



DT

LIQUOR LICENSE APPLICATION

LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).

APPLICATION: Application is being made for:

- Brewery
- Brewery-Public House
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, Nonprofit Private Club
- Full On-Premises, For-Profit Private Club
- Grower Sales Privilege
- Limited On-Premises
- Off-Premises
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine (WMBW)
- Winery

CITY AND COUNTY USE ONLY

Date application received _____

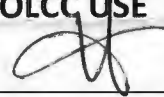
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLCC USE

Application received by 

Date 6-15-18

License Action: N/O

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:

Applicant #1 The Hallowed Halls, LLC	Applicant #2 Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4 AUG 03 2018 PD <u>CK# 100⁰⁰</u> # <u>345</u>

2. Trade Name of the Business (the name customers will see):
The Hallowed Halls

3. Business Location: Number and Street 4420 SE 64th Ave

City Portland	County Multnomah	ZIP 97206
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4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail):

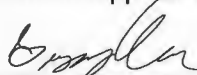
PO Box, Number, Street, Rural Route 4420 SE 64th Ave		
City Portland	State OR	ZIP 97206

6. Phone Number of the Business Location: 503-319-8329

7. Contact Person for this Application:

Name Gregory Allen	Phone Number 503-319-8329
Mailing Address, City, State, ZIP 4033 SE Hawthorne Blvd, Portland, OR, 97214	
Email info@thehallowedhalls.com	

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

Signature of Applicant #1 	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

RECEIVED MAY 09 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Hallowed Halls, LLC Phone: 503-319-8329

Trade Name (dba): The Hallowed Halls

Business Location Address: 4420 SE 64th Ave

City: Portland ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	9:30 am	to	8:30 pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	

Outdoor Area Hours:

Sunday	9:30 am	to	8:30 pm
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 fence + gate

The exterior area is adequately viewed and/or supervised by Service Permittees.

_____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: We are a recording studio that occasionally hosts community events like concerts & weddings, until 10pm, a few times a month

ENTERTAINMENT

Check all that apply:

Live Music Karaoke

Recorded Music Coin-operated Games

DJ Music Video Lottery Machines

Dancing Social Gaming

Nude Entertainers Pool Tables

Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday		to	
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday	7 pm	to	10 pm
Saturday	7 pm	to	10 pm

SEATING COUNT

Restaurant: _____ Outdoor: _____

Lounge: _____ Other (explain): Special Event

Banquet: _____ Total Seating: 80

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: 5-9-18



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Reg # 1084941-916

Please Print or Type

LLC Name: The Hallowed Halls LLC Year Filed: 2015

Trade Name (dba): The Hallowed Halls

Business Location Address: 4420 SE 64th Ave

City: Portland ZIP Code: 97206

List Members of LLC:


Percentage of Membership Interest:

1. <u>Gregory Allen</u> (managing member)	<u>100%</u>
2. _____ (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: Gregory Allen DOB: June 9th, 1990

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

Signature:  Date: May 5th, 2018
(name) (title)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4th Avenue, Suite #110, Portland OR 97204

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. Submission of a complete operating plan can expedite the time required to process. A City liquor endorsement is not a confirmation that the property is properly zoned. Call (503) - 823-7526 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLCC Liquor Application Form, initialed by your OLCC License Investigator
- OLCC Individual History Forms (all persons anticipated to have a financial interest, or key personnel are required)
- City Endorsement Fees

City Endorsement Fees are payable at the beginning of the application process (please make checks payable to City of Portland): New outlets are \$100.00, all others are \$75.00. All blank sections must be filled in. If the question does not apply, write "N/A" in the space.

LEGAL NAME OF BUSINESS: The Hallowed Halls, LLC

DBA OR TRADE NAME: _____ PHONE: 503-319-8329 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 4420 SE 64th Ave Portland OR 97206

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Beer & wine

CONTACT PERSON: Gregory Allen PHONE: 503-319-8329 EMAIL: info@thehallowedhalls.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Recording Studio / event space

SIZE OF SERVICE AREA: 1,600 square feet

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: 90 OUTSIDE SEATING CAPACITY: _____

DESCRIBE SECURITY: 1-2 business personell on-site

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?
 Yes No I Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 9:30 am CLOSE: 8:30 pm FRIDAY & SATURDAY OPEN: 9:30 am CLOSE: 10:00 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10:00 pm HOW LATE WILL THERE BE ENTERTAINMENT? 10:00 pm

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: NA (was previously surplus property of Multnomah Co.)

NAME & ADDRESS OF PROPERTY OWNER: Tim Brown 112 W 11th St Vancouver, WA 98660

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing Video Poker Live Music Nude Dancers
 Karaoke Video Games/Pinball Recorded Music DJ Entertainment
 Pool Tables (How Many): _____ Events (Describe): weddings Other: _____

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. The City of Portland will notify affected nearby neighbors and a copy of this form will be included in our mailing.

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

We are a recording studio that occasionally hosts community events like concerts & weddings until 10 pm a few times a month

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

SIGNATURE: [Signature] DATE: 6-23-18



City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue • Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds



ZONING VERIFICATION

Address: 4420 SE 64TH AVE

R#: R204593

State ID: 1S2E08CC 19400

Zone: CM2(MU-C)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2(MU-C) zone

Additional Comments:

Retail, Sales, and Service Allowed

Sean Williams

Name of City Official

City Planner

Title

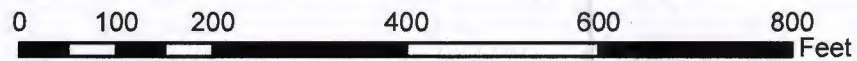
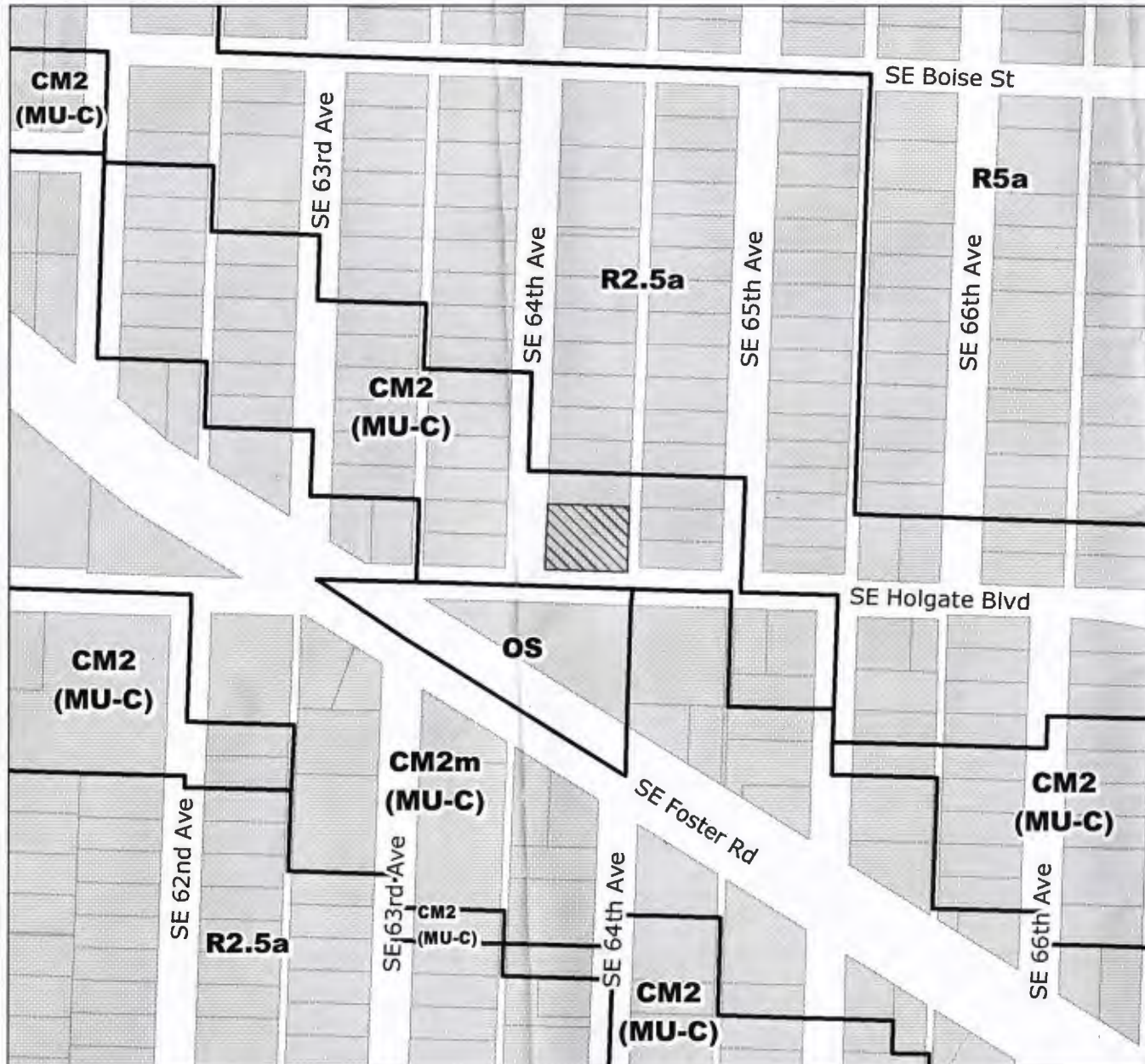
503-823-7526

Contact Number

Signature of Official

7 /27 /2018

Date



1 inch = 200 feet

