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:

4/15/22

Minimum documents acquired:

5/28/22

LOCAL GOVERNING BODY USE ONLY

City/County name:

RECEIVED
By Louanne Moldovan at 4:25 pm, Sep 09, 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:
Heidi Smothers

Email:
heidi.smothers@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:
Tight Tacos, 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):
Tight Tacos

Business phone number:	Business email:
TBD	tighttacospdx@gmail.com

Premises street address (The physical location of the business and where the liquor license will be posted):
3060 SE Division st

City:	Zip Code:	County:
Portland	97202	Multnomah

Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1].):
4704 SE 100th ave

City:	State:	Zip Code:
Portland	OR	97266

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:
Mark Gricel Cosio

Phone number:	Email:
408-386-0433	mcosio@gmail.com

Mailing address:
14035 SE Mill st

City:	Zip Code:	County:
Portland	97233	Multnomah

Please note: liquor license applications are public records.

OREGON LIQUOR CONTROL COMMISSION

BUSINESS INFORMATION

Please Print or Type

Applicant Name: Tight Tacos, LLC Phone: TBD

Trade Name (dba): Tight Tacos

Business Location Address: 3060 SE Division st

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	12 pm	to	9 pm
Monday	Closed	to	
Tuesday	12 pm	to	9 pm
Wednesday	12 pm	to	9 pm
Thursday	12 pm	to	9 pm
Friday	12 pm	to	9 pm
Saturday	12 pm	to	9 pm

Outdoor Area Hours:

Sunday	12pm	to	9 pm
Monday	Closed	to	
Tuesday	12 pm	to	9 pm
Wednesday	12 pm	to	9 pm
Thursday	12 pm	to	9 pm
Friday	12 pm	to	9 pm
Saturday	12 pm	to	9 pm

The outdoor area is used for:

☑ Food service Hours: 12 pm to 9 pm

☑ Alcohol service Hours: 12 pm to 9 pm

☐ 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: 30 Outdoor: 12

Lounge: _____ Other (explain): 8 (common hall)

Banquet: _____ Total Seating: 50

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:** 8-30-22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)