LIQUOR LICENSE APPLICATION

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**

☐ **Warehouse**

☐ **Wholesale Malt Beverage and Wine**

INTERNAL USE ONLY

Application received:
05/24/2022

Minimum documents acquired:
05/24/2022

LOCAL GOVERNING BODY USE ONLY

City/County name:

RECEIVED
By Louanne Moldovan at 3:07 pm, Sep 02, 2022

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:
Amanda Cooper
Email:
amanda.cooper@oregon.gov

LIQUOR LICENSE APPLICATION

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:	Name of entity or individual applicant #2:
Walk In LLC	
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):
Walk In

Business phone number:	Business email:
651-403-9155	walkinpdx@gmail.com

Premises street address (The physical location of the business and where the liquor license will be posted):
4946 NE 13th Ave #104

City:	Zip Code:	County:
Portland	97211	Multnomah

Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1].):
4946 NE 13th Ave #104

City:	State:	Zip Code:
Portland	OR	97211

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:
Alexandra Peter

Phone number:	Email:
651-403-9155	walkinpdx@gmail.com

Mailing address:
4946 NE 13th Ave #104

City:	Zip Code:	County:
Portland	97211	Multnomah

Please note: liquor license applications are public records.

OREGON LIQUOR CONTROL COMMISSION

BUSINESS INFORMATION

Please Print or Type

Applicant Name: Walk In LLC Phone: 651-403-9155

Trade Name (dba): Walk In

Business Location Address: 4946 NE 13th Ave #104

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	noon	to	4pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday	5pm	to	8pm
Saturday	noon	to	4pm

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: Art Gallery

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	noon	to	4pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday	5pm	to	8pm
Saturday	noon	to	4pm

SEATING COUNT

Restaurant: _____ Outdoor: _____

Lounge: 6 Other (explain): _____

Banquet: _____ Total Seating: 6

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: Alexandra Peter **Date:** 05/02/2022

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)