



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 stamped: <i>Rec'd by Portland Liquor Licenses</i>
<input type="checkbox"/> Brewery 2nd Location	<i>OCT 28 2020</i>
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <i>PD \$100 # 4779</i>
<input type="checkbox"/> Brewery-Public House 1st Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 2nd Location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 3rd Location	By: _____
<input type="checkbox"/> Distillery	Date: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Caterer	Date application received: <i>9/15/20</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	By: <i>SR</i>
<input checked="" type="checkbox"/> Full On-Premises, Other Public Location	License Action(s):
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<i>N/O</i>
<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 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):

Liam Peltz Dick's Kitchen LLC
 (Applicant #1) _____ (Applicant #2) _____
 (Applicant #3) _____ (Applicant #4) _____

3. Trade Name of the Business (Name Customers Will See)
~~DICKS KITCHEN LLC~~ *DICKS PRIMAL BURGER* ^{NE} ~~NE~~

4. Business Address (Number and Street Address of the Location that will have the liquor license)
4318 NE CULLY BLVD, PORTLAND, OR 97218

City <i>Portland, OR</i>	County <i>MULTNOMAH</i>	Zip Code <i>97218</i>
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: DICKS KITCHEN LLC Phone: _____

Trade Name (dba): DICKS PRIMAL BURGER

Business Location Address: 4318 NE PULLY RD.

City: Portland, OR ZIP Code: 97218

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	1200	to	800
Monday	12	to	800
Tuesday	12	to	800
Wednesday	12	to	800
Thursday	1200	to	800
Friday	1200	to	900
Saturday	1200	to	900

Outdoor Area Hours:

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

The outdoor area is used for:

Food service Hours: 1200 to 800
 Alcohol service Hours: 1200 to 800
 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: 50 Outdoor: 50
 Lounge: X Other (explain): _____
 Banquet: X Total Seating: 100

OLCC USE ONLY	
Investigator Verified Seating	____ (C) ____ (H)
Investigator Initials	_____
Date:	_____

I understand if my answers are not true and complete, the OLCC may deny my license application.
Applicant Signature: [Signature] Date: 10-6-2020