



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

[Reset Form](#)[Print Form](#)

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: _____

ACTIONS

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

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: _____

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

OLCC USE ONLY

Application Rec'd by: Jah

Date: 8-7-13

90-day authority: ☐ Yes ☒ No

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

① NOYPI, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): DISHDA SUSHI

3. Business Location: 373 HWY 101 NORTH YACHTS LINCOLN OR 97498
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 373 HWY 101 NORTH YACHTS OR 97498
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541-270-5126
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? ☒ Yes ☐ No Name: JASON GONZALES
(manager must fill out an Individual History form)

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

11. Contact person for this application: JASON GONZALES
(name) 541-270-5126
(phone number(s))
373 Hwy 101 North Yachts, none
(address) (fax number)
oishda@live.com
(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 [Signature] Date 8/8/13 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: NOYPI, LLC Phone: 541-270-5126

Trade Name (dba): DISHDA SUSHI

Business Location Address: 373 HWY 101 NORTH

City: YACHTS ZIP Code: 97498

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 8pm
Monday CLOSED
Tuesday CLOSED
Wednesday 11am to 8pm
Thursday 11am to 8pm
Friday 11am to 8pm
Saturday 11am to 8pm

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:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: 10 Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 10

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: [Signature] Date: 8/8/2013

1-800-452-OLCC (6522)

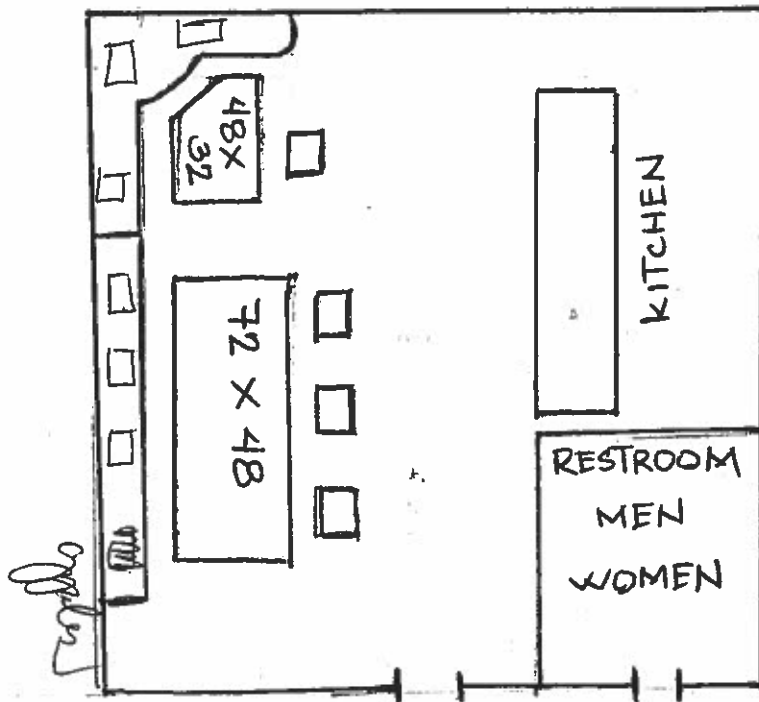
www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION FLOOR PLAN

- Your floor plan must be submitted on this form.
- Use a separate Floor Plan Form for each level or floor of the building.
- Applicants must provide a sketch that shows the specific area of the premises (e.g. dining area, bar, lounge, kitchen and restrooms). Full On-Premises (commercial establishments) applicants must also show dining tables. See example on back.



NOYPI LLC
Applicant Name
OISHIDA SUSHI
Trade Name (dba):
YACHATS 97498
City and ZIP Code

.....OLCC USE ONLY.....
MINOR POSTING ASSIGNMENT(S)

Date: _____ Initials: _____