

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

Warehouse

Wholesale Malt Beverage and Wine

INTERNAL USE ONLY

Application received:

8/29/22

Minimum documents acquired:

8/29/22

LOCAL GOVERNING BODY USE ONLY

City/County name:

RECEIVED

By Louanne Moldovan at 2:14 pm, Oct 31, 2022

Optional: Date Stamp

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

Printed Name

Date

Return this form to:

Investigator name:

Travis Gottschutzke

Email:

travis.gottschutzke@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:
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): XXXXXXXXXXXXXXXXXXXX MATTINO'S (TG 10/27/22)		
Business phone number:	Business email:	
Premises street address (The physical location of the business and where the liquor license will be posted):		
City:	Zip Code:	County:
Business mailing address (where we will send any items by mail as described in OAR 845-004-0065[1]):		
City:	State:	Zip Code:
Does the business address currently have an OLCC liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION CONTACT INFORMATION		
Contact Name:		
Phone number:	Email:	
Mailing address:		
City:	Zip Code:	County:

Please note: liquor license applications are public records.



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: XXXXXXX NO SAINT LLC (TG 10/27/22) Phone: _____

Trade Name (dba): MATTINO'S (TG 10/27/22)

Business Location Address: _____

City: _____ ZIP Code: _____

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday AM to PM
 Monday to
 Tuesday to
 Wednesday to
 Thursday AM to PM
 Friday AM to PM
 Saturday AM to PM

Outdoor Area Hours:

Sunday AM to PM
 Monday to
 Tuesday to
 Wednesday to
 Thursday AM to PM
 Friday AM to PM
 Saturday AM to PM

The outdoor area is used for:

Food service Hours: AM to PM
 Alcohol service Hours: AM to PM
 Enclosed, how _____

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

 TG (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT Check all that apply: DAYS & HOURS OF LIVE OR DJ MUSIC

- Live Music (no live music TG 10/27/22)
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables N/A
- Other: _____

Sunday to
 Monday to
 Tuesday to
 Wednesday to
 Thursday to
 Friday to N/A
 Saturday to

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: ___(Y)___(N)
 Investigator Initials: _____
 Date: _____
 N/A

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

Applicant Signature: Gabriella Casabianca Date: _____