



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pending

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

F/266587

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 *[Signature]*

Date *5-24-18*

License Action:

A/Privilege

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

Applicant #1 *ANANKE, LLC*

Applicant #2 Rec'd by Portland Liquor Licenses

Applicant #3

Applicant #4 *AUG 06 2018*

PD CK \$7500
2264

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

Dame

3. Business Location: Number and Street *2930 NE Killingsworth*

City *Portland* County *Multnomah* ZIP *97211*

4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail): *2930 NE Killingsworth St.*

PO Box, Number, Street, Rural Route
City *Portland* State *OR* ZIP *97211*

6. Phone Number of the Business Location: *503 227-2669*

7. Contact Person for this Application: *Jane Smith*

Name *Jane Smith* Phone Number *(573) 544-3536*

Mailing Address, City, State, ZIP
4405 N. Commercial Ave Unit B Portland, OR 97217

Email *jane@damerestaurant.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]

Signature of Applicant #1

Signature of Applicant #1

Signature of Applicant #1

RECEIVED

MAY 18 2018

OLCC Liquor License Application (Rev. 06/2017)

Initials: *[Signature]*
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Ananke, LLC (Jane Smith) Phone: (503) 227-2669

Trade Name (dba): Dame

Business Location Address: 2930 NE Killingsworth St.

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 5pm to 11pm
Monday _____ to _____
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:

- 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: 49 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: Jane Smith Date: 05/15/13

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



115304297

Please Print or Type

LLC Name: Ananke LLC Year Filed: 2017-2015

Trade Name (dba): Dame

Business Location Address: 2930 NE Killingsworth St.

City: Portland ZIP Code: 97211

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|-------------|
| 1. <u>Jane Smith</u>
<small>(managing member)</small> | <u>100%</u> |
| 2. _____
<small>(members)</small> | _____ |
| 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: Jane Smith DOB: 11/05/1983

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

Signature: Jane Smith Date: 05/14/18
(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: ANANKE, LLC

DBA OR TRADE NAME: Dame PHONE: (503) 227-2669 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 2930 NE Killingsworth St. Portland, OR 97211

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

CONTACT PERSON: Jane Smith PHONE: (573) 544-3536 EMAIL: jane@damerestaurant.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 724 sq. ft.

EXISTING BUILDING: Yes No

ZONING: Commercial/Residential/Restaurants

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: 49 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: none - employees all have OCC cards, server permits

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 Brunch Sundays 10am - 2pm

SUNDAY - THURSDAY OPEN: 5pm CLOSE: 11pm FRIDAY & SATURDAY OPEN: 5pm CLOSE: 11pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 11pm (quiet) HOW LATE WILL THERE BE ENTERTAINMENT? none

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Previous restaurant named Cocotte.

NAME & ADDRESS OF PROPERTY OWNER: Ron Teily 2237 NE Stanton Portland, OR 97212

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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

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

SIGNATURE: Jane Smith DATE: _____



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: 2930 NE KILLINGSWORTH ST

R#: R166039

State ID: 1N1E24BA 5800

Zone: CM2h

Plan District: NONE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2h zone

Additional Comments:

Per 33.130.100 Primary Uses and Table 130-1 Retail Sales and Service uses are allowed by right in the CM2 zone. No restrictions are imposed by the overlay zones.

Kevin Bond

Name of City Official

City Planner

Title

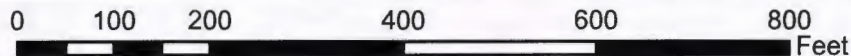
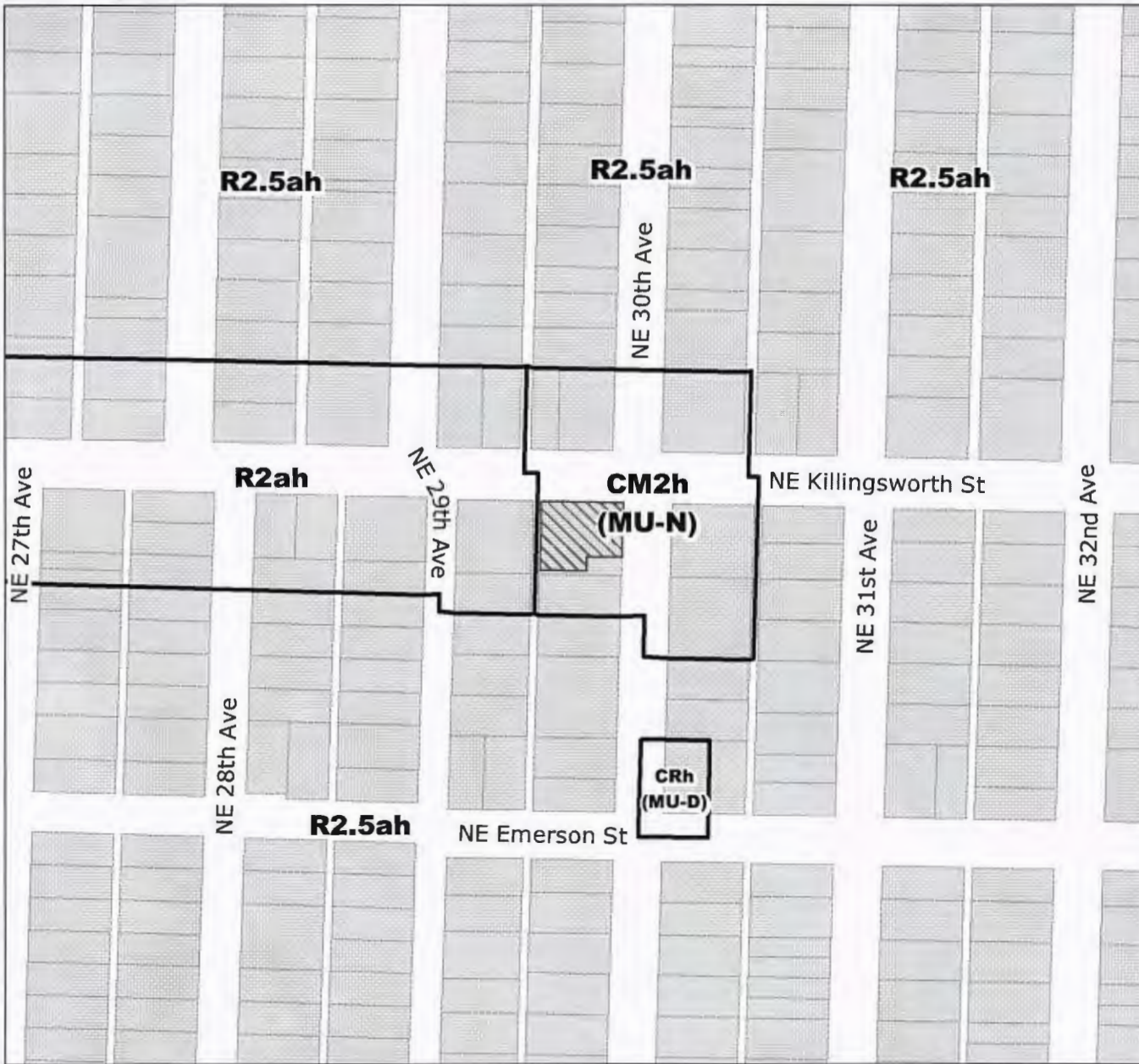
503-823-4528

Contact Number

Signature of Official

8 / 6 / 2018

Date



1 inch = 200 feet

