





# 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>CITY AND COUNTY USE ONLY</b>
<b>APPLICATION:</b> Application is being made for:	Date application received _____
<input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input checked="" 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 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	Name of City or County _____
	Recommends this license be ___ Granted ___ Denied
	By _____
	Date _____
	<b>OLCC USE</b>
	Application received by 
	Date <u>8-30-18</u>
	License Action:
	<u>N/O</u>

<b>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</b>			
Applicant #1	Applicant #2	Rec'd by Portland Liquor Licenses	
<u>New Ling Garden, LLC</u>			
Applicant #3	Applicant #4	<b>SEP 11 2018</b> PD <u>CK \$100.00</u> # <u>1024</u>	
<b>2. Trade Name of the Business (the name customers will see):</b>			
<u>Ling Garden</u>			
<b>3. Business Location: Number and Street</b>			
<u>931 N.W. 21<sup>st</sup> Ave.</u>			
City <u>Portland</u>	County <u>OR</u>	ZIP <u>97209</u>	
<b>4. Is the business at this location currently licensed by the OLCC?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5. Mailing Address (where the OLCC will send your mail):</b>			
PO Box, Number, Street, Rural Route <u>931 N.W. 21<sup>st</sup> Ave.</u>			
City <u>Portland</u>	State <u>OR</u>	ZIP <u>97209</u>	
<b>6. Phone Number of the Business Location:</b> <u>503-227-6052</u>			
<b>7. Contact Person for this Application:</b>			
Name <u>Sumei Cheng</u>		Phone Number <u>503-889-6289</u>	
Mailing Address, City, State, ZIP			
<u>4172 N.W. Diamondback Dr. Beaverton OR 97006</u>			
Email <u>sumeicoco@hotmail.com</u>			
<b>I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.</b>			
Signature of Applicant #1		Signature of Applicant #2	
			
Signature of Applicant #3		Signature of Applicant #4	
		<b>RECEIVED</b> <b>AUG 01 2018</b>	



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: New Ling Garden, LLC Phone: 503-227-6052

Trade Name (dba): Ling Garden

Business Location Address: 931 N.W. 21<sup>st</sup> Ave

City: Portland OR ZIP Code: 97209

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	<u>11:00</u> to <u>9:00</u>
Monday	<u>11:00</u> to <u>9:00</u>
Tuesday	<u>11:00</u> to <u>9:00</u>
Wednesday	<u>11:00</u> to <u>9:00</u>
Thursday	<u>11:00</u> to <u>9:00</u>
Friday	<u>11:00</u> to <u>10:00</u>
Saturday	<u>11:00</u> to <u>10:00</u>

### 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music                | <input type="checkbox"/> Karaoke                |
| <input checked="" 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	_____ to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

## SEATING COUNT

Restaurant: 48 Outdoor: 8-10

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: 7/20/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1193251-99

Please Print or Type

LLC Name: New Ling Garden, LLC Year Filed: 2016 ✓  
Trade Name (dba): Ling Garden Restaurant  
Business Location Address: 931 N.W. 21<sup>st</sup> AVE  
City: Portland OR ZIP Code: 97209

List Members of LLC:

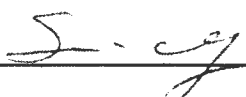
Percentage of Membership Interest:

- |   |             |
|---|-------------|
| 1. <u>Sumei Cheng</u><br><small>(managing member)</small> | <u>100%</u> |
| 2. _____<br><small>(members)</small>                      | _____       |
| 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: Sumei Cheng DOB: 5/7/1967

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

Signature:  Date: 8/16/2018  
(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: New Ling Garden LLC

DBA OR TRADE NAME: Ling Garden PHONE: 503-227-6052 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 931 N.W 21<sup>st</sup> Ave. Portland OR 97209

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

CONTACT PERSON: Sumei Cheng PHONE: 503-889-6289 EMAIL: Sumei.COCO@hotmail.com

**DESCRIPTION OF OUTLET**

**TYPE OF OPERATION (CHECK ALL THAT APPLY)**

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

SIZE OF SERVICE AREA: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: 48 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 8-10

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: 11:00 CLOSE: 9:00 FRIDAY & SATURDAY OPEN: 11:00 CLOSE: 10:00

HOW LATE WILL THERE BE OUTSIDE SEATING? 11:00 - 9:00 HOW LATE WILL THERE BE ENTERTAINMENT? N/A

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: N/A

**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 checked="" 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: [Signature] DATE: 9/8/18



# 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: 921 NW 21ST AVE

R#: R141340

State ID: 1N1E33BD 12600

Zone: CM2dm(MU-U),RHd  
Plan District: NORTHWEST

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2dm(MU-U),RHd zone

### Additional Comments:

Retail Sales and Service is an allowed use in the CM2 zone per 33.130.100 and Table 130-1. The overlay zones place no extra restrictions on this use.

**Amanda Rhoads**

Name of City Official

**City Planner**

Title

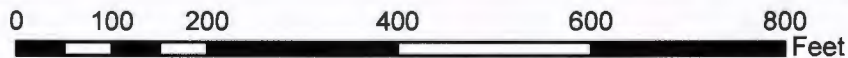
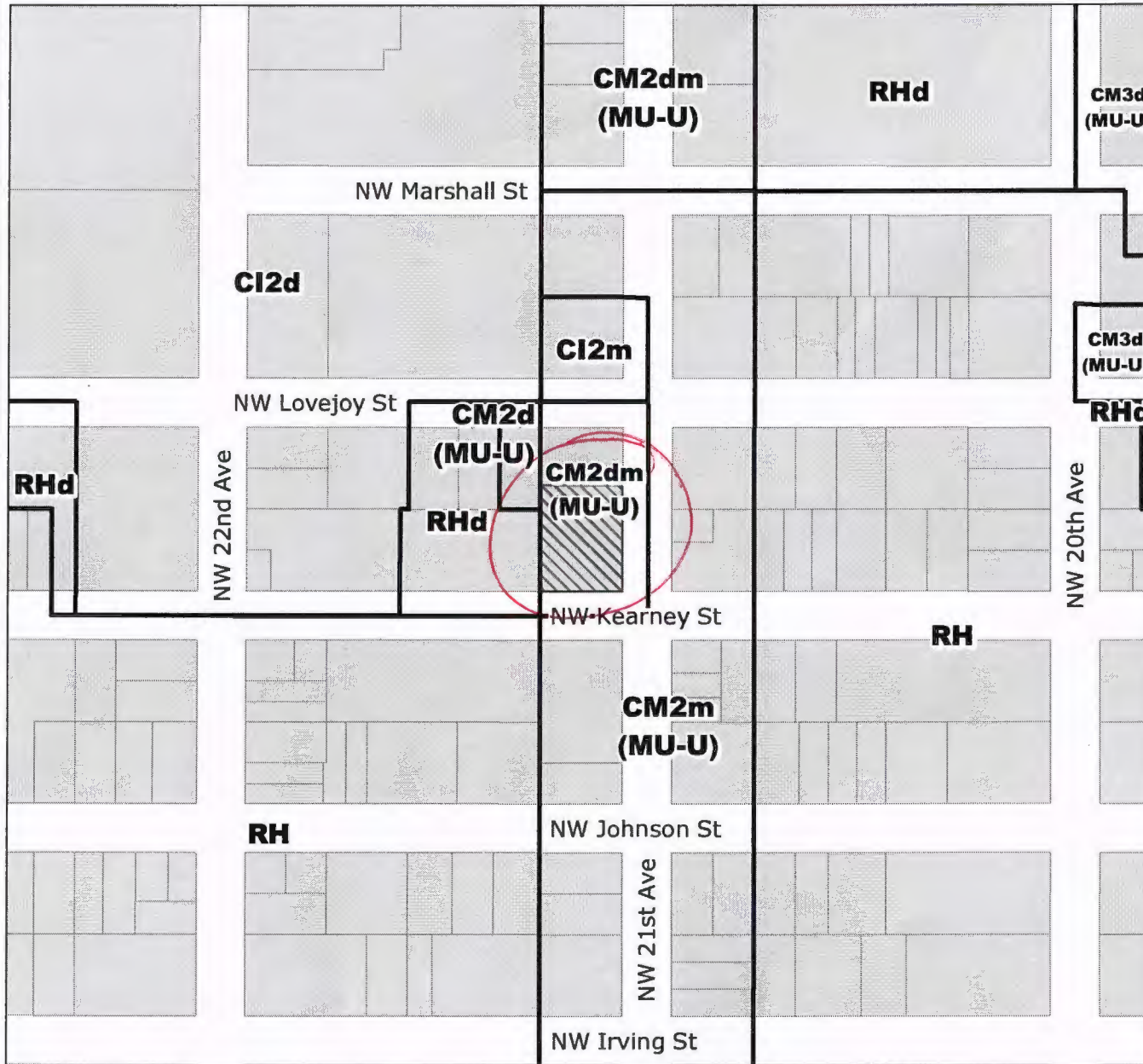
**503-823-7837**

Contact Number

Signature of Official

**9 /11 /2018**

Date



1 inch = 200 feet

