



LIQUOR LICENSE APPLICATION

*Handing
gm*

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 _____

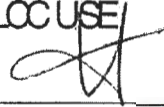
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLOC USE

Application received by 

Date 8-2-18

License Action: n/o

Rec'd by Portland
Liquor Licenses
AUG 10 2018
PD CK 100.00
1157

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

| | |
|--|--------------|
| Applicant #1 <u>Brandon C. Weeks</u> <u>Hunnymilk LLC</u> | Applicant #2 |
| Applicant #3 | Applicant #4 |

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

3. Business Location: Number and Street 1981 W. Burnside St.
 City Portland County Multnomah ZIP 97209

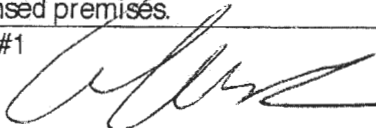
4. Is the business at this location currently licensed by the OLOC? Yes No

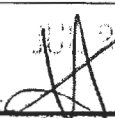
5. Mailing Address (where the OLOC will send your mail):
 PO Box, Number, Street, Rural Route 1981 W. Burnside St.
 City Portland State OR ZIP 97209

6. Phone Number of the Business Location: 503-320-7805

7. Contact Person for this Application: Brandon C. Weeks - Hunnymilk LLC
 Name Brandon C. Weeks Phone Number 503-320-7805
 Mailing Address, City, State, ZIP 1981 W. Burnside St. Portland, OR 97209
 Email brandon@hunnymilk.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 |
| Signature of Applicant #3 | Signature of Applicant #4 |

RECEIVED
AUG 2 2018
Initials: 



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Hunnymilk LLC
Brandon C. Weeks Phone: 503-320-7805

Trade Name (dba): Hunnymilk

Business Location Address: 1981 W. Burnside St.

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8:00am to 2:00pm
Monday _____ to _____
Tuesday _____ to _____
Wednesday 8:00am to 2:00pm
Thursday 8:00am to 2:00pm
Friday 8:00am to 2:00pm
Saturday 8:00am to 2:00pm

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: 35-45 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: 6/13/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1144984-96

Please Print or Type

LLC Name: Honey Milk LLC Year Filed: 2015 ✓

Trade Name (dba): Honey Milk

Business Location Address: 1961 W Burnside St.

City: Portland ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

1. Brandon C. Weeks
(managing member)

100 %

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: Brandon C. Weeks DOB: 7/23/1982

SE 05/10/16 Spexp. 05/10/21

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

Signature: [Signature] (name) owner (title) Date: 6/13/18

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 Hunny/milk LLC

DBA OR TRADE NAME Hunny/milk PHONE 503-320-7805 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1981 W. Burnside St. Portland, OR 97209

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

CONTACT PERSON: Brandon Weeks PHONE 503-320-7805 EMAIL: brandon@hunny milk.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: 2800 s.f.

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 49 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: locks / deadbolt. Apartment complex 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: 8:00 am CLOSE 2:00 pm FRIDAY & SATURDAY OPEN: 8:00 am CLOSE 2:00 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: The Bitter End

NAME & ADDRESS OF PROPERTY OWNER: Edington - Portland LLC, 6635 SE Milwaukie Ave #208
Portland, OR 97202

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
N/A, just general restaurant use.

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

SIGNATURE [Signature] DATE 8/7/16



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: 10 NW 20TH AVE

R#: R198655

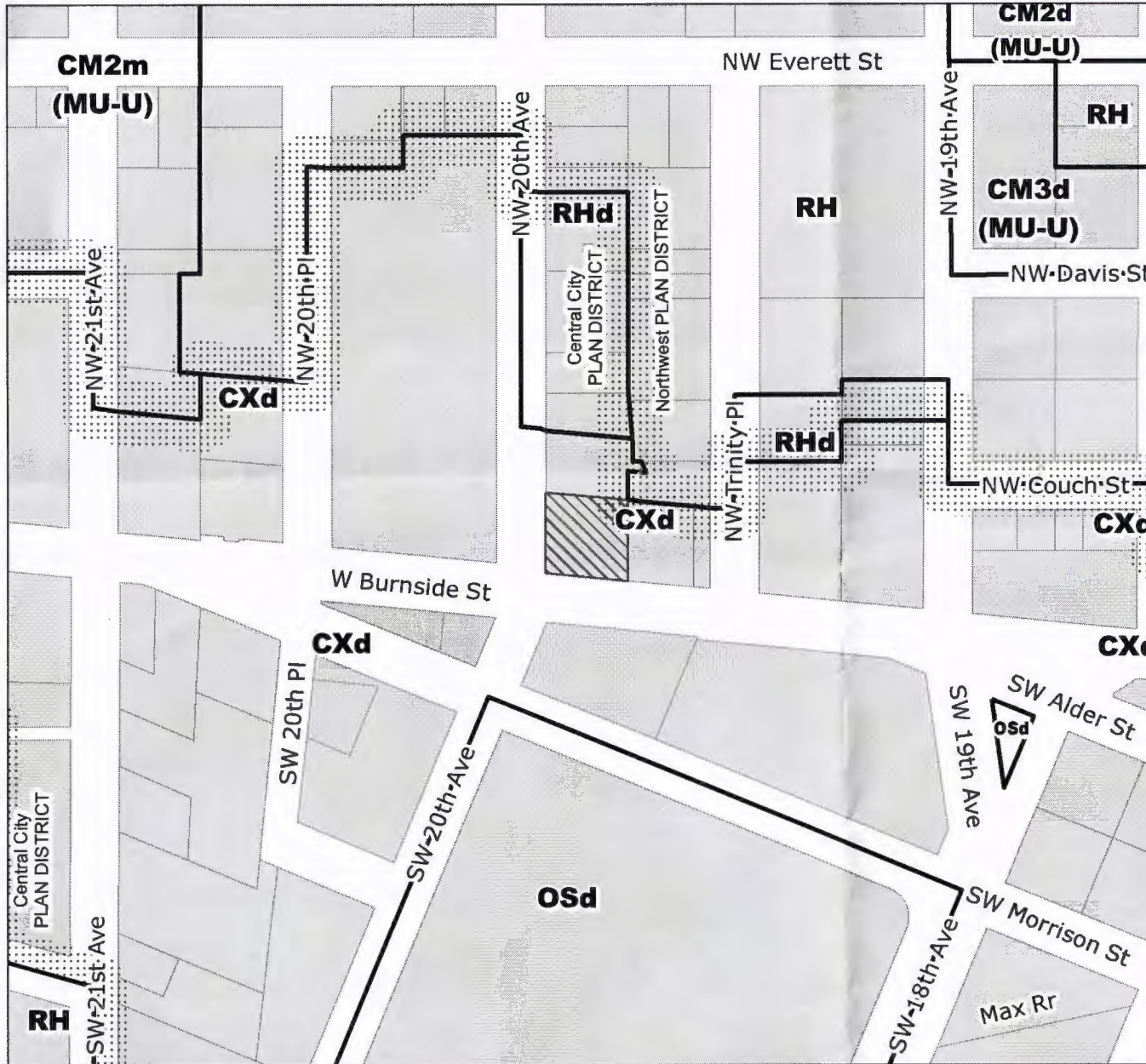
State ID: 1N1E33DB 9900

Zone: CXd

Plan District: CENTRAL CITY, GOOSE HOLLOW

Proposed Use: RETAIL SALES AND SERVICE

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



Leah Dawkins

Name of City Official

City Planner

Title

503-823-7830

Contact Number

Leah M. Dawkins

Signature of Official

8 / 9 / 2018

Date