



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> NOV - 3 2020 Name of City or County: <u>Portland</u> # <u>1275</u> Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<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 checked="" 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	

OLCC USE ONLY **RECEIVED**

Date application received: **SEP 01 2020**

By: _____
Initials: *MD*
Oregon Liquor Control Commission

License Action(s):
N/A

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Breakside Brewery Inc.

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

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

3. Trade Name of the Business (Name Customers Will See) Breakside Brewery		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 3612 SE 82nd Ave, Space B16		
City Portland	County Multnomah	Zip Code 97266

Scanned 9/01/20



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Breakside Brewery Inc. Phone: 503 351-4546

Trade Name (dba): Breakside Brewery

Business Location Address: 3612 SE 82nd Ave, Space 15 16B

City: Portland ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 9pm
 Monday 11am to 9pm
 Tuesday 11am to 9pm
 Wednesday 11am to 9pm
 Thursday 11am to 9pm
 Friday 11am to 9pm
 Saturday 11am to 9pm

Outdoor Area Hours:

Sunday 11am to 9pm
 Monday 11am to 9pm
 Tuesday 11am to 9pm
 Wednesday 11am to 9pm
 Thursday 11am to 9pm
 Friday 11am to 9pm
 Saturday 11am to 9pm

The outdoor area is used for:

- Food service Hours: 11am to 9pm
 Alcohol service Hours: 11am to 9pm
 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 Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 54
 Lounge: _____ Other (explain): Indoor Food Court 60
 Banquet: _____ Total Seating: 114

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: 8/27/2020