



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DT

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

277308

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 7-23-18

License Action: c/o c/tn

Rec'd by Portland Liquor Licenses

AUG 10 2018

PD # 20695 75.000

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

Applicant #1

Thabet Management, Inc.

Applicant #2

Applicant #3

Applicant #4

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

buy2

3. Business Location: Number and Street **5434 SE 72nd Ave.**

City **Portland**

County **Clackamas**

Multnomah

ZIP **97206**

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 **4105 Franklin Blvd.**

City **Eugene**

State **OR**

ZIP **97403**

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name **Barb Roos-Franklin**

Phone Number **541-344-5983**

Mailing Address, City, State, ZIP

4105 Franklin Blvd. Eugene, OR 97403

Email **broos-franklin@tmbuy2.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 #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED

JUL 20 2018

Initials:



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Thabet Management, Inc. Phone: 541-344-5983

Trade Name (dba): buy2

Business Location Address: 4105 Franklin Blvd.

City: Eugene, OR ZIP Code: 97403

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 6:00 am to 11:00 pm
 Monday 6:00 am to 11:00 pm
 Tuesday 6:00 am to 11:00 pm
 Wednesday 6:00 am to 11:00 pm
 Thursday 6:00 am to 11:00 pm
 Friday 6:00 am to 11:00 pm
 Saturday 6:00 am to 11:00 pm

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:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: [Signature] Date: 7/19/2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

216462-94

Please Print or Type

Corporation Name: Thabet Managment, Inc. Year Incorporated: 2004 ✓

Trade Name (dba): buy2

Business Location Address: 5434 SE 72nd Ave.

City: Portland ZIP Code: 97206

List Corporate Officers:

<u>Lutfi Thabet</u>	<u>President</u>
(name)	(title)
<u>Lutfi Thabet</u>	<u>Secretary</u>
_____	_____
_____	_____

List Board of Directors:

Lutfi Thabet, President

(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>Lutfi Thabet</u>	<u>40</u>	Issued: <u>40</u>
_____	_____	Unissued: <u>60</u>
_____	_____	Total Shares Authorized to Issue: <u>100</u>
_____	_____	

Server Education Designee: _____ DOB: _____
(See Liquor License Application Guide for more information)

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

Officer's Signature: [Signature] Date: 7/19/18
(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: Thabet Management, Inc
DBA OR TRADE NAME: buy2 029 PHONE: 541-344-5983 FAX: 541-485-7399
BUSINESS ADDRESS (Including ZIP Code): 5434 SE 72nd Ave Portland OR 97206
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner) new outlet, beer & wine, etc.): _____
CONTACT PERSON: Barb Roos Franklin PHONE: 541-344-5983 EMAIL: broos-franklin@tmbuy2.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: CMI

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 0 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

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 Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 6:00 am CLOSE: 11:00 pm FRIDAY & SATURDAY OPEN: 6:00 am CLOSE: 11:00 pm

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: LEATHERS ENTERPRISES, LLC dba Leathers AI Co
2554 DEBOT ST, FAIRVIEW OR 9724

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: [Signature] DATE: 8.9.2018