OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:
☐ Brewery 1st Location
Brewery Additional location (2nd) ☐ (3rd) ☐
☐ Brewery-Public House (BPH) 1st location
BPH Additional location (2nd) ☐ (3rd) ☐
☐ Distillery
☒ Full On-Premises, Commercial
☐ Full On-Premises, Caterer
☐ Full On-Premises, Passenger Carrier
☐ Full On-Premises, Other Public Location
☐ Full On-Premises, For Profit Private Club
☐ Full On-Premises, Nonprofit Private Club
☐ Grower Sales Privilege (GSP) 1st location
GSP Additional location (2nd) ☐ (3rd) ☐
☐ Limited On-Premises
☐ Off-Premises
☐ Warehouse
☐ Wholesale Malt Beverage & Wine
☐ Winery 1st Location
Winery Additional location (2nd) ☐ (3rd) ☐ (4th) ☐ (5th) ☐

CITY AND COUNTY USE ONLY

Date application received and/or date stamp:

RECEIVED
By Louanne Moldovan at 4:55 pm, Nov 10, 2022

Name of City or County

Recommends this license be:

☐ Granted ☐ Denied

By: _____

Date: _____

OLCC USE ONLY

Date application received: 04/04/2022

Date application accepted: 04/04/2022

License Action(s): C/O, C/TN

2. Identify the applicant(s) applying for the license(s). ***ENTITY (example: corporation or LLC) or INDIVIDUAL(S)***[1] applying for the license(s):

DONK Brands, LLC

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

3. Trade Name of the Business (Name Customers Will See)

Doc Marie's

4. Business Address (Number and Street Address of the Location that will have the liquor license)

203 SE Grand Ave

City	County	Zip Code
Portland	Multnomah	97214

[1] **Read the instructions on page 1 *carefully*.** If an entity is applying for the license, list the name of the entity as an applicant. If an individual is applying as a sole proprietor (no entity), list the individual as an applicant.

OREGON LIQUOR CONTROL COMMISSION

BUSINESS INFORMATION

Please Print or Type

Applicant Name: DONK Brands, LLC Phone: (503) 308-8224

Trade Name (dba): Doc Marie's

Business Location Address: 203 SE Grand Ave

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	4:00 pm	to	10:00 pm
Monday	4:00 pm	to	10:00 pm
Tuesday	4:00 pm	to	10:00 pm
Wednesday	4:00 pm	to	10:00 pm
Thursday	4:00 pm	to	2:00 am
Friday	4:00 pm	to	2:00 am
Saturday	4:00 pm	to	2:00 am

Outdoor Area Hours:

Sunday	4:00 pm	to	10:00 pm
Monday	4:00 pm	to	10:00 pm
Tuesday	4:00 pm	to	10:00 pm
Wednesday	4:00 pm	to	10:00 pm
Thursday	4:00 pm	to	10:00 pm
Friday	4:00 pm	to	10:00 pm
Saturday	4:00 pm	to	10:00 pm

The outdoor area is used for:

☑ Food service Hours: 4:00 pm to 10:00 pm

☑ Alcohol service Hours: 4:00 pm to 10:00 pm

☐ Enclosed, how _____

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

LT (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	4:00 pm	to	2:00 am
Friday	4:00 pm	to	2:00 am
Saturday	4:00 pm	to	2:00 am

SEATING COUNT

Restaurant: 84 Outdoor: 36

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 120

OLCC USE ONLY

Investigator Verified Seating: ____(Y) ✓(N)

Investigator Initials: LT

Date: 05/19/2022

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

Applicant Signature: _____ **Date:** 4/3/22

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)