



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: <i>Rec'd by Portland Liquor Licenses</i> <b>OCT 27 2020</b>
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD \$75 dk</i> <i># 1017</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	
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received: <i>8-26-2020</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <i>LT</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	License Action(s): <i>40 G/PRIV</i>
<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 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):

OCEAN FRIEND INC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) MIO SUSHI PEARL		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 1317 NW HOYT ST		
City PORTLAND	County MULTNOMAH	Zip Code 97209



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: OCEAN FRIEND INC Phone: 503-224-7905

Trade Name (dba): MIO SUSHI PEARL

Business Location Address: 1317 NW HOYT ST

City: PORTLAND ZIP Code: 97209

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>11</u> to <u>9:30</u>
Monday	<u>11</u> to <u>9:30</u>
Tuesday	<u>11</u> to <u>9:30</u>
Wednesday	<u>11</u> to <u>9:30</u>
Thursday	<u>11</u> to <u>9:30</u>
Friday	<u>11</u> to <u>10:00</u>
Saturday	<u>10</u> to <u>10:00</u>

#### 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music        | <input type="checkbox"/> Karaoke                |
| <input type="checkbox"/> Recorded Music    | <input type="checkbox"/> Coin-operated Games    |
| <input type="checkbox"/> DJ Music          | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing           | <input type="checkbox"/> Social Gaming          |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables            |
|  | <input type="checkbox"/> 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: 58 Outdoor: 28

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 86

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: X  PRESIDENT Date: 8-20-20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)