



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:	
<input type="checkbox"/> Brewery 2nd Location		Rec'd by Portland Liquor Licenses	
<input type="checkbox"/> Brewery 3rd Location		NOV 12 2020	
<input type="checkbox"/> Brewery-Public House 1st Location		PD \$75	
<input type="checkbox"/> Brewery-Public House 2nd Location		Name of City or County: # 3583	
<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 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:	
<input type="checkbox"/> Full On-Premises, For Profit Private Club		5-5-20	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club		By: ECH	
<input type="checkbox"/> Grower Sales Privilege 1st Location		License Action(s):	
<input type="checkbox"/> Grower Sales Privilege 2nd Location		A/PRIV	
<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			

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

~~Enlo Productions Inc~~ Gila Lane Enterprises LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
KIVA Tea Bar & Spa		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1533 NW 24th Ave		
City	County	Zip Code
Portland	Multnomah	97210



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Carla Lane Phone: 503 489 9180

Trade Name (dba): MVA Tea Bar + Spa

Business Location Address: 1533 NW 24th

City: Portland ZIP Code: 97210

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>9</u>	to	<u>5</u>
Monday	<u>9</u>	to	<u>5</u>
Tuesday	<u>9</u>	to	<u>5</u>
Wednesday	<u>9</u>	to	<u>5</u>
Thursday	<u>9</u>	to	<u>5</u>
Friday	<u>9</u>	to	<u>5</u>
Saturday	<u>9</u>	to	<u>5</u>

#### Outdoor Area Hours:

Sunday	<u>9</u>	to	<u>5</u>
Monday	<u>9</u>	to	<u>5</u>
Tuesday	<u>9</u>	to	<u>5</u>
Wednesday	<u>9</u>	to	<u>5</u>
Thursday	<u>9</u>	to	<u>5</u>
Friday	<u>9</u>	to	<u>5</u>
Saturday	<u>9</u>	to	<u>5</u>

The outdoor area is used for:

Food service Hours: 9 to 5

Alcohol service Hours: 9 to 5

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: 20 Outdoor: 12

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

Banquet: \_\_\_\_\_ Total Seating: 32

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: Carla Lane Date: 5/5/20

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)