



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>8-10-20</u>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Date application received: <u>OCT - 9 2020</u>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	PD <u>\$75</u>
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	# <u>21449</u>
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	Name of City or County: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Other Public Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: _____
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date: _____
<input type="checkbox"/> Grower Sales Privilege 1st Location	OLCC USE ONLY
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	Date application received:
<input type="checkbox"/> Limited On-Premises	<u>8-10-20</u>
<input checked="" type="checkbox"/> Off-Premises	By: <u>RE</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	License Action(s):
<input type="checkbox"/> Warehouse	<u>A/Priv</u>
<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):

Cinemagic Theater LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Cinemagic Theater		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
2021 SE Hawthorne blvd		
City	County	Zip Code
Portland	Multnomah	97214



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Cinemagic Theater, LLC Phone: 503-231-0071

Trade Name (dba): Cinemagic Theater

Business Location Address: 2021 SE Hawthorne Blvd

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12:00pm to 12:00am
 Monday 3:00pm to 12:00am
 Tuesday 3:00pm to 12:00am
 Wednesday 3:00pm to 12:00am
 Thursday 3:00pm to 12:00am
 Friday 3:00pm to 12:00am
 Saturday 12:00pm to 12:00am

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: Hours can be shortened during the off season. Typically September and February, with some spillover into the months before and after.

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: Movie Theater

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): Theater Auditorium
 Banquet: _____ Total Seating: 180

OLCC USE ONLY	
Investigator Verified Seating: _____(Y) ^X _____(N)	
Investigator Initials: <u>RE</u>	
Date: <u>8-14-20</u>	

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

Applicant Signature: Charles F Nakvasil SR Date: 8/10/20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)