



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: Rec'd by Portland Liquor Licenses NOV 19 2020 Name of City or County: PD \$75 # 1413 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 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	OLCC USE ONLY Date application received: 8-1-20 By: <u>RE</u> License Action(s): A/Priv
<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): 8-14-20 RE

Savona Ltd dba Castagna dba Ok Omens

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Castagna / OK Omens		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1752 SE Hawthorne blvd		
City	County	Zip Code
Portland	Mult	97214



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Complete and Return to OLCC AS SOON AS POSSIBLE.

Please Print or Type

Applicant Name: Savona Ltd Phone: 503 231 7373

Trade Name (dba): Castagna and Cafe Castagna

Business Location Address: 1752 SE Hawthorne Blvd

City: Portland OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>5</u> to <u>10</u>
Monday	<u>Closed</u>
Tuesday	<u>5</u> to <u>10</u>
Wednesday	<u>5</u> to <u>10</u>
Thursday	<u>5</u> to <u>10</u>
Friday	<u>5</u> to <u>10</u>
Saturday	<u>5</u> to <u>10</u>

Outdoor Area Hours: seasonal

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

The outdoor area is used for:

Food service Hours: 5 to 9

Alcohol service Hours: 5 to 9

Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: no outdoor seating from October through May

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: 50 Outdoor: 34

20 Lounge: 50 Other (explain): 50 cafe

Banquet: _____ Total Seating: 134

OLCC USE ONLY

Investigator Verified Seating: (M) Y (N)

Investigator Initials: TUP

Date: 11/4/14

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 10/30/14