



LIQUOR LICENSE APPLICATION

PRINT

RESET FORM

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 stamp: <i>Rec'd by Portland Liquor Licenses</i> OCT 13 2020
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD \$75</i> <i>1008</i>
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	By: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date application received: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	9/11/20
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <u>SR</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 1st Location	C/O; C/TN
<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	

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

CANDOIT LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)
2512 NE Broadway st.

City <u>PORTLAND</u>	County <u>Multnomah</u>	Zip Code <u>97232</u>
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CANDOIT LLC Phone: (503) 438-0039

Trade Name (dba): Udom Somboon

Business Location Address: 2512 NE Broadway st.

City: PORTLAND ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12:00 PM to 9:00 PM
 Monday 11:00 AM to 11:00 PM
 Tuesday 11:00 AM to 11:00 PM
 Wednesday 11:00 AM to 11:00 PM
 Thursday 11:00 AM to 11:00 PM
 Friday 11:00 AM to 10:00 PM
 Saturday 12:00 PM to 10:00 PM

Outdoor Area Hours:

Sunday 12:00 PM to 9:00 PM
 Monday 11:00 AM to 9:00 PM
 Tuesday 11:00 AM to 9:00 PM
 Wednesday 11:00 AM to 9:00 PM
 Thursday 11:00 AM to 9:00 PM
 Friday 11:00 AM to 10:00 PM
 Saturday 12:00 PM to 10:00 PM

The outdoor area is used for:

Food service Hours: 11:00 AM to 10:00 PM

Alcohol service Hours: 11:00 AM to 10:00 PM

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
- 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: _____ Outdoor: 8 seats.
 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: [Signature] Date: 09/03/2020

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)