



LIQUOR LICENSE APPLICATION

PRINT

RESET FORM

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: NOV 18 2020	
<input type="checkbox"/> Brewery 2nd Location		PD <u>\$100</u>	
<input type="checkbox"/> Brewery 3rd Location		# <u>997</u>	
<input type="checkbox"/> Brewery-Public House 1st Location		Name of City or County: _____	
<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		By: _____	
<input type="checkbox"/> Distillery		Date: _____	
<input type="checkbox"/> Full On-Premises, Commercial		OLCC USE ONLY	
<input type="checkbox"/> Full On-Premises, Caterer		Date application received: <u>9-29-2020</u>	
<input type="checkbox"/> Full On-Premises, Passenger Carrier		By: <u>LT</u>	
<input type="checkbox"/> Full On-Premises, Other Public Location		License Action(s): <u>NO</u>	
<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 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):

~~Katherine Cole~~/Uncorked Media, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

Kalon Consulting

4. Business Address (Number and Street Address of the Location that will have the liquor license)

1662 NW Riverscape St.

City	County	Zip Code
Portland	OR	97209



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Katherine Cole Phone: 503-757-2549

Trade Name (dba): Kalon Consulting

Business Location Address: 1662 NW Riverscape St.

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
 Monday 9am to 5pm
 Tuesday 9am to 5pm
 Wednesday 9am to 5pm
 Thursday 9am to 5pm
 Friday 9am to 5pm
 Saturday _____ to _____

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)

business description:

Seasonal Variations: Yes No **if yes, explain:** Kalon Consulting is a personal fine wine cellar consulting service.

I am applying for an OLCC license so that I may purchase wines on behalf of my future clients.

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: 0 Outdoor: 0
 Lounge: 0 Other (explain): See above, "Seasonal Variations"
 Banquet: 0 Total Seating: 0

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.

proprietor, Uncorked Media

Applicant Signature: Katherine Cole Date: 9/23/20