



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

9974
Return Completed form to:
City of Tualatin
Attn: Deputy City Recorder
18880 SW Martinazzi Ave
Tualatin, OR 97062

Date 7/01/2020

503-691-3011
Nicole Morris

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): P.F. Chang's China Bistro

Business address 7463 SW Bridgeport Rd City Tigard State OR Zip Code 97224

Mailing address 8377 E Hartford Dr, Ste 200 City Scottsdale State AZ Zip Code 85255

Telephone # 480-888-3000 or 480-888-3152 (Lana) Fax # None

Email Licensing@pfc.com

Name(s) of business manager(s) First Heidi Middle Catherine Last Powelson

_____ address _____ City _____

(attach additional pages if necessary)

Type of business Restaurant

Type of food served Asian-inspired cuisine

Type of entertainment (dancing, live music, exotic dancers, etc.) None.

Days and hours of operation 7 days/week - 11am - 9pm (temporary hours due to COVID-19)

Food service hours: Breakfast N/A Lunch 11am - 9pm Dinner 11am - 9pm

** Restaurant seating capacity 75 inside Outside or patio seating capacity 12 on patio

How late will you have outside seating? 9pm How late will you sell alcohol? 9pm

** Temporary seating capacities due to COVID-19

How many full-time employees do you have? 24 Part-time employees? 50

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants P.F. Chang's China Bistro, Inc.

Type of liquor license (refer to OLCC form) Full On Premises

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 National Registered Agents, Inc.

Business address 780 Commercial Street SE, Ste 100, Salem, OR 97301

No (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: Arthur Ford Kilmer Date of birth: [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Full name of treasurer: Jessica Heather Kuczaj Date of birth: [REDACTED]

Residence address: [REDACTED]

Full name of secretary: Lisa Volmer Gressel Date of birth: [REDACTED]

Residence address: [REDACTED]

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.

X  _____ 7/01/2020
Signature of Applicant Licensing Paralegal and Date
Authorized Representative of
P.F. Chang's China Bistro, Inc.

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

7-8-2020

Date

Bill Steele
Chief of Police
Tualatin Police Department