

CITY OF BEAVERTON
LIQUOR LICENSE APPLICATION

IMPORTANT: This is a three-page 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.

You must obtain zoning approval and obtain/apply for a Business License prior to submitting your application.

SECTION 1: DESCRIPTION OF BUSINESS

Have you confirmed zoning of the property allows use and operating hours as proposed? ☐ Yes ☐ No

Have you obtained/applied for a Business License for this location? ☐ Yes, license# _____ ☐ No

Name of business: _____

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

Telephone #: _____ Email: _____

Type of food served: _____

Type of entertainment offered (circle all that apply): dancing, live music, video lottery, exotic dancers, pool tables

Days and hours of operation: _____

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: OWNER(S) AND MANAGER(S) INFORMATION

All owners MUST be disclosed. Attach additional pages if necessary.

OWNER(S)

Owner 1: First _____ Middle _____ Last _____

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

Home address: _____ City: _____ State: _____ Zip Code: _____

Owner 2 (if applicable): First _____ Middle _____ Last _____

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

Home address: _____ City: _____ State: _____ Zip Code: _____

Owner 3 (if applicable): First _____ Middle _____ Last _____

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

Home address: _____ City: _____ State: _____ Zip Code: _____

Owner 4 (if applicable): First _____ Middle _____ Last _____

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

Home address: _____ City: _____ State: _____ Zip Code: _____

MANAGER(S)

Business Manager 1: First _____ Middle _____ Last _____

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

Home address: _____ City: _____ State: _____ Zip Code: _____

Business Manager 2 (if applicable): First _____ Middle _____ Last _____

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

Home address: _____ City: _____ State: _____ Zip Code: _____

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 20% 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.

SECTION 4: 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