

TO APPLY FOR AN EXTENSION OF PREMISES



Please return completed documents to your local OLCC office:

DATE OF REQUEST: _____ TYPE OF LICENSE: _____

NAME OF LICENSEE: _____

CONTACT PERSON: _____

TRADENAME: _____

BUSINESS LOCATION: _____
(Address) (City) (Zip)

PHONE :() _____

EMAIL: _____

Please submit the items below – ITEMS IN BOLD ARE OLCC FORMS

1. LETTER OF REQUEST
2. LEASE OR RENTAL CONTRACT (Must have landlord approval)
3. **FLOOR PLAN – MUST INCLUDE ENTIRE PREMISES NOT JUST NEW AREA**
4. MENU – IF ANY CHANGES
5. **STATEMENT OF FUNDING FORM**
6. **BUSINESS INFORMATION FORM**
7. DETAILED WRITTEN STATEMENT OUTLINING YOUR ALCOHOL CONTROL PLAN IF THIS IS FOR AN OUTDOOR AREA. THE PLAN MUST ADDRESS HOW YOU WILL MONITOR AND CONTROL PATRONS AND ALCOHOL CONSUMPTION IN THE OUTDOOR AREA.
8. A 2 WEEK PUBLIC NOTICE WILL BE POSTED BY THE OLCC STAFF

"No Smoking Law"

Please check the following web site for laws and rules:

www.oregon.gov/DHS/ph/smokefree/index.shtml

DO NOT CONSIDER YOUR REQUEST APPROVED UNTIL YOU RECEIVE WRITTEN APPROVAL FROM OLCC STAFF.



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: _____ Phone: _____

Trade Name (dba): _____

Business Location Address: _____

City: _____ ZIP Code: _____

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

Outdoor Area Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

- Food service Hours: _____ to _____
 Alcohol service Hours: _____ to _____
 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 Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: _____ Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

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: _____



OREGON LIQUOR CONTROL COMMISSION

FLOOR PLAN

- Your floor plan must be submitted on this form.
- 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 (e.g. dining area, bar, lounge, dance floor, video lottery room, kitchen, restrooms, outside patio and sidewalk cafe areas.)
- Include all tables and chairs (see example on back of this form). Include dimensions for each table if you are applying for a Full On-Premises Sales license.

Applicant Name

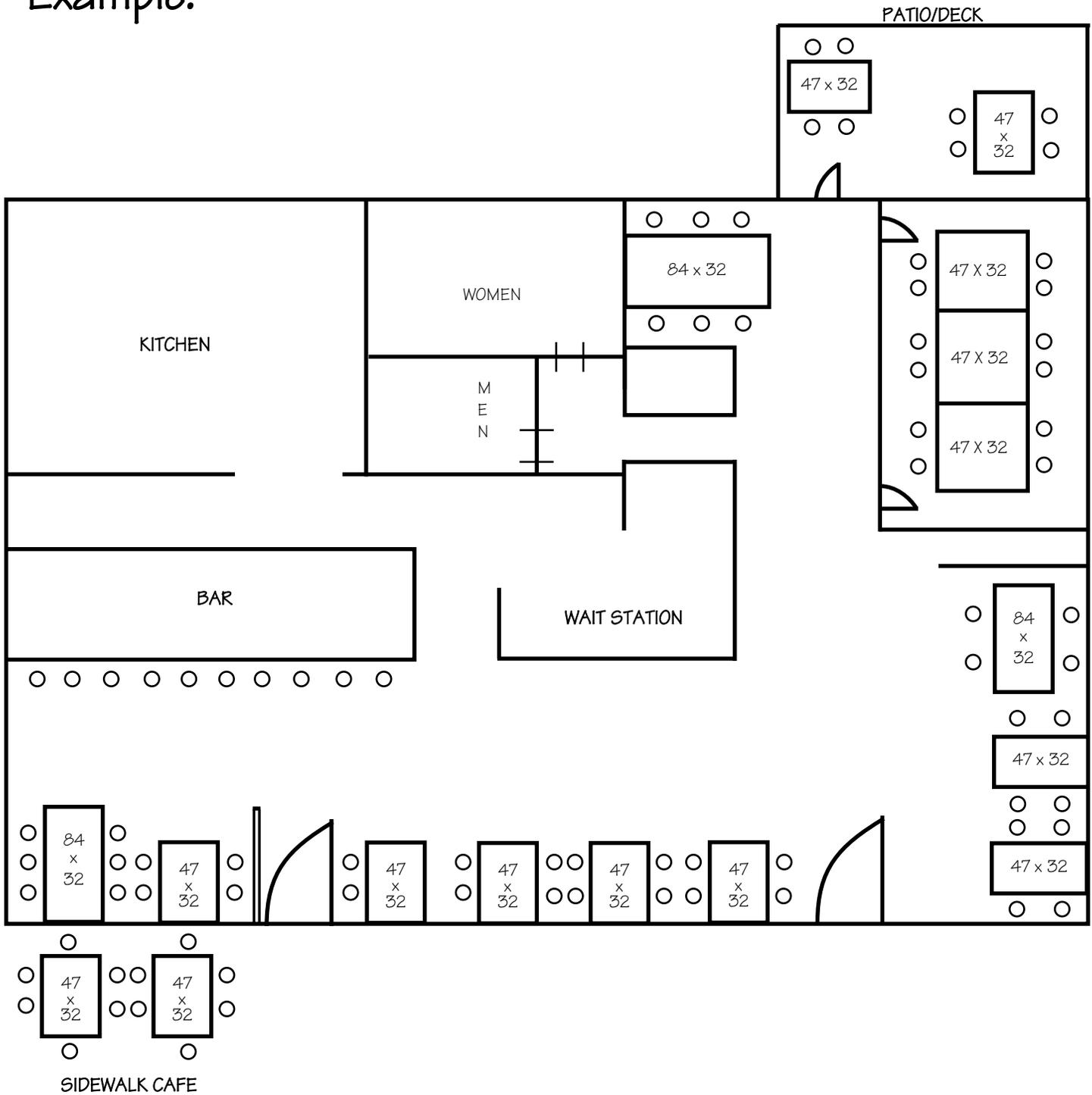
Trade Name (dba):

City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____

Example:



Note: Applicants for Full On-Premises Sales licenses are required to:

- Put the dimensions on every table (ie. 2' x 4' or 31" x 38"), or list table sizes outside of diagram
- Indicate where seats are located



STATEMENT OF FUNDING SOURCES

Please Print or Type

Each person who invests money in this licensed business must complete this form which will become a part of the permanent file. The information must be printed legibly in ink or typed.

New outlet, change of ownership, change of location
 Not including amounts you will owe on contract, what is the approximate total amount you will put into this business to buy or start it up? (For example: advance rent payment, down payments on contracts, buying inventory, remodeling, city and licensing fees, purchasing stock in a corporation or membership interest in an LLC.)

Total \$

OR

Change to existing license (greater privilege, additional privilege, change in legal entity, extension of premises, remodel)

What is the approximate total amount you will put into making the change you are requesting? (For example: buying inventory, remodeling, city and licensing fees, purchasing stock in a corporation or membership interest in an LLC.)

Total \$

Identify where you got your investment money. List the full name of the bank, lender, or person who loaned or gave you money. The total in this section should be equal to, or more than, the total amount listed above.

	\$	
	\$	
	\$	
	\$	

Sworn Statement: I swear the above information is true, accurate and complete. I understand that the OLCC may require me to give proof of the above information and that if the information is not true, accurate or complete the OLCC may prosecute me criminally for False Swearing under ORS 162.075. The OLCC may also refuse to grant my license application or if the license is granted may act to revoke my license based on a false sworn statement.

Trade Name (d.b.a.) _____ City _____

Printed Name _____

Signature _____ Date _____