



# LIQUOR LICENSE APPLICATION

208

**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

264995

**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

Date 9-7-18

License Action:  
9/0 C/TN

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

Applicant #1 <u>KOD-TRIKI, LTD</u>	Applicant #2 Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4 <b>SEP 10 2018</b> PD CC \$7500 # <u>010042</u>

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

**3. Business Location: Number and Street** 610 NW Couch St.

City PORTLAND County MULTNOMAH ZIP 97209

**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 610 NW Couch St

City PORTLAND State OR ZIP 97209

**6. Phone Number of the Business Location:** 503-224-4493

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

Name THOMAS BREAZALE Phone Number 503-680-3230

Mailing Address, City, State, ZIP  
610 NW Couch St. PORTLAND, OR 97209

Email tbraz@silveradopdx.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 <u>AUG 30 2018</u> 	Signature of Applicant #4



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: KODAIKI LTD Phone: 503-224-4493

Trade Name (dba): SILVERADO

Business Location Address: 610 NW Couch St

City: PORTLAND ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9AM to 2:30AM
Monday 9AM to 2:30AM
Tuesday 9AM to 2:30AM
Wednesday 9AM to 2:30AM
Thursday 9AM to 2:30AM
Friday 9AM to 2:30AM
Saturday 9AM to 2:30AM

Outdoor Area Hours:

Sunday N-A
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

The outdoor area is used for:

Food service Hours: N-A 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

- Live Music
Recorded Music
DJ Music
Dancing
Nude Entertainers

Check all that apply:

- Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday 3pm to 2:30AM
Monday 3pm to 2:30AM
Tuesday 3pm to 2:30AM
Wednesday 3pm to 2:30AM
Thursday 3pm to 2:30AM
Friday 3pm to 2:30AM
Saturday 3pm to 2:30AM

SEATING COUNT

Restaurant: 48 Outdoor:
Lounge: 27 Other (explain): 54 - BASEMENT LOUNGE
Banquet: Total Seating: 129

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials:
Date: 9/10/18

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

Applicant Signature: [Signature] Date: AUG 30 2018



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

158778-14

Please Print or Type

Corporation Name: KON-TIKI LTD Year Incorporated: 1982 ✓

Trade Name (dba): SILVERADO

Business Location Address: 610 NW Couch St.

City: PORTLAND ZIP Code: 97209

List Corporate Officers:

<u>THOMAS E BREAZEALE</u>	<u>PRESIDENT</u>
(name)	(title)
<u>DONALD R SEXTON</u>	<u>SECRETARY</u>
_____	_____
_____	_____

List Board of Directors:

<u>THOMAS E BREAZEALE</u>
(name)
<u>DONALD R SEXTON</u>
_____
_____

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:	Number of Shares Held:	Number of Stock Shares:
<u>THOMAS E BREAZEALE</u>	<u>500</u>	Issued: <u>500</u>
_____	_____	Unissued: <u>0</u>
_____	_____	Total Shares Authorized to Issue: <u>500</u>
_____	_____	

Server Education Designee: THOMAS E BREAZEALE DOB: 7-6-51  
(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: Thomas E Breazeale (name) PRESIDENT (title) Date: AUG 30 2018

# 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: KON TIKI LTD

DBA OR TRADE NAME: SILVERADO PHONE: 503-224-4493 FAX: 503-227-6426

BUSINESS ADDRESS (Including ZIP Code): 610 NW Couch St. PORTLAND, OR 97209

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

CONTACT PERSON: THOMAS BREAZEALE PHONE: 503-224-4493 EMAIL: tbreaz@silveradopdx.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: 2000 MAIN FLOOR - 1500 BASEMENT

EXISTING BUILDING:  Yes  No

ZONING: CX

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 48 LOUNGE SEATING CAPACITY: 75 OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: UNARMED DISST CERTIFIED ID HOUSE STAFF

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: 9 AM CLOSE: 2:30 AM FRIDAY & SATURDAY OPEN: 9 AM CLOSE: 2:30 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? 2:00 AM

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: JOLLY GREEN P, RATE - THE PLANK

NAME & ADDRESS OF PROPERTY OWNER: JOLLY GREEN BUILDING LLC - 610 NW Couch St PORTLAND, OR 97209

### 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): 1  Events (Describe): N/A  Other: N/A

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: Thomas Breazale DATE: SEP 10 2018



# 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: 610 NW COUCH ST

R#: R140479

State ID: 1N1E34CA 11800

**Zone: CXd**

**Plan District: CENTRAL CITY, OLD TOWN / CHINATOWN**

**Proposed Use: RETAIL SALES AND SERVICE**

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

### Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Services uses are allowed by right in the CX zone. The use is not further limited by the plan district.

**J. Malia Slusarenko**

Name of City Official

**City Planner**

Title

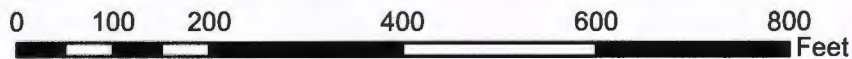
**503-823-7353**

Contact Number

Signature of Official

**9 / 5 / 2018**

Date



1 inch = 200 feet

