



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 01/10/2020

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.

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): 60's Cafe & Diner

Business address 19358 SW Boones Ferry Rd. City Tualatin State OR Zip Code 97062

Mailing address 18840 SW Boones Ferry Rd. # 216 City Tualatin State OR Zip Code 97062

Telephone # 503-209-1592 Fax # 503-557-3352

Email diana@barringtonPDX.com

Name(s) of business manager(s) First Diana Middle Claudia Last Emami

Date of birth [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED] Rd. City e Oswego State OR [REDACTED] [REDACTED]

(attach additional pages if necessary)

Type of business Diner / Restaurant

Type of food served burgers & milkshakes

Type of entertainment (dancing, live music, exotic dancers, etc.) recorded music

Days and hours of operation Monday to Sunday - 8am - 10pm

Food service hours: Breakfast 8^{am} - 10pm Lunch 11am - 10pm Dinner 11am - 10pm

Restaurant seating capacity 84 Outside or patio seating capacity 24

How late will you have outside seating? 10pm How late will you sell alcohol? 10pm

How many full-time employees do you have? 2 Part-time employees? 6

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

60's Cafe & Restaurant LLC

Type of liquor license (refer to OLCC form) Full on premises commercial

Full 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.

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: Diana Emami 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 01/10/2020
Date

For City Use Only

Sources Checked:

DMV by AS LEDS 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: _____

Bill Steele
Signature

2-3-2020
Date

Bill Steele
Chief of Police
Tualatin Police Department