



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

AT

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other D/Partner
A/Partner

265097

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: [Signature]

Date: 8-27-18

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

Master File

① K.Z.M. VENTURES LLC ③ _____

② Grocery Outlet Inc. ④ _____

2. Trade Name (dba): Grocery Outlet Parkrose

3. Business Location: 10721 NE Sandy Blvd. Portland Multnomah OR 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 10721 NE Sandy Blvd. Portland OR 97220
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (971) 255-0459 (971) 255-0789
(phone) (fax)

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

7. If yes to whom: Robert Isaac Mode Type of License: Off-Premises Sales

8. Former Business Name: Moho Enterprises LLC

9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Portland
(name of city or county)

11. Contact person for this application: William Hilker 817-526-9631
(name) (phone number(s))

1314 NW 159th Way Apt 5 Hillsboro Or 97006 Parkrose 2586
(address) (e-mail address) @gmail

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

Applicant(s) Signature(s) and Date:

① William Hilker Date 8/12/18 ③ _____ Date _____

② Pamela B. [Signature] Date 8/13/18 ④ _____ Date _____

RECEIVED
AUG 14 2018
(rev. 08/2011)

Initials: [Signature]
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: K.Z.M. Ventures LLC Phone: 971-255-0459
 Trade Name (dba): Grocery Outlet Parkrose
 Business Location Address: 10721 NE Sandy Blvd
 City: Portland ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7A to 9P
 Monday 7A to 9P
 Tuesday 7A to 9P
 Wednesday 7A to 9P
 Thursday 7A to 9P
 Friday 7A to 9P
 Saturday 7A to 9P

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 Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: William Hill Date: 8-14-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1465158-95

Please Print or Type

LLC Name: K.Z.M. VENTURES LLC Year Filed: 2018 ✓

Trade Name (dba): Grocery Outlet Parkrose

Business Location Address: 10721 NE Sandy Blvd.

City: Portland ZIP Code: 97220

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>William (Chad) Hilker</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: Gina Hilker DOB: 08/09/1975

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

Signature: William Hilker owner/member Date: 08/27/2018
(name) (title)



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

015789-21

Please Print or Type

Corporation Name: Grocery Outlet Inc. Year Incorporated: 1961 1979
 Trade Name (dba): _____
 Business Location Address: 5650 Hollis Street
 City: Emeryville ZIP Code: 94608

List Corporate Officers:

<u>Eric J. Lindberg</u> (name)	<u>Co-CEO</u> (title)
<u>Steven MacGregor Read, JR.</u>	<u>Co-CEO</u>
<u>Charles C. Bracher</u>	<u>Chief Financial Officer</u>
<u>Pamela B. Burke</u>	<u>V.P / Secretary</u>

List Board of Directors:

Eric Lindberg, Steven MacGregor Read, Jr.
(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>GOBP Midco, Inc.</u>	<u>1,000</u>	Issued: <u>1,000</u>
_____	_____	Unissued: <u>49,000</u>
_____	_____	Total Shares Authorized to Issue: <u>50,000</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: Pamela B. Burke (name) Secretary (title) Date: 5-16-2018

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: K.Z.M Ventures LLC

DBA OR TRADE NAME: Grocery Outlet Parkrose PHONE: 971-255-0459 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 10721 N.E Sandy Blvd Portland OR 97220

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

CONTACT PERSON: Chad Heller PHONE: 81-7526-9631 EMAIL: parkrose286@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>Grocery Store</u> |

SIZE OF SERVICE AREA: _____
EXISTING BUILDING: Yes No

ZONING: _____
STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: Alarm system

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: 9pm FRIDAY & SATURDAY OPEN: 7am CLOSE: 9pm

HOW LATE WILL THERE BE OUTSIDE SEATING? never HOW LATE WILL THERE BE ENTERTAINMENT? never

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: MOHD LLC

NAME & ADDRESS OF PROPERTY OWNER: Bob Mode 10721 N.E. Sandy Blvd 97220

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: William C. A. [Signature] DATE: 8/27/18