



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 8/20/21

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): TERRA COFFEE AND WINE BAR / DOJA TEA LOUNGE

Business address 18672, 18674 SW BOONES FERRY City TUALATIN State OR Zip Code 97062

Mailing address 3300 NW 185th AVE #256 City PORTLAND State OR Zip Code 97229

Telephone # 503 789 6214 Fax # _____

Email TERRA COFFEE WINE BAR@GMAIL.COM / DOJATEALOUNGE@GMAIL.COM

Name(s) of business manager(s) First STEPHEN Middle C Last CHAD



Type of business RESTAURANT

Type of food served COFFEE, WINE, BRUNCH, DESSERTS, TEAS

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

Days and hours of operation TERRA: M-F 7:30-2PM, SA-SU 7:30-5PM; DOJA: M, Th, F, SA, Su: 11:30-7PM

Food service hours: Breakfast 7:30 - 2PM Lunch 7:30AM - 2PM Dinner _____

Restaurant seating capacity 22 (TERRA) 28 (DOJA) Outside or patio seating capacity 40

How late will you have outside seating? UNTIL 7PM How late will you sell alcohol? 7PM

How many full-time employees do you have? 3 Part-time employees? 2

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

JAYDO ENTERPRISES LLC DBA TERRA COFFEE AND WINE BAR, 5 FLAVORS LLC DBA DOTA TEA LOUNGE

Type of liquor license (refer to OLCC form) _____

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: _____ 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.

 _____ 8/20/21
Signature of Applicant Date

For City Use Only

Sources Checked:

- DMV by B
- LEDS by B
- TuPD Records by B
- Public Records by B

- 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: _____

B. Steele _____ 8-27-21
Signature Date

Bill Steele
Chief of Police
Tualatin Police Department

SECTION 3: OTHER.

TWO LLC'S LISTED ON APPLICATIONS.

JAYDO ENTERPRISES LLC DBA TERRA COFFEE AND WINE BAR

- STEPHEN CHAO



- NEIL LONG

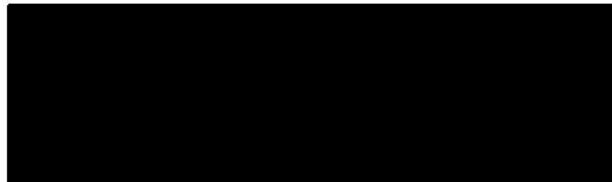


DOB:



5 FLAVORS LLC DBA DEJA TEA LOUNGE

- TUYET VY CHAO



DOB:

