Return Completed form to:
City of Tualatin
Attn: Finance
18880 SW Martinazzi Ave
Tualatin, OR 97062

CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

Date _____

IMPORTANT: *This is a three-page form.* **You are required to complete all sections of the form**. If a question does not apply, please indicate N/A. Please include full names (last, first middle) and full dates of birth (month/day/year). Incomplete forms shall receive an unfavorable recommendation.

Thank you for your assistance and cooperation.

SECTION 1: TYPE OF APPLICATION

☐ *Original* (New) Application - $100.00 Application Fee.
☐ *Change in Previous Application* - $75.00 Application Fee.
☐ *Renewal of Previous License* - $35.00 Application Fee. Applicant must possess current business license. License # _____
☐ *Temporary License* - $35.00 Application Fee.

SECTION 2: DESCRIPTION OF BUSINESS

Name of business *(dba)*:_____

Business address_____City_____State_____Zip Code_____

Mailing address_____City_____State_____Zip Code_____

Telephone #_____Fax #_____

Email_____

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 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_____Date of birth_____
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: APPLICANT SIGNATURE

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

_____ _____
Signature of Applicant Date

_____

For City Use Only

Sources Checked:

☐ DMV by _____ ☐ LEDS by _____ ☐ TuPD Records by _____

☐ Public Records by _____

☐ Number of alcohol-related incidents during past year for location.

☐ Number of Tualatin arrest/suspect contacts for _____

It is recommended that this application be:

☐ Granted

☐ Denied
Cause of unfavorable recommendation:_____

_____

_____

_____ _____
Signature Date

Greg Pickering
Chief of Police
Tualatin Police Department

(Please Complete ALL Pages)