



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:

<b>License Applied For:</b>		<b>CITY AND COUNTY USE ONLY</b>	
<input type="checkbox"/> Brewery 1st Location		Date application received and/or date stamp: <b>NOV 18 2020</b>	
<input type="checkbox"/> Brewery 2nd Location		Name of City or County: <b>PD # 134</b>	
<input type="checkbox"/> Brewery 3rd Location		Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> Brewery-Public House 1st Location		By: _____	
<input type="checkbox"/> Brewery-Public House 2nd Location		Date: _____	
<input type="checkbox"/> Brewery-Public House 3rd Location		<b>OLCC USE ONLY</b>	
<input type="checkbox"/> Distillery		Date application received: <b>RECEIVED</b>	
<input type="checkbox"/> Full On-Premises, Commercial		By: _____	
<input type="checkbox"/> Full On-Premises, Caterer		Initials: <b>VO</b>	
<input type="checkbox"/> Full On-Premises, Passenger Carrier		License Action(s): <b>N/O</b>	
<input type="checkbox"/> Full On-Premises, Other Public Location		Oregon Liquor Control Commission	
<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):

BHGAH T-PDX, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

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

4. Business Address (Number and Street Address of the Location that will have the liquor license)  
7077 NE 82nd Ave.

City Portland	County Multnomah	Zip Code 97220
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**OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: BHGAH T-PDX ,LLC Phone: 503-252-7001

Trade Name (dba): Tru by Hilton

Business Location Address: 7011 NE 82nd Ave.

City: Portland ZIP Code: 97220

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday 24/7 to 24/7  
Monday 24/7 to 24/7  
Tuesday 24/7 to 24/7  
Wednesday 24/7 to 24/7  
Thursday 24/7 to 24/7  
Friday 24/7 to 24/7  
Saturday 24/7 to 24/7

**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)

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: \_\_\_\_\_

**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: \_\_\_\_\_  
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: \_\_\_\_\_