



# CITY OF TUALATIN

## LIQUOR LICENSE APPLICATION

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

Date 4/4/2025

**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): Tualatin Luxor Nails and Spa

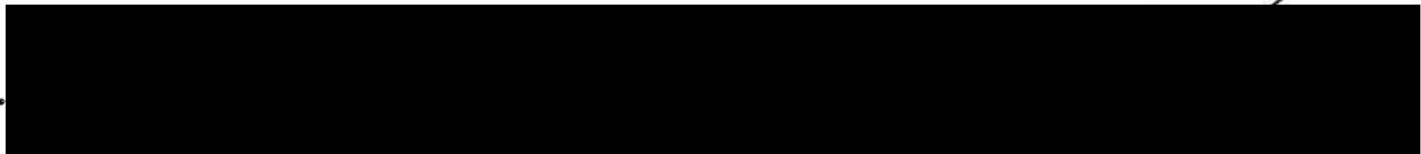
Business address 7080 SW Nyberg St City Tualatin State OR Zip Code 97062

Mailing address 7080 SW Nyberg St City Tualatin State OR Zip Code 97062

Telephone # 503 380 2140 Fax # \_\_\_\_\_

Email Nailsluxor@gmail.com

Name(s) of business manager(s) First DUC Middle \_\_\_\_\_ Last TRAN



Type of business Nail Salon

Type of food served N/A

Type of entertainment (dancing, live music, exotic dancers, etc.) N/A

Days and hours of operation Monday - Sunday (10am - 7:30pm)

Food service hours: Breakfast N/A Lunch N/A Dinner N/A

• Restaurant seating capacity \_\_\_\_\_ Outside or patio seating capacity N/A

How late will you have outside seating? N/A How late will you sell alcohol? 7:30pm

How many full-time employees do you have? 6 Part-time employees? \_\_\_\_\_

**SECTION 3: DESCRIPTION OF LIQUOR LICENSE**

Name of Individual, Partnership, Corporation, LLC, or Other applicants DTKN LLC

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

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 DUC TRAN [Redacted]

**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 4/4/2025

**For City Use Only**

Sources Checked:

- DMV by AS
- LEADS by AS
- TuPD Records by AS
- Public Records by AS

- 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 4/14/25

Greg Pickering  
Chief of Police  
Tualatin Police Department

