



# LIQUOR LICENSE APPLICATION

*Pending*

<b>LICENSE FEE:</b> Do not include the license fee with the application (the license fee will be collected at a later time).  <b>APPLICATION:</b> Application is being made for: <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input type="checkbox"/> Limited On-Premises <input checked="" type="checkbox"/> Off-Premises <input type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> Winery	<b>CITY AND COUNTY USE ONLY</b>  Date application received _____  Name of City or County _____  Recommends this license be <input type="checkbox"/> Granted <input type="checkbox"/> Denied  By _____  Date _____
	<b>OLCC USE</b>  Application received by <u>AK</u> Date <u>7-24-18</u>  License Action: <u>A/Privilege</u>

*268123*

*Rec. Lic. Renewal*

<b>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</b>			
Applicant #1 <u>P&amp;R GROUP, LLC</u>	Applicant #2	Applicant #3	Applicant #4
<b>2. Trade Name of the Business (the name customers will see):</b> <u>CAFFE DESTINO</u>			
<b>3. Business Location: Number and Street</b> <u>1339 NE FREMONT ST</u>			
City <u>PORTLAND</u>	County <u>MULT.</u>	ZIP <u>97212</u>	
<b>4. Is the business at this location currently licensed by the OLCC?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5. Mailing Address (where the OLCC will send your mail):</b>			
PO Box, Number, Street, Rural Route <u>1339 NE FREMONT ST</u>			
City <u>PORTLAND</u>	State <u>OR</u>	ZIP <u>97212</u>	
<b>6. Phone Number of the Business Location:</b> <u>503-284-9455</u>			
<b>7. Contact Person for this Application:</b>			
Name <u>Amy K Perimon</u>		Phone Number <u>503-367-7094</u>	
Mailing Address, City, State, ZIP <u>6426 NE ALAMEDA ST, PORTLAND OR 97213</u>			
Email <u>AMY PERIMON@GMAIL.COM</u>			
I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is <b>prohibited</b> on the licensed premises.			
Signature of Applicant #1 <u>Amy K Perimon</u>		Signature of Applicant #2	
Signature of Applicant #3		Signature of Applicant #4	

*AUG 10 2018 PD # 875 840 ck*

RECEIVED

JUL 12 2018

Initials: AK  
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

PBR Group, LLC

284-9455

Applicant Name: Amy Permont

Phone: 503-307-7094

Trade Name (dba): CAFFE DESTINO

Business Location Address: 1339 NE FREMONT ST

City: PORTLAND

ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7 AM to 5 PM  
Monday 7 AM to 5 PM  
Tuesday 7 AM to 5 PM  
Wednesday 7 AM to 5 PM  
Thursday 7 AM to 5 PM  
Friday 7 AM to 5 PM  
Saturday 7 AM to 5 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:

- 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 Outdoor: \_\_\_\_\_  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

OLCC USE ONLY

Investigator Verified Sealing: \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

Investigator Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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

Applicant Signature: Amy Permont Date: 7-20-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



852354-98

Please Print or Type

LLC Name: PBR GROUP, LLC Year Filed: 2012 ✓

Trade Name (dba): CAFFE DESTINO

Business Location Address: 1335 NE FREMONT ST

City: PORTLAND ZIP Code: 97212

List Members of LLC:

Percentage of Membership Interest:

- |   |            |
|---|------------|
| 1. <u>AMY K PERIMON</u><br><small>(managing member)</small> | <u>50%</u> |
| 2. <u>TODD B PERIMON</u><br><small>(members)</small>        | <u>50%</u> |
| 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: AMY K PERIMON DOB: 11-20-67

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

Signature: Amy K Perimon Date: 10-14-18  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: PBR GROUP, LLC

DBA OR TRADE NAME: CAFFE DESTINO PHONE: 503-284-9455 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 1339 NE FREMONT ST PORTLAND 97212

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

CONTACT PERSON: Amy Perimon PHONE: 503-367-7084 EMAIL: AMYPERIMON@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. 600 SQ. FT.

EXISTING BUILDING:  Yes  No

ZONING: CM-1 (MU-D)

STRUCTURAL CHANGES (DESCRIBE): NA

RESTAURANT SEATING CAPACITY: 35 LOUNGE SEATING CAPACITY: NA OUTSIDE SEATING CAPACITY: 8

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: 7AM CLOSE: 5pm FRIDAY & SATURDAY OPEN: 7AM CLOSE: 5pm

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

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: UNKNOWN

NAME & ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

## 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): WINE TASTING  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

WE HAVE A FULL ON-PREMISES LICENSE, BUT WOULD LIKE TO HAVE WINE TASTING EVENTS AND SELL BOTTLES OF WINE FOR OFF-PREMISES CONSUMPTION.

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

SIGNATURE: Amy Perimon DATE: 8-10-18



# 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: 1339 NE FREMONT ST

R#: R207053

State ID: 1N1E23CD 20200

**Zone: CM1(MU-D)**

**Plan District:**

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is a LIMITED use in the CM1(MU-D) zone

### Additional Comments:

Per 33.130.100.B.2, in the CM1 zone, each individual Retail Sales & Service use is limited to 5,000 square feet. On this site, the total building is shown in the Multnomah County records as 4,500 sf.

**Bureau of Development Services**  
Land Use Review  
1900 SW 4th Ave. Suite 5000  
Portland, OR 97201

**Suzan Poisner**

Name of City Official

**City Planner**

Title

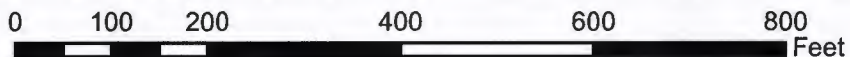
**503-823-5804**

Contact Number

Signature of Official

**8 / 3 / 2018**

Date



1 inch = 200 feet

