

LIQUOR LICENSE APPLICATION

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Check the appropriate license request option:

New Outlet | Change of Ownership | Greater Privilege | Lesser Privilege

Select the license type you are applying for.

More information about all license types is available [online](#).

Full On-Premises

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

Winery

- Primary location
- Additional locations: 2nd 3rd 4th 5th

Brewery

- Primary location
- Additional locations: 2nd 3rd

Brewery-Public House

- Primary location
- Additional locations: 2nd 3rd

Grower Sales Privilege

- Primary location
- Additional locations: 2nd 3rd

Distillery

- Primary location
- Additional tasting locations: 2nd 3rd 4th 5th 6th

Limited On-Premises

~~Off Premises~~ per email 11-16-22 RE

- Warehouse
- Wholesale Malt Beverage and Wine

INTERNAL USE ONLY

Application received:

9-22-22

Minimum documents acquired:

9-22-22

LOCAL GOVERNING BODY USE ONLY

City/County name:

RECEIVED

By Louanne Moldovan at 5:14 pm, Jan 20, 2023

Date application received:

Optional: Date Stamp

- Recommend this license be granted
- Recommend this license be denied

Printed Name _____

Date _____

Return this form to:

Investigator name:

Roslyn Espinosa

Email:

roslyn.espinosa@oregon.gov

LIQUOR LICENSE APPLICATION

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APPLICANT INFORMATION

Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.

Name of entity or individual applicant #1:

House Divided Delis Inc

Name of entity or individual applicant #2:

11-15-22 RE

Name of entity or individual applicant #3:

Name of entity or individual applicant #4:

BUSINESS INFORMATION

Trade Name of the Business (name customers will see):

Joseph's Deli

josephsdeli22@gmail.com

per email 11-16-22 RE

Business phone number:

541-729-4312

Business email:

~~N/A~~

Premises street address (The physical location of the business and where the liquor license will be posted):

11120 NE Halsbury St

City:

Portland

Zip Code:

97226

County:

Multnomah

Business mailing address (where we will send any items by mail as described in [OAR 845-004-0065\[1\]](#)):

5438 SE 69th Ave

City:

Portland

State:

OR

Zip Code:

97206

Does the business address currently have an OLCC liquor license? Yes No

Does the business address currently have an OLCC marijuana license? Yes No

APPLICATION CONTACT INFORMATION

Contact Name:

Tim Williams

Phone number:

541-729-4312

Email:

timberwilliams@hotmail.com

Mailing address:

5438 SE 69th Ave

City:

Portland

Zip Code:

97206

County:

Multnomah

Please note: liquor license applications are public records.



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Hance Diviched Deli's Inc 11-15-22 RE Phone: 541-729-4312

Trade Name (dba): Joseph's Deli

Business Location Address: 11120 NE Halsey St.

City: Portland ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>9:30am</u> to <u>10pm</u>
Monday	<u>9:30am</u> to <u>10pm</u>
Tuesday	<u>9:30am</u> to <u>10pm</u>
Wednesday	<u>9:30am</u> to <u>10pm</u>
Thursday	<u>9:30am</u> to <u>10pm</u>
Friday	<u>9:30am</u> to <u>10pm</u>
Saturday	<u>9:30am</u> to <u>10pm</u>

Outdoor Area Hours:

Sunday	<u>N/A</u> to <u>N/A</u>
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:

- | | |
|--|--|
| <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 checked="" 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: 12 Outdoor: _____
 Lounge: _____ Other (explain): 6 (Lobby)
 Banquet: _____ Total Seating: 18

OLCC USE ONLY	
Investigator Verified Seating: _____(Y) ^X _____(N)	
Investigator Initials: <u>RE</u>	
Date: <u>11-15-22</u>	

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

Applicant Signature: [Signature] Date: 9/22/22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)