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 per email 8-30-22 RE

- ☑ 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:
6-17-22

Minimum documents acquired:
6-17-22

LOCAL GOVERNING BODY USE ONLY

City/County name:

RECEIVED
By Louanne Moldovan at 4:40 pm, Sep 08, 20

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

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:
Grand Fir Brewing LLC (Company)	~~Doug Adams~~ 8-29-22 RE
Name of entity or individual applicant #3: per email 8-30-22 RE	**Name of entity or individual applicant #4:**

BUSINESS INFORMATION

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

Business phone number:	Business email: dca6425@gmail.com 8-29-22 RE
406-396-8845	DCA6425@gmail.com

Premises street address (The physical location of the business and where the liquor license will be posted): 1403 -1415 SE STARK ST per email 8-30-22 RE

City:	Zip Code:	County:
Portland	97214	Multnomah

Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1].): 16503 ~~S~~ S Beckman Rd

City:	State:	Zip Code:
Oregon City	Oregon	97045

Does the business address currently have an OLCC liquor license? ☑ Yes ☐ No	Does the business address currently have an OLCC marijuana license? ☐ Yes ~~☑ No~~ per email 8-30-22 RE

APPLICATION CONTACT INFORMATION

Contact Name: Doug Adams

Phone number:	Email: dca6425@gmail.com 8-29-22 RE
406-396-8845	DCA6425@gmail.com

Mailing address: 16503 S Beckman RD

City:	Zip Code:	County:
Oregon City	97045	Clackamas

Please note: liquor license applications are public records.

OREGON LIQUOR CONTROL COMMISSION

BUSINESS INFORMATION

Please Print or Type Grand Fir Brewing Company LLC per email 8-30-22 RE

Applicant Name: ~~Whitney Burnside~~ Doug Adams Phone: 406-396-8845

Trade Name (dba): Grand Fir Brewing -1415 per email 8-30-22 RE

Business Location Address: 1403 SE STARK

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Add outdoor area at a later date per email 8-30-22 RE

Business Hours:			Outdoor Area Hours:		
Sunday	11 am	to 10 pm	Sunday	11am	to 10 pm
Monday	11 am	to 10 pm	Monday	11am	to 10 pm
Tuesday	11 am	to 10 pm	Tuesday	11am	to 10 pm
Wednesday	11am	to 10 pm	Wednesday	11am	to 10 pm
Thursday	11am	to 10 pm	Thursday	11am	to 10 pm
Friday	11am	to 12 pm	Friday	11am	to 11 pm
Saturday	11am	to 11 pm	Saturday	11am	to 11 pm

The outdoor area is used for:

☑ Food service Hours: 11am to 10pm

☑ Alcohol service Hours: 11am to 10pm

☐ Enclosed, how _____

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

RE (Investigator's initials)

Seasonal Variations: ☑ Yes ☐ No If yes, explain: Outdoor closed if raining, Winter hrs will vary for outside tables

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: 90 Outdoor: ~~10~~

Lounge: _____ Other (explain): Bar 10

Banquet: _____ Total Seating: 40

OLCC USE ONLY

Investigator Verified Seating: ___(Y) X (N)

Investigator Initials: RE

Date: 8-29-22

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

Applicant Signature: _____ Date: 6/17/22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)