



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

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

Date 9.12.24

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): Little Burro

Business address 7409 SW Bridgeport Rd City Tigard State OR Zip Code 97224

Mailing address 4620 SW Beaverton-Hillsdale Hwy Suite A City Portland State OR Zip Code 97221

Telephone # 503-484-7082 Fax # n/a

Email joe@joesburgers.com

Name(s) of business manager(s) First Joseph Middle Marc Last Rappart

Type of business Restaurant

Type of food served Mexican

Type of entertainment (dancing, live music, exotic dancers, etc.) n/a

Days and hours of operation Monday-Sunday 11am-8pm

Food service hours: Breakfast n/a Lunch 11am-4pm Dinner 4pm-8pm

Restaurant seating capacity n/a Outside or patio seating capacity 24 people

How late will you have outside seating? 8pm How late will you sell alcohol? 8pm

How many full-time employees do you have? 1 Part-time employees? 6

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

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

LITTLE BURRO PDX, LLC

Type of liquor license (refer to OLCC form) Limited On-Premises Sales

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 n/a Date of birth n/a

Residence address n/a

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 n/a Date of birth n/a

Residence address n/a

Full name n/a Date of birth n/a

Residence address n/a

CORPORATION: If this box is checked, complete (a) through (c).

(a) Name and business address of registered agent.

Full name n/a

Business address n/a

(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 n/a Date of birth n/a

Residence address n/a

(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: n/a Date of birth: n/a

Residence address: n/a

Full name of treasurer: n/a Date of birth: n/a

Residence address: n/a

Full name of secretary: n/a Date of birth: n/a

Residence address: n/a

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: Joseph Marc Rappoport

(Please Complete ALL Pages)

Full name: n/a Date of birth: n/a
Residence address: n/a

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:  Date: 9/12/24

For City Use Only

Sources Checked:


- DMV by AP
- LEADS by AP
- TUPD Records by AP
- Public Records by AP

- 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: 9/23/24

Greg Pickering
Chief of Police
Tualatin Police Department

