



# 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:	
<input type="checkbox"/> Brewery 1st Location	<p style="text-align: center;">Rec'd by Portland CITY AND COUNTY USE ONLY Liquor Licenses</p> <p>Date application received and/or date stamp: <b>OCT -1 2020</b></p> <p>PD \$100 ck # <u>996</u></p> <p>Name of City or County: _____</p> <p>Recommends this license be: <input type="checkbox"/> Granted    <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;"><b>OLCC USE ONLY</b></p> <p>Date application received: <u>8/3/20</u></p> <p>By: <u>SR</u></p> <p>License Action(s):  N/O</p>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd Location	
<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):

~~AMOD B CHIETRI~~ AS & AL CORPORATION

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

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

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

82 POWELL DELI & GROCERY

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

8201 SE POWELL BLVD

City

PORTLAND

County

MULTNOMAH

Zip Code

97266



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: AMOD B CHHETRI

Phone: 5103045523

Trade Name (dba): 82 POWELL DELI & GROCERY

Business Location Address: 8201 SE POWELL BLVD

City: PORTLAND

ZIP Code: 97266

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>6 am</u>	to	<u>6 AM</u>
Monday	<u>6 AM</u>	to	<u>6 AM</u>
Tuesday	<u>6 AM</u>	to	<u>6 AM</u>
Wednesday	<u>6 AM</u>	to	<u>6 AM</u>
Thursday	<u>6 AM</u>	to	<u>6 AM</u>
Friday	<u>6 AM</u>	to	<u>6 AM</u>
Saturday	<u>6 AM</u>	to	<u>6 AM</u>

#### Outdoor Area Hours:

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

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 type="checkbox"/> Live Music        | <input type="checkbox"/> Karaoke                |
| <input type="checkbox"/> Recorded Music    | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music          | <input type="checkbox"/> Video Lottery Machines |
| <input 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	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

### SEATING COUNT

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

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

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

#### 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: \_\_\_\_\_

Date: 08/02/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)