

SECTION 1: TYPE OF APPLICATION

CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

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

Date _8/7/2020

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.

SESTION IN LOT ALL FLOATION		
☐ Original (New) Application - \$100.00 Application - \$75.00 Application - \$75.00 Application - \$75.00 Application - \$35.00 Applicationse. License # Temporary License - \$35.00 Application Fesection 2: DESCRIPTION OF BUSINESS	oplication Fee. lication Fee. Applicant must possess current business	
Name of business (dba): MOD Pizza		
	330	
	City_PortlandState_ORZip Code_97224	
Mailing address_P.O. Box 6939	City_BellevueState_WA _Zip Code_ 98008	
Telephone #_888-770-6637	Fax #_ ^{N/A}	
Emaillicensing@modpizza.com		
Name(s) of business manager(s) First_Scott	MiddleTrimbleLastSvenson	
	46	
Type of business_ Restaurant with on-premises and off-premises wine and beer sales		
Type of food served_Pizza, salads, and bread s	sticks.	
Type of entertainment (dancing, live music, exotic dancers, etc.) N/A		
Days and hours of operation_Sun - Wed 10:30a	a - 10p ; Thu - Say 10:30a - 11p	
ood service hours: Breakfast N/A	Lunch_ Same Menu - All day Dinner_Same Menu - All day	
Restaurant seating capacity_88	_Outside or patio seating capacity_ 16	
How late will you have outside seating? <u>Sun - We</u> Thu - Sa	ed 10p How late will you sell alcohol? Sun - Wed 10 pm It 11p Thu - Sat 11 pm	

How many full-time employees do you have?4Part-time employees?18	
SECTION 3: DESCRIPTION OF LIQUOR LICENSE	
Name of Individual, Partnership, Corporation, LLC, or Other applicants MOD Super Fast Pizza, LLC	
Type of liquor license (refer to OLCC form) Limited On-Premises and Off-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 Besidence address	9SS.
Residence address	
PARTNERSHIP: If this box is checked, provide full name, date of birth and residence ad 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	
Residence address	
Residence addressDate of birth	
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? 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 birth, and residence address. Full name of president: Date of birth: Evil name of treasurer.	te of
rull name of treasurer:	
Residence address:	
Residence address:Date of birth:	
X LIMITED LIABILITY COMPANY: If this box is checked, provide full name, date of birth, a residence address of each member. If there are more than two members, use additional page 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 correspond to the member's form. Full name: Attached	nd es to ding
Residence address:	

Full name: Residence address:	Date of birth:	
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 SIGNAT	URE	
A false answer or omission of any re unfavorable recommendation.	quested information on any page of this form shall result in an	
ea Dav	ris, Licensing & Legal Assistant 8/7/2020	
g	Date	
Sources Checked:	For City Use Only	
DMV by LEDS	by TuPD Records by	
Public Records	Turb Records by	
Carron records (3)		
Number of alcohol-related incidents during past year for location.		
Number of Tualatin arrest/sus	pect contacts for	
It is recommended that this applica	ation be:	
Granted		
☐ Denied Cause of unfavorable recomme	endation:	
10/11		
3/14	8-14-2020	
Signature "	Date	

Bill Steele Chief of Police
Tualatin Police Department