



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 **MOVING TO NEW LOCATION**
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine (WMBW)
- Winery

258184

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 7-10-18

License Action: C/Location

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

Applicant #1

PARCEL PORTLAND LLC

Applicant #2

Rec'd by Portland
Liquor Licenses

Applicant #3

Applicant #4

AUG 07 2018

PD CK \$75.00
1056

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

PARCEL

3. Business Location: Number and Street 602 SE SALMON STREET # 100

City PORTLAND

County MULTNOMAH

ZIP 97214

4. Is the business at this location currently licensed by the OLCC? Yes No MOVING TO NEW LOCATION

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

PO Box, Number, Street, Rural Route 602 SE SALMON STREET # 100

City PORTLAND

State OREGON

ZIP 97214

6. Phone Number of the Business Location: 503.913.6615

7. Contact Person for this Application:

Name KIM MORAN

Phone Number 503.913.6615

Mailing Address, City, State, ZIP #100
602 SE SALMON STREET, PORTLAND, OR, 97214

Email HELLO@PARCELPORTLAND.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

Kim Moran

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Parcel Portland LLC ~~Kimberly Moran~~ Phone: 503.913.6615

Trade Name (dba): Parcel Portland

Business Location Address: 602 SE Salmon #100

City: Portland, OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION *by Apt.*

Business Hours:

Sunday _____ to _____
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)

open by apt

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: _____ 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: Kim Moran Date: June 15, 2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1046205-96

Please Print or Type

LLC Name: Parcel Portland LLC Year Filed: 2014 ✓

Trade Name (dba): Parcel Portland

Business Location Address: 602 SE Salmon, #100

City: Portland ZIP Code: 97215

List Members of LLC:

Percentage of Membership Interest:

1. <u>Kimberly Moran</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: Kimberly Moran DOB: 05.05.1984

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

Signature: Kim Moran Date: June 15th, 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: PARCEL PORTLAND LLC

DBA OR TRADE NAME: PARCEL PHONE: 5039136615 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 602 SE Salmon St. #100, PDX, OR 9724

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

CONTACT PERSON: Kim Moran PHONE: 5039136615 EMAIL: _____

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: gift box shop

SIZE OF SERVICE AREA: X

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: X LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: _____

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 by Apt.

SUNDAY - THURSDAY OPEN: _____ CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: JACOBSEN SALT CO.

NAME & ADDRESS OF PROPERTY OWNER: GUSONS LLC, 602 SE Salmon, PDX, 97214

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): _____ 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: Kim Moran DATE: July 28, 2018

Search

Geocode Address When Taxlot Not Found
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Results

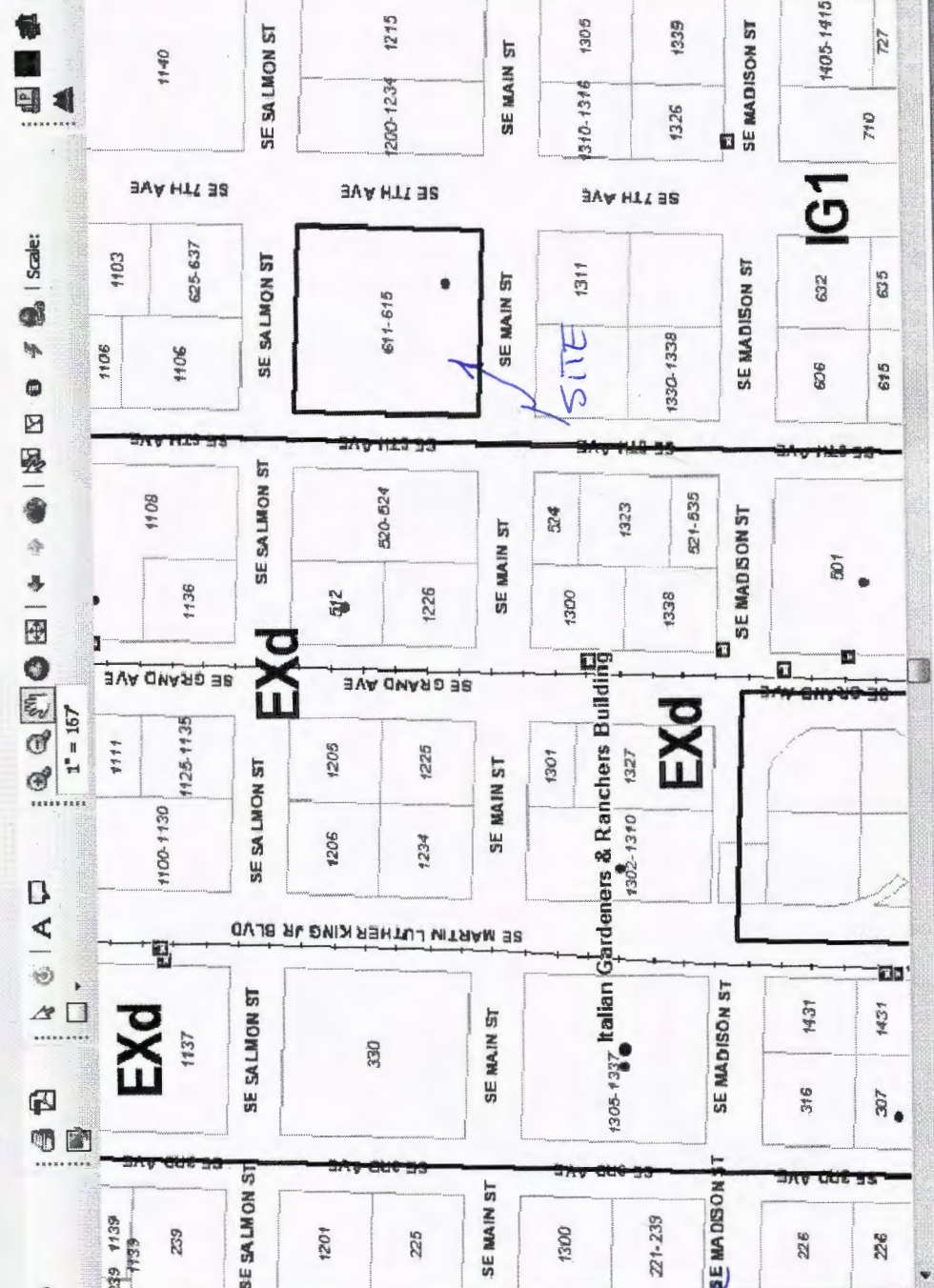
Owner: GULSONS | Site Address: 611-615 SE MAIN ST | State: OR | Zip: 97202

Owner Name: GULSONS
 Site Address: 611-615 SE MAIN ST
 State ID: 1S1E02BC 3200
 Account #: R176829

SITE IS ZONED IGI - GENERAL INDUSTRIAL 1. ONE RETAIL SALES AND SERVICE USE ALLOWED PER SITE. NO OTHER RETAIL SALES AND SERVICE USES ON THE SITE.

Reply to Director
 City Planner I
 503.823.7919
 8/7/18

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



Taxlot Details

Lot Size: 40000 sqft | Building Size: 70694 sqft | Map Number: 3131 | Zoning Code(s): IG1

Legal Description: HAWTHORNE PK, BLOCK 134, LOT 1-8 | Lot & Block: 1-8 | 134

Mailing Information: GULSONS | 307 LEVERS ST #600 | HONOLULU, HI 96815

Historic District: Conservation District
 Jurisdiction: Portland

LUR Case History:

Draw LURS

Scale 1 inch = 167 feet