



LIQUOR LICENSE APPLICATION

DM

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 [Signature]

Date 7-9-18

License Action:

nlo

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

Applicant #1 <u>LLC Bol And Crust LLC</u>	Applicant #2	<i>Portland Liquor License</i> AUG 07 2018 PD \$100 ck # 108
Applicant #3	Applicant #4	

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

Bol & Crust

3. Business Location: Number and Street

5505 SE 28th Avenue

City Portland County Multnomah ZIP 97202

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 460 SW Primrose St
City Portland State OR ZIP 97219

6. Phone Number of the Business Location: 971.400.2181

7. Contact Person for this Application:

Name Lisa Whitridge Phone Number 971.400.2181

Mailing Address, City, State, ZIP
460 SW Primrose St Portland OR 97219

Email Lisa@idempowers.org

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

ls RW

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED

JUN 05 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bol and Crust LLC
Lisa Whitridge Phone: 971.400.2181

Trade Name (dba): Bol & Crust

Business Location Address: 5505 SE 28th Ave

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:00 AM to 2:00 PM
 Monday _____ to _____
 Tuesday 11 AM to 6:00 PM
 Wednesday 11 AM to 6:00 PM
 Thursday 11 AM to 9 PM
 Friday 11 AM to 9 PM
 Saturday 11 AM to 9 PM

Outdoor Area Hours:

Sunday 10 AM to 2 AM
 Monday _____ to _____
 Tuesday 11 AM to 6:00 PM
 Wednesday 11 AM to 6 PM
 Thursday 11 AM to 9 PM
 Friday 11 AM to 9 PM
 Saturday 11 AM to 9 PM

The outdoor area is used for:

Food service Hours: 11 PM to 9 PM *to Tues-Sat*
 Alcohol service Hours: 11 AM to 9 PM *to Tues-Sat*
 Enclosed, how Force

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 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 6 PM to 9 PM
 Friday 6 PM to 9 PM
 Saturday 6 PM to 9 PM

SEATING COUNT

Restaurant: _____ Outdoor: 20
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 20

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: ws up Date: 06/07/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1399909-98

Please Print or Type

LLC Name: Boland Crust LLC Year Filed: 2018 ✓

Trade Name (dba): Bol Crust

Business Location Address: 5505 SE 28th Ave.

City: Portland ZIP Code: 97202

List Members of LLC:

- 1. Lisa Whitridge
(managing member)
- 2. Julie Cantonwine
(members)
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Percentage of Membership Interest:

- 50%
- 50%
- _____
- _____
- _____
- _____

(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: Lisa Whitridge DOB: 11.14.64

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

Signature: [Signature] (name) Member (title) Date: 06/07/18

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: Bol & Crust

DBA OR TRADE NAME: _____ PHONE: 971 400-2181 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 5505 SE 28th AVE

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

CONTACT PERSON: Lisa Whitbridge PHONE: 971-400-2181 EMAIL: gogopop02009@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: Mixed Use Commercial

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 20-30

DESCRIBE SECURITY: _____

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: THURS - SAT 11AM CLOSE: 6PM FRIDAY & SATURDAY OPEN: FRI/SAT 11AM CLOSE: 9PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 9PM Thurs-Sat HOW LATE WILL THERE BE ENTERTAINMENT? 9PM Thurs-Sat
6PM Tues Wed 6PM TUES WED.

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: Gary Okamoto P.O. Box 711753 Salt Lake City UT 84171

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): We will have live music Other: _____
from time to time on weekends mostly

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: [Signature] DATE: 7.20.18



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: 5505 SE 28TH AVE

R#: R328279

State ID: 1S1E13CB 1100

Zone: CM1, IG1ck

Plan District: JOHNSON CREEK

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM1, IG1ck zone

Additional Comments:

Per 33.130.100.B.2.a the CM1 zone allows retail sales and service up to 5,000 sf of net building area. Per 33.140.100.B.4.a. One retail sales and service use is allowed per site. More than one retail sales and service use is a conditional use. And any retail sales and service use where the net building area plus exterior display, or storage is more than 3,000 sf is a conditional use.

Breah Pike-Salas

Name of City Official

City Planner

Title

503.823.7389

Contact Number

Signature of Official

7 /23 /2018

Date

City of Portland
Bureau of Development Services
Land Use Service Division
1900 SW 4th Ave. Suite 5000
Portland, OR 97201

