



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 12 2020
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	Name of City or County: <u>PD</u> # <u>200</u>
<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: _____ Date: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<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: <u>9/17/20</u>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	By: <u>SR</u>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	License Action(s): <u>C/O</u>
<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):

Bracket Local, LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)
Local Lounge

4. Business Address (Number and Street Address of the Location that will have the liquor license)
3536 NE Martin Luther King Jr Blvd, #81

City <u>Portland</u>	County <u>Multnomah</u>	Zip Code <u>97212</u>
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OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bracket Local, LLC Phone: 503-467-1042

Trade Name (dba): The Local Lounge

Business Location Address: 3536 NE Martin Luther King Jr Blvd

City: Portland, OR ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	3:30	to	10:00
Monday	3:30	to	10:00
Tuesday	3:30	to	10:00
Wednesday	3:30	to	10:00
Thursday	3:30	to	10:00
Friday	3:30	to	10:00
Saturday	3:30	to	10:00

Outdoor Area Hours:

Sunday	3:30	to	10:00
Monday	3:30	to	10:00
Tuesday	3:30	to	10:00
Wednesday	3:30	to	10:00
Thursday	3:30	to	10:00
Friday	3:30	to	10:00
Saturday	3:30	to	10:00

The outdoor area is used for:

Food service Hours: 3:30 to 10:00

Alcohol service Hours: 3:30 to 10:00

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
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers

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

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	<u>7</u>	to	<u>10</u>
Saturday	<u>7</u>	to	<u>10</u>

SEATING COUNT

Restaurant: 37 Outdoor: 8

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: 4/2/2020