



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 of comp: Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	OCT -7 2020
<input type="checkbox"/> Brewery-Public House 1st Location	PD # 975 CK
<input type="checkbox"/> Brewery-Public House 2nd Location	Name of City or County: 0102
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	Recommends this license be:
<input checked="" type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<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 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	

CITY AND COUNTY USE ONLY

OCT -7 2020

PD # 975 CK

Name of City or County: 0102

Recommends this license be: Granted Denied

By: _____

Date: _____

OLCC USE ONLY

Date application received: 8/25/20

By: SR

License Action(s):

C/O; C/TN

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

Danians Kitchen & Catering INC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Danians Kitchen & Catering INC

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

2529 NE Alberta st, Portland OR 97211

City Portland	County Multnomah	Zip Code 97211
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Danlan's Kitchen & Catering INC Phone: (503) 222-1601

Trade Name (dba): Danlan's Kitchen & Catering

Business Location Address: 2529 NE Alberta St.

City: Portland, OR

ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8:00 am to 10:00 pm
 Monday 8:00 am to 10:00 pm
 Tuesday 8:00 am to 10:00 pm
 Wednesday 8:00 am to 10:00 pm
 Thursday 8:00 am to 10:00 pm
 Friday 8:00 am to 10:00 pm
 Saturday 8:00 am to 10:00 pm

Outdoor Area Hours:

Sunday 8:00 am to 10:00 pm
 Monday 8:00 am to 9:00 pm
 Tuesday 8:00 am to 9:00 pm
 Wednesday 8:00 am to 9:00 pm
 Thursday 8:00 am to 9:00 pm
 Friday 8:00 am to 9:00 pm
 Saturday 8:00 am to 9:00 pm

The outdoor area is used for:

Food service Hours: 8:00 am to 9:00 p.m.
 Alcohol service Hours: 8:00 am to 9:00 p.m.
 Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Depend of the weather we will close early in winter season.

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: 6
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 26

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: Shyla Vela

Date: 08/24/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)