



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 _____

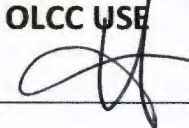
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLCC USE

Application received by 

Date 8-1-18

License Action:

N/O

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

Applicant #1 <u>NORMANDIE POX LLC</u>	Applicant #2 Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4 AUG 09 2018

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

NORMANDIE # ^{PD CC \$100.00} 509945

3. Business Location: Number and Street

1005 SE ANKENY ST

City PORTLAND

County MULTNOMAH

ZIP 97214

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

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

703 NE EMERSON ST.

PO Box, Number, Street, Rural Route

City PORTLAND

State OR

ZIP 97211

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name JUDSON WINQUIST

Phone Number 610-220-1721

Mailing Address, City, State, ZIP

703 NE EMERSON ST., PORTLAND OR 97211

Email JUDSONWINQUIST@GMAIL.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

RECEIVED

Signature of Applicant #3

Signature of Applicant #4

JUL 28 2018

Initials: _____

Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: NORMANDIE POX LLC Phone: 610-220-1721

Trade Name (dba): NORMANDIE

Business Location Address: 1005 SE ANKENY ST.

City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 10 AM to 12, Monday 3 to 12, Tuesday 3 to 12, Wednesday 3 to 12, Thursday 3 to 12, Friday 3 to 12, Saturday 10 AM to 12

Outdoor Area Hours: Sunday 10 AM to 10, Monday 3 to 10, Tuesday 3 to 10, Wednesday 3 to 10, Thursday 3 to 10, Friday 3 to 10, Saturday 10 AM to 10

The outdoor area is used for: Food service Hours: 10 AM/3 PM to 10, Alcohol service Hours: 10 AM/3 PM to 10, Enclosed, how, The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: OUTDOOR SEATING IS WEATHER DEPENDENT

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: 62 Outdoor: 18, 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: [Signature] Date: 7/20/18



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

135646495

Please Print or Type

LLC Name: Normandie PDX LLC Year Filed: 2017 ✓

Trade Name (dba): Normandie

Business Location Address: 1005 S.E. ANKENY ST.

City: PORTLAND, OR ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. <u>JUDSON WINQUIST</u> <small>(managing member)</small>	<u>33</u>
2. <u>AMANDA WINQUIST</u> <small>(members)</small>	<u>33</u>
3. <u>HEATHER KINTLER</u>	<u>10</u>
4. <u>RAY WINQUIST</u>	<u>24</u>
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: JUDSON WINQUIST DOB: 12/31/1980

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

Signature: Judson Winquist OWNER Date: 7/20/18
(name) JUDSON WINQUIST (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: NORMANDIE POX LLC

DBA OR TRADE NAME: NORMANDIE PHONE: (610) 220 1721 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1005 SE ANKENY, PORTLAND OR 97214

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

CONTACT PERSON: JUDSON WINQUIST PHONE: (610) 220 1721 EMAIL: JUDSONWINQUIST@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: _____

APPROX 1000 SQFT, APPROX 1000 SQFT FOR KITCHEN / BATHROOMS

EXISTING BUILDING: Yes No

ZONING: EX-CENTRAL EMPLOYMENT

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 62 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 18

DESCRIBE SECURITY: EXISTING CAMERAS INCLUDED IN THE FIXTURES/EQUIPMENT WE PURCHASED FROM 'RUE'

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: 3 PM CLOSE: 12 AM FRIDAY & SATURDAY OPEN: 10 AM BRUNCH SAT/SUN CLOSE: 12 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 PM HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: RUE

NAME & ADDRESS OF PROPERTY OWNER: BIR LOWER BURNSIDE LLC 18018 TELLER AVE #277 IRVINE, CA 92612

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: Judson Winquist DATE: 8/3/18



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: 60 SE 10TH AVE

R#: R150484

State ID: 1N1E35CD 1200

Zone: EXd

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the EXd 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

8 / 8 / 2018

Date

