CITY OF TUALATIN
LIQUOR LICENSE APPLICATION

Date _08/13/24_

IMPORTANT: *This is a three-page form.* <u>You are required to complete all sections of the form</u>. 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

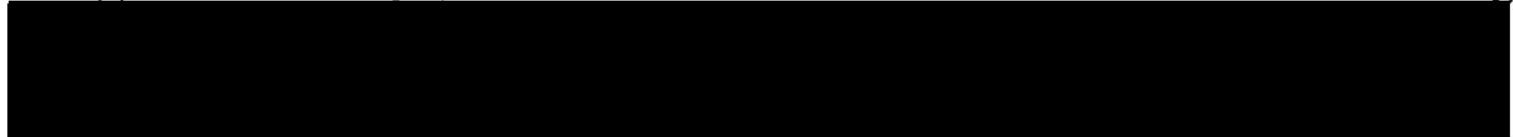Name of business (dba): __YIN DEE THAI CUISINE__

Business address _18041 SW Lower Boons Ferry Rd._ City _Portland_ State _OR_ Zip Code _97224_

Mailing address _(set 1A) 10377 SW 67th Ave_ City _Tigard_ State _OR_ Zip Code _97223_

Telephone # _(503) 407-4182_ Fax # _—_

Email _Surinnai@hotmail.com_

Name(s) of business manager(s) First _Surin_ Middle _—_ Last _Ruttanapaiboomcharoe n._

███

(attach additional pages if necessary)

Type of business _Full service Restaurant_

Type of food served _Thai_

Type of entertainment (dancing, live music, exotic dancers, etc.) _— N/A_

Days and hours of operation _Monday - Sunday from 11 am - 10 pm._

Food service hours: Breakfast _—_ Lunch _11 am - 3 pm_ Dinner _4:30 pm - 10 pm._

Restaurant seating capacity _65_ Outside or patio seating capacity _20_

How late will you have outside seating? _8 pm_ How late will you sell alcohol? _10 pm_

How many full-time employees do you have?_____10_____Part-time employees?_____5_____

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of *Individual, Partnership, Corporation, LLC, or Other* applicants _YINDEE THAI LLC_

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_____
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: _Surin Ruttanapaiboongcharoen_   ████

Full name: _Chantisa Rattanapaibooncharoen_ ████████

☐ **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.

████████████████

_____   08/13/24
Signature of Applicant   Date

_____

Sources Checked:

☑ DMV by _____   ☑ LEDS by _____   ☑ TuPD Records by _____
☑ Public Records by _____

☑ [0] Number of alcohol-related incidents during past year for location.

☑ [0] Number of Tualatin arrest/suspect contacts for _____

It is recommended that this application be:

☑ Granted

☐ Denied
    Cause of unfavorable recommendation:_____

_____

_____

████████████████   _____
                                              8/23/24
Signature   Date
Greg Pickering
Chief of Police
Tualatin Police Department