# TO APPLY FOR A BREWERY WITH CONSUMPTION (Change to BRW *from BRWNC*)



Please submit <u>completed</u> documents to <u>OLCC.LiquorLicenseApplication@Oregon.Gov</u>

DATE (	E OF REQUEST: TYPE OF LI	CENSE(S):			
LICENSEE:					
TRADENAME (dba) OF BUSINESS:					
PREMISES ADDRESS:					
CITY:					
CONTACT PERSON:					
CONTACT PERSON'S PHONE:()					
CONTACT PERSON'S EMAIL:					
Include all items below as they apply to your business. Items in <b>Bold</b> are attached OLCC forms.					
	Letter of request describing where the tasting area will be (	expanding to another suite).			
	<b>Business Information</b> form – Please fill the form out comp your business, please write in "N/A" for that section, do not				
	Floor Plan form – Include the entire licensed premises (indoor/outdoor) and label the area where the tasting room will be located.				
	Server Education - Need before final approval.				
	Liquor Liability Insurance - Need before final approval.				

**Licensee Authorized Representative(s)**: In order to make changes to a license or to receive information about a license by someone other than the applicant/licensee, Licensee must:

Additional documents may be requested by the OLCC to investigate/document the changes.

- Complete the <u>Authorized Representative Form</u> designating a person/entity to act on your behalf and submit with this form.



Applicant Signature: \_\_

# OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type					
Applicant Name:			Phone:		
Trade Name (dba):					
Business Location Addr	ess:				
City:					
DAYS AND HOURS OF	OPERATION				
Business Hours:	Outdoor Are	ea Hours:	The outdoo	r area is used for:	
Sunday       to         Monday       to         Tuesday       to         Wednesday       to         Thursday       to	Monday Tuesday Wednesday Thursday	to	☐ Alcohol serv ☐ Enclosed, ho The exterior are	e Hours:to ice Hours:to ow ea is adequately viewed and/or Service Permittees.	
Saturdayto	Saturday  Saturday  No If ye  Check ALL that apply:  Karaoke Coin-operated Video Lottery I  Social Gaming Pool Tables Other:	es, explain:	Sunday Monday Tuesday		
Saturday toto	Saturday  Saturday  No If ye  Check ALL that apply:  Karaoke Coin-operated Video Lottery I  Social Gaming Pool Tables Other:	es, explain:	Sunday Monday Tuesday Wednesday Thursday Friday	to	
Seasonal Variations:  ENTERTAINMENT  Live Music  Recorded Music  DJ Music  Dancing  Nude Da  Live Entertainment Minor Entertainers  Minor Entertainers in an area approval from the OLCC  SEATING COUNT	Saturday  Yes No If ye  Check ALL that apply:  Karaoke Coin-operated Video Lottery I Social Gaming Pool Tables Other: ea prohibited to minors i	es, explain:	Sunday Monday Tuesday Wednesday Thursday Friday Saturday	to	

www.oregon.gov/olcc

Rev: 2.1.23

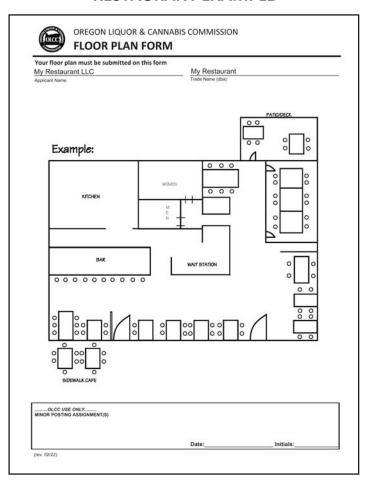
Date:\_

## **INSTRUCTIONS**

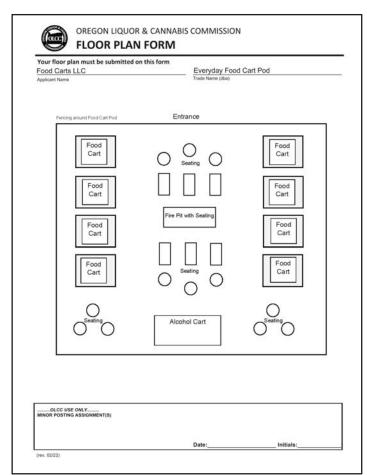
- 1. Your floor plan MUST be submitted on the Floor Plan Form below
- 2. Use a separate Floor Plan Form for each level or floor of the building. The floor plan(s) must show the specific areas of your premises.
- 3. Label areas i.e. dining area, bar, lounge, lottery, outside patio and sidewalk cafe areas.
- 4. Food Counters should be labeled as such, and not as a Bar. At a Food Counter, food service/consumption is the predominant activity. At a Bar, alcohol service/consumption is the predominant activity. Please label Food Counters and Bars accordingly.
- 5. Include all tables and chairs. (See Example below)
- 6. If you have an outdoor area, please show it in reference to the licensed building.
- 7. If you have sidewalk seating please contact your local government to see if a permit is required for use.
- 8. If this is a Food Cart Pod please label the floor plan where the alcohol will be served from, where food will be served, where the seating will be and any other food carts that are in the pod.

Please do not use complex architect drawings as your floor plan, unless they are clearly readable and show all the tables and chairs.

#### **RESTAURANT EXAMPLE**



### **FOOD CART POD EXAMPLE**



Your floor plan must be submitted on this form					
Applicant Name	Trade Name (dba)				
OLCC USE ONLY MINOR POSTING ASSIGNMENT(S)					

Date:

Initials: