





# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Leo J. Murphy (LJ Junior LLC) Phone: 503 2566142

Trade Name (dba): Galaxy 43

Business Location Address: 4444 SW Multnomah

City: Portland Oregon ZIP Code: 97219

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	<u>10</u>	to	<u>10</u>
Monday	<u>11</u>	to	<u>12</u>
Tuesday	<u>11</u>	to	<u>12</u>
Wednesday	<u>11</u>	to	<u>12</u>
Thursday	<u>11</u>	to	<u>12</u>
Friday	<u>11</u>	to	<u>2</u>
Saturday	<u>11</u>	to	<u>2</u>

### 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: 11 to 12
- Alcohol service Hours: 11 to 12
- Enclosed, how fence

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	<u>8</u>	to	<u>12</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	<u>8</u>	to	<u>12</u>
Saturday	<u>8</u>	to	<u>12</u>

not played every week

## SEATING COUNT

Restaurant: 40 Outdoor: N/A  
 Lounge: same Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 40

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: Leo J. Murphy Date: 8/7/14

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1037572.98 / 7.30.14

Please Print or Type

LLC Name: LJ Junior LLC Year Filed: 2014

Trade Name (dba): Galaxy Y3

Business Location Address: 4444 SW Multnomah ~~Rd~~

City: Portland, Oregon ZIP Code: 97219

List Members of LLC:

Percentage of Membership Interest:

- |  |             |
|--|-------------|
| 1. <u>LJ Murphy</u><br>(managing member) | <u>100%</u> |
| 2. _____<br>(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: L. James Murphy DOB: 7/06/88'

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

Signature: L. James Murphy (name) owner (title) Date: 8/7/14'

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

Submit to: Theresa Marchetti, Office of Neighborhood Involvement, 1221 SW 4<sup>th</sup> Av, Ste 110, Portland, OR 97204  
(503) 823-3092

City Endorsement Fees are payable at the beginning of the application process: New outlets are \$100.00. All others are \$75.00. Make checks payable to the City of Portland. **You must include the OLCC Liquor Application form, *initialed by your OLCC License Investigator* and all OLCC Individual History forms.** All blanks must be filled in. If the question does not apply, write "N/A" in the space. **All persons who are anticipated to have a financial interest and key personnel must complete City of Portland Personal History forms.** On New Outlet applications, property owners within 300 feet of the location, the Portland Police Bureau and all interested parties are notified by mail (with a copy of this form) and given an opportunity to comment on your application. The OLCC allows the City at least 45 days to complete the recommendation process. A City liquor endorsement is not a confirmation that the property is properly zoned. Call 823-7526 to confirm that the property is properly zoned.

Legal Name of Business: <u>L.S. S.C.</u>	
DBA or Trade Name: <u>Galaxy 43</u>	Phone: <u>(503) 206-6142</u> Fax: _____
Business Address, including Zip Code: <u>4444 SW Multnomah</u>	
What type of liquor license are you applying for? (Change owner, new outlet, beer & wine, etc.) _____	
Contact person: _____	Contact phone: _____ E-mail: _____

**Please note: New Outlet Package Stores may be subject to the Convenience Store Review process through the Planning Bureau. Call 823-7526 for applicable information, regulations and forms.**

**DESCRIPTION OF OUTLET:**

Type of Operation: (Check all that apply) <input type="checkbox"/> Food Cart/Food Cart Pod <input checked="" type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Sports bar <input checked="" type="checkbox"/> Tavern	<input type="checkbox"/> Night Club <input type="checkbox"/> Convenience Store <input type="checkbox"/> Other (Please Describe _____)	Size of Service area: <u>1400 ±</u> Existing Building: (circle) YES/NO Zoning: <u>Commercial</u> Structural Changes: (describe): <u>None</u>
Seating Capacity: Restaurant _____ Lounge/Bar _____ Outside Sidewalk <input checked="" type="checkbox"/> Outside patio <u>0-6</u>		
Will you be seeking a sidewalk café permit? YES / <input checked="" type="checkbox"/> NO - Date Obtained/Applied for / /		
Describe Security: <u>Cameras</u>		
Has an application for a liquor license at this location been received by the City of Portland in the last 2 years? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> don't know		

**HOURS OF OPERATION**

Sunday through Thursday open <u>11</u> close <u>12</u>	Friday & Saturday open <u>11</u> close <u>2</u>
How late will you have outside seating? _____	How late will you have entertainment? <u>12 or 1</u>

**HISTORY OF LOCATION**

Previous Business Name of this location: _____	<u>Not Sure</u>
Name and Address of Property Owner: _____	<u>Greg Lindstrom</u>

**ENTERTAINMENT:**

<input checked="" type="checkbox"/> Dancing <input checked="" type="checkbox"/> Karaoke <input checked="" type="checkbox"/> Live Music <input checked="" type="checkbox"/> Recorded Music	<input checked="" type="checkbox"/> Video Poker <input checked="" type="checkbox"/> Video games/Pinball <input type="checkbox"/> Social Gaming <input checked="" type="checkbox"/> Pool Tables (If yes, how many?) <u>maybe 12</u>	<input type="checkbox"/> Nude Dancers <input type="checkbox"/> DJ Entertainment <input type="checkbox"/> Events (describe) _____ <input type="checkbox"/> Other (describe) _____
--	---	---

The City requires an **Amusement Location Permit** for all locations with amusement devices or pool tables. **Contact the Revenue Bureau for rules and an Amusement Location Permit application form now.** Permits are non-transferable from one owner to another and must be paid before games are placed on the premises. Contact Anne Holm at 503-865-2488.

Use this area to provide any additional information that you wish to be considered on this liquor application.

Families welcome - 6000 Food - Sports Bar  
VIDEO GAMES

**A false answer or omission of any requested information may result in an unfavorable City recommendation.**

Signature: [Signature] Date: 8/7/14

