



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

- ☐ Full On-Premises Sales (\$402.60/yr)
☐ Commercial Establishment
☐ Caterer
☐ Passenger Carrier
☐ Other Public Location
☐ Private Club
☐ Limited On-Premises Sales (\$202.60/yr)
☐ Off-Premises Sales (\$100/yr)
☐ with Fuel Pumps
☐ Brewery Public House (\$252.60)
☐ Winery (\$250/yr)
☒ Other: GSPNC

ACTIONS

- ☐ Change Ownership
☒ New Outlet
☐ Greater Privilege
☐ Additional Privilege
☐ Other _____

90-DAY AUTHORITY

☐ Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- ☐ Limited Partnership ☐ Corporation ☒ Limited Liability Company ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

☐ Granted ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: JP

Date: 2-11-14

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Margot Production LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Seven Sails

3. Business Location: 13285 NW GERMAINTOWN RD. PORTLAND, OR 97231
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-292-3418 503-292-3418
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? ☐ Yes ☒ No

7. If yes to whom: N/A Type of License: N/A

8. Former Business Name: N/A

9. Will you have a manager? ☒ Yes ☐ No Name: Katherine S. Larsen (Me)
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? MULTNOMATH
(name of city or county)

11. Contact person for this application: Katherine S. Larsen 503-292-3418
(name) (phone number(s))
13285 NW Germantown Rd. PORTLAND, OR 97231 Kate@ensemble-loupan.com
(address) (fax number) (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① Katherine S. Larsen Date 1/20/14 ③ _____

② _____ Date _____ ④ _____

RECEIVED

FEB 03 2014

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(rev. 08/2011)

REGULATORY FIELD SERVICES
Oregon Liquor Control Commission

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Margot Productions LLC Year Filed: 2006

Trade Name (dba): Seven Sails

Business Location Address: 13285 NW Germantown Rd.

City: Portland, OR ZIP Code: 97231

List Members of LLC:

Percentage of Membership Interest:

1. Katherine S. Larsen
(managing member)

100%

2. _____
(members)

3. _____

4. _____

5. _____

6. _____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: N/A (No on premises) SEE EXEMPTION REQUEST
DOB: _____

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: Katherine S. Larsen OWNER
(name) (title)

Date: 1/30/17



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Katherine S. Larsen Margot Productions LLC Phone: 503-292-3418

Trade Name (dba): Seven Sails

Business Location Address: 13285 NW Germantown Rd.

City: Portland ZIP Code: 97231

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

Outdoor Area Hours: N/A

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

☐ Food service Hours: _____ to _____
☐ Alcohol service Hours: _____ to _____
☐ Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: ☐ Yes ☐ No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

☐ Live Music
☐ Recorded Music
☐ DJ Music
☐ Dancing
☐ Nude Entertainers

☐ Karaoke
☐ Coin-operated Games
☐ Video Lottery Machines
☐ Social Gaming
☐ Pool Tables
☐ Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A
Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: _____
Lounge: _____
Banquet: _____

Outdoor: N/A
Other (explain): _____
Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: _____ (Y) _____ (N)

Investigator Initials: _____

Date: _____

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Katherine S. Larsen Date: 1/20/14

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(rev. 12/07)