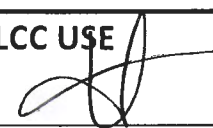




# LIQUOR LICENSE APPLICATION

DT

<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 ___ Granted ___ Denied  By _____  Date _____
	<b>OLCC USE</b>  Application received by  Date <u>8-16-18</u> License Action: <u>N/O</u> <div style="text-align: right;">           Rec'd by Portland            Liquor Licenses  <b>AUG 29 2018</b>            PD CC 100.000            # <u>332136</u> </div>

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

Applicant #1 <u>SF SUPERMARKET PORTLAND, INC.</u>	Applicant #2
Applicant #3	Applicant #4

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

**3. Business Location: Number and Street** 5253 SE 82ND AVE

City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	ZIP <u>97266</u>
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**4. Is the business at this location currently licensed by the OLCC?**  Yes  No

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

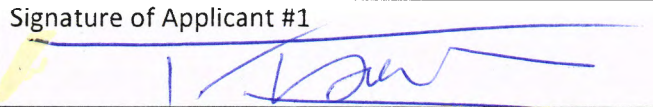
PO Box, Number, Street, Rural Route <u>1635 S. SAN GABRIEL Blvd</u>		
City <u>SAN GABRIEL</u>	State <u>CA</u>	ZIP <u>91776</u>

**6. Phone Number of the Business Location:** 971-279-5212

**7. Contact Person for this Application:**

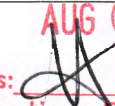
Name <u>Huy Trieu</u>	Phone Number <u>626 945 5739</u>
Mailing Address, City, State, ZIP <u>2368 El Portal Dr, SAN PABLO CA 94806</u>	
Email <u>huy@SF SUPERMARKET.COM</u>	

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 08 2018**

Initials: 

Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: SF SUPERMARKET PORTLAND, INC Phone: 971-279-5212

Trade Name (dba): SF SUPERMARKET

Business Location Address: 5253 S.E. GRAND AVE

City: PORTLAND ZIP Code: 97266

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday	<u>8:00 AM</u> to <u>9:00 PM</u>
Monday	<u>8:00 AM</u> to <u>9:00 PM</u>
Tuesday	<u>8:00 AM</u> to <u>9:00 PM</u>
Wednesday	<u>8:00 AM</u> to <u>9:00 PM</u>
Thursday	<u>8:00 AM</u> to <u>9:00 PM</u>
Friday	<u>8:00 AM</u> to <u>9:00 PM</u>
Saturday	<u>8:00 AM</u> to <u>9:00 PM</u>

Outdoor Area Hours:

Sunday	<u>NA</u> 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: N/A

- |  |   |
|--|---|
| <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	<u>N/A</u> to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

**SEATING COUNT**

Restaurant: \_\_\_\_\_ Outdoor: N/A

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

<b>OLCC USE ONLY</b>	
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: 8.4.18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



# OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

1436960-94

Please Print or Type

Corporation Name: SF SUPERMARKET PORTLAND, INC. Year Incorporated: 2018

Trade Name (dba): SF SUPERMARKET

Business Location Address: 5253 SE 82ND AVE

City: PORTLAND OR ZIP Code: 97266

### List Corporate Officers:

HIEN TAI TRAN

(name)

PRESIDENT

(title)

\_\_\_\_\_

SECRETARY

\_\_\_\_\_

TREASURER

### List Board of Directors:

(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.)

Stockholders:

HIEN TAI TRAN

Number of Shares Held:

100%

**Number of Stock Shares:**

Issued: 100,000

Unissued: 900,000

Total Shares Authorized to Issue: 1,000,000

Server Education Designee: COLLEGE DOB: 1-1-1966

(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] PRESIDENT Date: 8.4.18  
(name) (title)

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 08/11)

# 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: SF SUPERMARKET PORTLAND, INC  
DBA OR TRADE NAME: SF SUPERMARKET PHONE: 971-279-5212 FAX: 626-408-6658  
BUSINESS ADDRESS (Including ZIP Code): 5253 SE 82ND AVE, PORTLAND CA 97266

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

CONTACT PERSON: Huy TRIEU PHONE: 626 945 5739 EMAIL: \_\_\_\_\_

**DESCRIPTION OF OUTLET**

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart  Night Club  
 Restaurant  Sports Bar  
 Convenience Store  Other: SUPERMARKET

SIZE OF SERVICE AREA: NA  
EXISTING BUILDING:  Yes  No  
ZONING: CM3 dm  
STRUCTURAL CHANGES (DESCRIBE): N/A

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

DESCRIBE SECURITY: WE have security staff and video recording

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 AM CLOSE: 9 PM FRIDAY & SATURDAY OPEN: SAME CLOSE: \_\_\_\_\_

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

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: FRED MYER

NAME & ADDRESS OF PROPERTY OWNER: EUMBERT'S 82ND AVE PROPERTIES LLC 11811 SE Hwy 212 CLACKAMAS OR 97015

**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: 8.29.18



# 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: 5241-5253 SE 82ND AVE

R#: R110854

State ID: 1S2E17AD 600

Zone: CM3dm(MU-U)

Plan District:

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM3dm(MU-U) zone

**Leah Dawkins**

Name of City Official

**City Planner**

Title

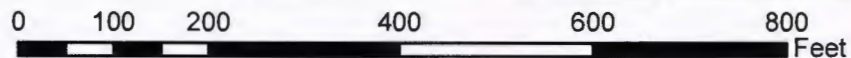
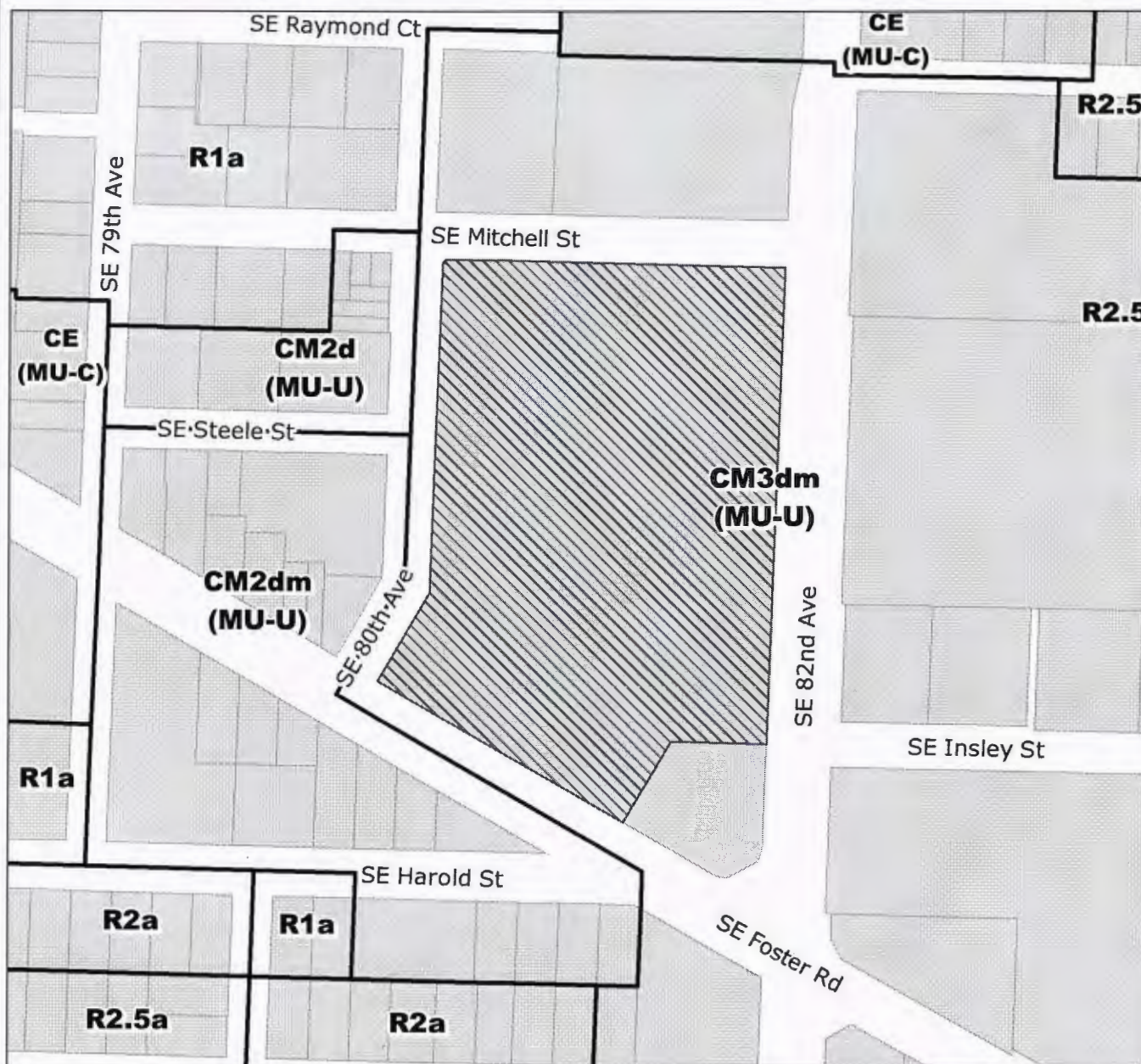
**503-823-7830**

Contact Number

Signature of Official

**8 /29 /2018**

Date



1 inch = 200 feet

