	<u>11:30</u> to <u>11</u>
Wednesday	<u>11:30</u> to <u>11</u>
Thursday	<u>11:30</u> to <u>11</u>
Friday	<u>11:30</u> to <u>12</u>
Saturday	<u>11:30</u> to <u>12</u>

Outdoor Area Hours:

Sunday	<u>11:30</u> to <u>11</u>
Monday	<u>11:30</u> to <u>11</u>
Tuesday	<u>11:30</u> to <u>11</u>
Wednesday	<u>11:30</u> to <u>11</u>
Thursday	<u>11:30</u> to <u>11</u>
Friday	<u>11:30</u> to <u>12</u>
Saturday	<u>11:30</u> to <u>12</u>

The outdoor area is used for:

Food service Hours: 11:30 to 11

Alcohol service Hours: 11:30 to 11

Enclosed, how _____

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

N/A - OFF ONLY (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

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

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A

Sunday	_____ to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

SEATING COUNT

Restaurant: 60 Outdoor: 12

Lounge: _____ Other (explain): 12 (Bar)

Banquet: _____ Total Seating: 84

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: [Signature] Date: 8/10/20