

**CITY OF BEAVERTON
LIQUOR LICENSE APPLICATION**

Date _____

IMPORTANT: This is a two-page form. **You are required to complete all three sections of the form.** If a question does not apply, please indicate N/A. Incomplete forms shall receive an unfavorable recommendation. Thank you for your assistance and cooperation.

SECTION 1: DESCRIPTION OF BUSINESS

Name of business: _____

Business address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Name(s) of business manager(s): First _____ Middle _____ Last _____

Date of birth _____ Social Security # _____ ODL# _____ M _____ F _____

Home address: _____ City: _____ State: _____ Zip Code: _____
(attach additional pages if necessary)

Type of business: _____

Type of food served: _____

Type of entertainment (dancing, live music, exotic dancers, etc.): _____

Days and hours of operation: _____

Food service hours: Breakfast: _____ Lunch: _____ Dinner: _____

Restaurant seating capacity: _____ Outside or patio seating capacity: _____

How late will you have outside seating? _____ How late will you sell alcohol? _____

How many full-time employees do you have? _____ Part-time employees? _____

SECTION 2: SIGNATURE

A false answer or omission of any requested information on either page of this form shall result in an unfavorable recommendation.

Signature of Applicant

Date

SECTION 3: Description of Liquor License

Name of *Individual, Partnership, Corporation, LLC, or Other* applicants: _____

Type of liquor license (refer to OLCC form): _____

Form of entity holding license (*check one and answer all related applicable questions*):

INDIVIDUAL: *If this box is checked, provide full name, date of birth, and residence address.*

Full name: _____ Date of birth: _____

Residence address: _____

PARTNERSHIP: *If this box is checked, provide full name, date of birth and residence address for each partner. If more than two partners exist, use additional pages. If partners are not individuals, also provide for each partner a description of the partner's legal form and the information required by the section corresponding to the partner's form.*

Full name: _____ Date of birth: _____

Residence address: _____

Full name: _____ Date of birth: _____

Residence address: _____

CORPORATION: *If this box is checked, complete (a) through (c).*

(a) Name and business address of registered agent.

Full name: _____

Business address: _____

(b) Does any shareholder own more than 50% of the outstanding shares of the corporation? If yes, provide the shareholder's full name, date of birth, and residence address.

Full name: _____

Residence address: _____

(c) Are there more than 35 shareholders of this corporation? ___ Yes ___ No. If 35 or fewer shareholders, identify the corporation's president, treasurer, and secretary by full name, date of birth, and residence address.

Full name of president: _____ Date of birth: _____

Residence address: _____

Full name of treasurer: _____ Date of birth: _____

Residence address: _____

Full name of secretary: _____ Date of birth: _____

Residence address: _____

LIMITED LIABILITY COMPANY: *If this box is checked, provide full name, date of birth, and residence address of each member. If there are more than two members, use additional pages to complete this question. If members are not individuals, also provide for each member a description of the member's legal form and the information required by the section corresponding to the member's form.*

Full name: _____ Date of birth: _____

Residence address: _____

Full name: _____ Date of birth: _____

Residence address: _____

OTHER: *If this box is checked, use a separate page to describe the entity, and identify with reasonable particularity every entity with an interest in the liquor license.*