



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

X

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
- Passenger Carrier
- Other Public Location
- Private Club

ACTIONS

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

Limited On-Premises Sales (\$202.60/yr) Rec'd by Portland
 Off-Premises Sales (\$100/yr) Liquor Licenses

with Fuel Pumps

Brewery Public House (\$252.60)

Winery (\$250/yr)

Other: WMBU

AUG 26 2014

PD ck
101

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: JR

Date: 8-19-14

90-day authority: Yes No

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

① MAZ, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Pairing

3. Business Location: 3241 NE Broadway, Portland, Multnomah, OR 97232
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3241 NE Broadway, Portland, Multnomah, OR 97232
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 5034537106
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Megan Ziskovsky 503.453.7106
(name) (phone number(s))
3241 NE Broadway (address) (fax number) meg.ziskovsky@gmail.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 7/31/14 ③ _____ Date _____

② _____ Date _____ ④ AUG 15 2014 Date _____

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

MAZ INC

Applicant Name: Megan Ziskovskiy

Phone: 503.453.7106

Trade Name (dba): Pairing

Business Location Address: 3241 NE Broadway

City: Portland

ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
Monday 9 to 6
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

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: N/A

- 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

N/A

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: Megan Ziskovskiy

Date: 7/31/14

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(Rev. 12/07)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

Submit to: Theresa Marchetti, Office of Neighborhood Involvement, 1221 SW 4th 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>MAZ, Inc.</u>	
DBA or Trade Name: <u>Pairing</u>	Phone: <u>503.453.7106</u> Fax: <u>503.460.0814</u>
Business Address, including Zip Code <u>3241 NE Broadway, Portland OR 97232</u>	
What type of liquor license are you applying for? (Change owner, new outlet, beer & wine, etc.) <u>New outlet</u>	
Contact person: <u>Megan Ziskovsky</u>	Contact phone: <u>503.453.7106</u> E-mail: <u>meg.ziskovsky@gmail.com</u>

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 type="checkbox"/> Restaurant <input type="checkbox"/> Sports bar <input type="checkbox"/> Tavern	<input type="checkbox"/> Night Club <input type="checkbox"/> Convenience Store <input checked="" type="checkbox"/> Other (Please Describe <u>Wine export</u>)	Size of Service area: <u>N/A</u> Existing Building: (circle) <u>(YES)</u> NO Zoning: <u>Commercial</u> Structural Changes: (describe):
Seating Capacity: Restaurant _____ Lounge/Bar _____ Outside Sidewalk _____ Outside patio _____ Will you be seeking a sidewalk café permit? YES / NO – Date Obtained/Applied for <u> / /</u>		<u>N/A</u> no wine will be at this location!
Describe Security: <u>N/A</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 N/A

Sunday through Thursday open _____ close _____	Friday & Saturday open _____ close _____
How late will you have outside seating?	How late will you have entertainment?

HISTORY OF LOCATION

Previous Business Name of this location:	<u>Center for Chiropractic + Pain Rehabilitation = CURRENT!</u>
Name and Address of Property Owner:	<u>Marian Fish, 3241 NE Broadway</u>

ENTERTAINMENT: N/A

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

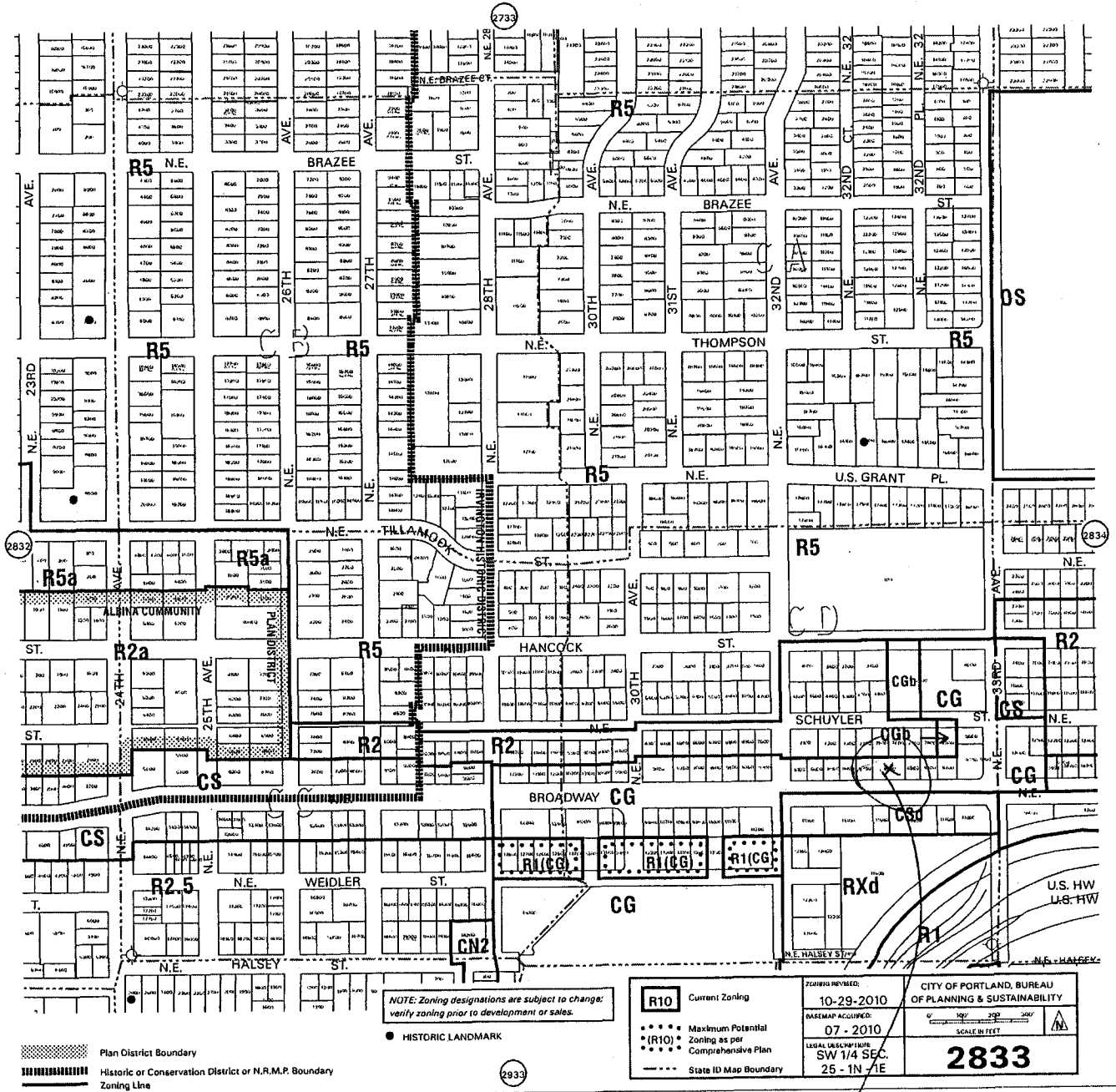
Use this area to provide any additional information that you wish to be considered on this liquor application.
This application is for a wine export business. No wine will be stored or consumed at this location. This location serves as an office for MAZ, Inc's president Megan Ziskovsky.
A false answer or omission of any requested information may result in an unfavorable City recommendation.

Signature: Megan Ziskovsky Date: 8/25/14

CG ZONE. RETAIL SALES AND
SERVICE USE ALLOWED BY RIGHT.

G. Tynan 8/26/14
CITY PLANNER

City of Portland
Bureau of
Development Services
Development Services Center
1500 SW Fourth Ave., Suite 5000
Portland, OR 97201



R10 Current Zoning ●●●●● Maximum Potential Zoning as per Comprehensive Plan --- State ID Map Boundary	ZONING REVISED:	10-29-2010	CITY OF PORTLAND, BUREAU OF PLANNING & SUSTAINABILITY SCALE IN FEET 2833
	BASEMAP ACQUIRED:	07-2010	
	LEGAL DESCRIPTION:	SW 1/4 SEC. 25 - 1N 1E	

SITE



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

1032173-94 / 7-7-14

Please Print or Type

Corporation Name: MAZ, Inc. Year Incorporated: 2014

Trade Name (dba): Pairing

Business Location Address: 3241 NE Broadway

City: Portland ZIP Code: 97232

List Corporate Officers:

<u>Megan Ziskovsky</u>	<u>President</u>
(name)	(title)
_____	_____
_____	_____
_____	_____

List Board of Directors:

(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	<u>Number of Stock Shares:</u> Issued: _____ Unissued: _____ Total Shares Authorized to Issue: _____
<u>Megan Ziskovsky</u>	<u>10000</u>	
_____	_____	
_____	_____	

Server Education Designee: _____ DOB: _____
(See Liquor License Application Guide for more information)

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

Officer's Signature: Megan Ziskovsky president Date: 7/31/14
(name) (title)