



OREGON LIQUOR CONTROL COMMISSION

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 27 2020
<input type="checkbox"/> Brewery-Public House 1st Location	Name of City or County: PD 975
<input type="checkbox"/> Brewery-Public House 2nd Location	# 2513
<input type="checkbox"/> Brewery-Public House 3rd Location	Recommends this license be:
<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
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: 10/14/20
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: SR
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s):
<input type="checkbox"/> Grower Sales Privilege 1st Location	A/PRIV
<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):

Grand Ventures Eastlund Hotel LLC

(Applicant #1) _____ (Applicant #2) _____

(Applicant #3) _____ (Applicant #4) _____

3. Trade Name of the Business (Name Customers Will See)		
Hotel Eastlund		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1021 NE Grand Ave		
City	County	Zip Code
Portland	Multnomah	97232



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Grand Ventures Eastlund Hotel LLC Phone: (503) 235-2100

Trade Name (dba): Hotel Eastlund

Business Location Address: 1021 NE Grand Ave.

City: Portland ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7am to 11pm
 Monday 7am to 12 AM
 Tuesday 7am to 12 AM
 Wednesday 7am to 12 AM
 Thursday 7am to 12 AM
 Friday 7am to 12 AM
 Saturday 7am to 12 AM

Outdoor Area Hours:

Sunday 7am to 11pm
 Monday 7am to 12 AM
 Tuesday 7am to 12 AM
 Wednesday 7am to 12 AM
 Thursday 7am to 12 AM
 Friday 7am to 12 AM
 Saturday 7am to 12 AM

The outdoor area is used for:

- Food service Hours: 7am to 12am
 Alcohol service Hours: 7am to 12 AM
 Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: WEATHER PERMITTING ON OUTSIDE DECK

ENTERTAINMENT

- Live Music
 Recorded Music
 DJ Music
 Dancing
 Nude Entertainers

Check all that apply:

- Karaoke
 Coin-operated Games
 Video Lottery Machines
 Social Gaming
 Pool Tables
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday N/A to N/A
 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) ____ (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: 8/12/2020