



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 stamp:
<input type="checkbox"/> Brewery 2nd Location	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Brewery 3rd Location	OCT 26 2020
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 2nd Location	PD \$75
<input type="checkbox"/> Brewery-Public House 3rd Location	# 9081211879
<input type="checkbox"/> Distillery	Recommends this license be:
<input 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	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Date application received:
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	9-5-20
<input type="checkbox"/> Grower Sales Privilege 1st Location	By: RE
<input type="checkbox"/> Grower Sales Privilege 2nd Location	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 3rd Location	A/Priv
<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 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): 9-15-20 RE

DaHui RESTAURANTS LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

DaHui Bar & Grill

confirmed C/TN per email 9-30-20, will be processed after licensure RE

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

6506 SE Foster Road

City

Portland

County

Multnomah

Zip Code

97206



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: DA' HUI RESTAURANTS LLC Phone: 503-477-7224

Trade Name (dba): Da' Hui Bar & Grill

Business Location Address: 6506 SE Foster Road

City: Portland ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9am to 10pm
 Monday noon to 10pm
 Tuesday noon to 10pm
 Wednesday noon to 10pm
 Thursday noon to 10pm
 Friday noon to 10pm
 Saturday 9am to 10pm

Outdoor Area Hours:

Sunday 9am to 10pm
 Monday noon to 10pm
 Tuesday noon to 10pm
 Wednesday noon to 10pm
 Thursday noon to 10pm
 Friday noon to 10pm
 Saturday 9am to 10pm

The outdoor area is used for:

Food service Hours: noon to 10pm

Alcohol service Hours: noon to 10pm

Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: COVID-19 rules and regulations

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: 28 Outdoor: 14
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 42

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: 10/19/2020