



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 1 st Location	Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> OCT - 9 2020
<input type="checkbox"/> Brewery 2 nd Location	
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County: <i>PD \$75</i> <u>521848</u>
<input type="checkbox"/> Brewery-Public House 1 st location	
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	By: _____ Date: _____
<input type="checkbox"/> Full On-Premises, Commercial	
<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: 9/18/20
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <u>SR</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 st location	License Action(s): C/O; C/TN
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd 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 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

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

Shri, Inc.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) 7-Eleven # 14491F		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 11310 NW St Helens Rd		
City Portland	County Multnomah	Zip Code 97231



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Shri, Inc. Phone: 503-286-0982

Trade Name (dba): 7-Eleven #14491F

Business Location Address: 11310 NW St Helens Rd

City: Portland ZIP Code: 97231

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 24/7 to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

Outdoor Area Hours:

Sunday N/A to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

The outdoor area is used for: N/A

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:

Live Music _____ Karaoke _____
 Recorded Music _____ Coin-operated Games _____
 DJ Music **NONE** Video Lottery Machines _____
 Dancing _____ Social Gaming _____
 Nude Entertainers _____ Pool Tables _____
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ **NONE** _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: _____ **NONE** 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: Anita Mahajan Date: 09-04-20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)