



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Pending

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
- Passenger Carrier
- Other Public Location
- Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other change location

*L240046
P 39708*

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission: _____

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 10-4-16

90-day authority: Yes No

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Livia A Petrache ③ _____

② Ristorante Roma LLC ④ _____

2. Trade Name (dba): RISTORANTE ROMA LLC

3. Business Location: 1216 SW MORRISON ST PORTLAND MULTNOMAH OR 97205
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 4442 NE JARRETT ST PORTLAND OR 97218
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 241 2692
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: SUNSHINE CAFE

9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? PORTLAND
(name of city or county)

11. Contact person for this application: LIVIA PETRACHE 503 419 7938
(name) (phone number(s))
4442 NE JARRETT ST PORTLAND OR 97205 ristoroma@comcast.net
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 9/16/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED

SEP 23 2016

Initials: *[Signature]* Date _____
Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



252737-98

Please Print or Type

LLC Name: RISTORANTE ROMA LLC Year Filed: 2004 ✓

Trade Name (dba): RISTORANTE ROMA

Business Location Address: 1216 SW MORRISON ST

City: PORTLAND ZIP Code: 97205

List Members of LLC:

Percentage of Membership Interest:

1. LIVIU A. PETRACHE
(managing member)

100%

2. _____
(members)

3. _____

4. _____

5. _____

6. _____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: LIVIU A PETRACHE DOB: 03-23-1970

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

Signature: [Signature] Date: 9-16-16
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Ristorante Roma LLC
Applicant Name: LIVIA A PETRACHE Phone: 503 419 7938
Trade Name (dba): RISTORANTE ROMA LLC
Business Location Address: 1216 SW MORRISON ST
City: PORTLAND ZIP Code: 97205

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday closed to closed
Monday 11 am to 1 am
Tuesday 11 am to 1 am
Wednesday 11 am to 1 am
Thursday 11 am to 1 am
Friday 11 am to 1 am
Saturday 11 am to 1 am

Outdoor Area Hours:

Sunday closed to closed
Monday 11 am to 1 am
Tuesday 11 am to 1 am
Wednesday 11 am to 1 am
Thursday 11 am to 1 am
Friday 11 am to 1 am
Saturday 11 am to 1 am

The outdoor area is used for:

Food service Hours: 11 am to 1 am
 Alcohol service Hours: 11 am to 1 am
 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: 54 Outdoor: 10
Lounge: _____ Other (explain): bar Seating 16
Banquet: _____ Total Seating: 80

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: _____ Date: 9-16-16

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)