



# 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:
<input type="checkbox"/> Brewery 2nd Location	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3rd Location	OCT 15 2020
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County: PD \$100
<input type="checkbox"/> Brewery-Public House 2nd Location	# 126
<input type="checkbox"/> Brewery-Public House 3rd Location	Recommends this license by:
<input type="checkbox"/> Distillery	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Full On-Premises, Commercial	By: _____
<input type="checkbox"/> Full On-Premises, Caterer	Date: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	OLCC USE ONLY RECEIVED
<input checked="" type="checkbox"/> Full On-Premises, Other Public Location	Date application received: SEP 08 2020
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Initials: <u>W</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: Oregon Liquor Control Commission
<input type="checkbox"/> Grower Sales Privilege 1st Location	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 2nd Location	N/O
<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):

Hot Pink Pluto Vintage & Eatery LLC  
(Applicant #1) (Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) Hot Pink Pluto Vintage & Eatery		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 144 NE 28th Ave		
City Portland	County Multnomah	Zip Code 97232



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Sophia Giuliano Phone: 415-328-2675  
 Trade Name (dba): Hot Pink Pluto Vintage & Eatery  
 Business Location Address: 144 NE 28th ave  
 City: Portland ZIP Code: 97232

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 12pm to 8pm  
 Monday 12pm to 8pm  
 Tuesday 12pm to 8pm  
 Wednesday 12pm to 8pm  
 Thursday 12pm to 8pm  
 Friday 12pm to 8pm  
 Saturday 12pm to 8pm

#### Outdoor Area Hours:

Sunday 12pm to 8pm  
 Monday 12pm to 8pm  
 Tuesday 12pm to 8pm  
 Wednesday 12pm to 8pm  
 Thursday 12pm to 8pm  
 Friday 12pm to 8pm  
 Saturday 12pm to 8pm

The outdoor area is used for:

Food service Hours: 12pm to 8pm  
 Alcohol service Hours: 12pm to 8pm  
 Enclosed, how by fence

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

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: In winter, there will be no outdoor area

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

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday 6pm to 8pm  
 Saturday 6pm to 8pm

### SEATING COUNT

Restaurant: 12 Outdoor: 6  
 Lounge: X Other (explain): X  
 Banquet: X Total Seating: 18

#### 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: Sophia Giuliano Date: 8/31/2020