



OREGON LIQUOR CONTROL COMMISSION

## LIQUOR LICENSE APPLICATION


1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp:  05.18.2020
<input type="checkbox"/> Brewery 2nd Location	Name of City or County: City of Hermiston
<input type="checkbox"/> Brewery 3rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1st Location	By: _____
<input type="checkbox"/> Brewery-Public House 2nd Location	Date: _____
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	

OLCC USE ONLY
Date application received: 4/27/20
By: _____ SR
License Action(s):  A/PRIV

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Hana Japanese Steakhouse Inc  
(Applicant #1)

Minghua Chi (President)   
(Applicant #2)

(Applicant #3)

(Applicant #4)

3. Trade Name of the Business (Name Customers Will See) Shiki Hibachi Sushi		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 1240 N. 1st Street		
City Hermiston	County Umatilla	Zip Code 97838



OREGON LIQUOR CONTROL COMMISSION

## LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) <b>Shiki Hibachi Sushi</b>			
6. Does the business address currently have an OLCC liquor license?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7. Does the business address currently have an OLCC marijuana license?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) <b>1240 N 1st Street</b>			
City <b>Hermiston</b>	State <b>OR</b>	Zip Code <b>97838</b>	
9. Phone Number of the Business Location <b>541-303-1558</b>		10. Email Contact for this Application <b>Swjng728@hotmail.com</b>	
11. Contact Person for this Application <b>Zoe Zhou</b>		Phone Number <b>509-203-5933</b>	
Contact Person's Mailing Address (if different)	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

### Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

(Applicant#1)

(Applicant#2)

(Applicant#3)

(Applicant#4)



## OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Hana Japanese Steakhouse Inc Phone: 541-303-1558

Trade Name (dba): Shiki Hibachi Sushi

Business Location Address: 1240 N 1st Street

City: Hermiston

ZIP Code: 97838

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 12pm to 9pm  
Monday 11am to 9pm  
Tuesday 11am to 9pm  
Wednesday 11am to 9pm  
Thursday 11am to 9pm  
Friday 11am to 10pm  
Saturday 12pm to 10pm

#### Outdoor Area Hours:

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

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

Restaurant: \_\_\_\_\_

Outdoor: \_\_\_\_\_

Lounge: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_

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: \_\_\_\_\_

Date: 4/26/2020

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 12/07)