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

CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

Date 10-14-25

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

- [X] *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)*: PJM LLC (DBA: LEE'S KITCHEN)

Business address 8147 SW NYBERG ST City TUALATIN State OR Zip Code 97062

Mailing address 14679 SW 153RD AVE City TIGARD State OR Zip Code 97224

Telephone # 503-591-7503 Fax # _____

Email ZHIHUIMA5789@GMAIL.COM

Name(s) of business manager(s) First ZHIHUI Middle _____ Last MA

[redacted]

Type of business RESTAURANT

Type of food served AMERICAN CHINESE FOOD

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

Days and hours of operation MON - THUR:11AM-10PM; FRI:11AM-1AM; SAT:12PM-1AM; SUN:12PM-10PM

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

Restaurant seating capacity 129 Outside or patio seating capacity _____

How late will you have outside seating? _____ How late will you sell alcohol? 1AM

How many full-time employees do you have? 5 Part-time employees? 0

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of *Individual, Partnership, Corporation, LLC,* or *Other* applicants
PJM LLC (DBA: LEE'S KITCHEN)

Type of liquor license (refer to OLCC form) FULL ON-PREMISSES SALES

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: ZHIHUI MA [redacted]
[redacted]

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.

[redacted] 10-13-25

Signature of Applicant Date

For City Use Only

Sources Checked:

☑ DMV by KB ☑ LEDS by KB ☑ TuPD Records by KB

☑ Public Records by KB

☑ 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:_____

[redacted]

Signature Date

Greg Pickering
Chief of Police
Tualatin Police Department