

City of Cornelius, Oregon
Liquor License Application

Visit our Website
www.corneliusor.gov

1355 N Barlow Street
Cornelius, OR 97113

Phone: (503) 357-9112
Fax: (503) 357-7775

Indicate type of application:

- \$100.00 Original Application
- \$ 75.00 Change of Ownership
- \$ 75.00 Change of Location
- \$ 75.00 Change of Privilege
- \$ 35.00 Temporary - per day or Renewal

License type:

- Full on-premises sale
- Limited on-premises sales
- Off-premises sales
- Temporary sales license
- Brewery Public House
- Other: _____

BUSINESS NAME: _____

DBA NAME: _____

Business Address: _____

Applicant: _____

Full Name Printed

Home Address: _____

Street

City

State/Zip Code

Date of Birth

Driver License or State ID

State Issued

Telephone-Home

Telephone-Business

Email Address

Co-Applicant: _____

Full Name Printed

If more than one co-applicant, provide complete information on each (attach page(s) as necessary)

Home Address: _____

Street

City

State/Zip Code

Date of Birth

Driver License or State ID

State Issued

Telephone-Home

Telephone-Business

Email Address

Note: If applicant is a corporation, list name and address of home offices:

I hereby attest that the information provided above is true and accurate to the best of my knowledge. It is understood that the City may request additional or supplemental information during the course of processing this application.

Date: _____
Signature of Applicant

Do you have a current city business license? _____ If so, license number: _____

Note: This section is to be filled out for new applications, change of ownership, change of location, change of class of license and temporary licenses.

Describe in detail the nature of the establishment you propose to operate. (For example, is your facility going to be a tavern, a family dining establishment, a neighborhood grocery store, part of a community shopping center, a special purpose retail outlet like a wine shop).

Days and hours of operation: _____

Ratio of projected food sales to alcohol sales: _____

Service Capacity (i.e. maximum number of customers that can be accommodated at any given time):

Previous business names and addresses where you have ever been licensed.

Has the applicant ever been issued a liquor license? Yes No

If yes, describe below the nature and location of the outlet(s), the type of license, and the dates during which the license was held.

Has the applicant ever been cited or had a compliance plan in effect for a liquor license? Yes No

If yes, describe below the nature of the license sought, the location of the proposed outlet, the date of the citation, and reasons for the citation.

Plan to Manage the Special Event Licensed Area

Who will be your primary point of contact during the event and phone number?

Will there be private security during the event? _____ if so, name of security company _____

Will they be clearly marked? _____ How many? _____

Will security be checking bags before patron are allowed to enter into event? _____

Will patrons be allowed to leave and re-enter into event? _____

Describe your plan to check ID?

Describe how you will be monitoring to ensure there is no "over serving"?

How many bar stations, with servers, will be on-site?

List types of beverages that will be served, beer, wine, etc.

Police Department Review

Comments: _____

Date: _____

Signature: _____

FOR CITY USE ONLY:

Date _____ Application fee \$ _____ Receipt# _____ Received By _____