



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:

<p style="text-align: center;">License Applied For:</p> <input type="checkbox"/> Brewery 1st Location <input type="checkbox"/> Brewery 2nd Location <input type="checkbox"/> Brewery 3rd Location <input type="checkbox"/> Brewery-Public House 1st Location <input type="checkbox"/> Brewery-Public House 2nd Location <input type="checkbox"/> Brewery-Public House 3rd Location <input type="checkbox"/> Distillery <input type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, For Profit Private Club <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Grower Sales Privilege 1st Location <input type="checkbox"/> Grower Sales Privilege 2nd Location <input type="checkbox"/> Grower Sales Privilege 3rd 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 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	<p style="text-align: center;">CITY AND COUNTY USE ONLY</p> <p style="text-align: center; color: blue;">Filed by Portland Liquor Licenses</p> <p>Date application received and/or date stamp: OCT 26 2020</p> <p>PD # <u> \$75 </u></p> <p>Name of City or County: <u> 2870 </u></p> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____ Date: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: <u>10-13-20</u></p> <p>By: <u>RE</u></p> <p>License Action(s): <u>A/Priv</u></p>
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2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

SAI CORPORATION

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Dwaraka Indian Cuisine		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
3962 se hawthorne blvd STE B & C		
City	County	Zip Code
Portland	Multnomah	97214



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Sai Corporation Phone: 503-230-1120

Trade Name (dba): Dwaraka Indian Cuisine

Business Location Address: 3962 se hawthorne blvd STE B & C

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 10 pm
Monday 11 am to 10 pm
Tuesday 11 am to 10 pm
Wednesday 11 am to 10 pm
Thursday 11 am to 10 pm
Friday 11 am to 10 pm
Saturday 11 am to 10 pm

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: _____

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: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

OLCC USE ONLY
Investigator Verified Seating: _____ (Y) _____ X (N)
Investigator Initials: RE
Date: 10-15-20

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

Applicant Signature: Sanjeeva R. Jadhav Date: 10/10/2020