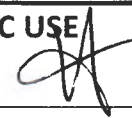





LIQUOR LICENSE APPLICATION

DT

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input type="checkbox"/> Limited On-Premises</p> <p><input checked="" type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p> <p style="font-size: 2em; margin-left: 200px;">276597</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p>
<p align="center">OLCC USE</p> <p>Application received by </p> <p>Date <u>8-30-18</u></p> <p>License Action: <u>C/O</u></p>	

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		
Applicant #1 Bashar Farah	Applicant #2	Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4	SEP 12 2018
2. Trade Name of the Business (the name customers will see): Foster Market		
3. Business Location: Number and Street 6231 SE Foster Rd		
City Portland	County Multnomah County	ZIP 97206
4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Mailing Address (where the OLCC will send your mail):		
PO Box, Number, Street, Rural Route 6219 SE Foster Rd.		
City Portland	State OR	ZIP 97206
6. Phone Number of the Business Location:		
7. Contact Person for this Application:		
Name Bashar Farah	Phone Number (971) 222-4211	
Mailing Address, City, State, ZIP 6219 SE Foster Rd - Portland OR 97206		
Email basherf@gmail.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	Signature of Applicant #4	

SEP 12 2018
 PD CK \$7500
 # 4695

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: BASHAR FARAH Phone: 971-222-4211

Trade Name (dba): Foster Market

Business Location Address: 6231 SE Foster Rd,

City: Portland ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8:00 AM to 10:00 PM
Monday 6:30 AM to 10:30 PM
Tuesday 6:30 AM to 10:30 PM
Wednesday 6:30 AM to 10:30 PM
Thursday 6:30 AM to 10:30 PM
Friday 6:30 AM to 11:00 PM
Saturday 7:00 AM to 11:00 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
Alcohol service
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Handwritten note: 10AM - 11PM ALL DAYS

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: 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: [Signature] Date: 8-8-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: FOSTER MARKET BUILDING LLC Year Filed: 2018

Trade Name (dba): FOSTER MARKET

Business Location Address: 6231 S.E FOSTER RD

City: PORTLAND OR ZIP Code: 97206

List Members of LLC:

Percentage of Membership Interest:

1. BASHAR FAIAH
(managing member)

100%

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: BASHAR FAIAH DOB: 12-17-87

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

Signature:
(name) (title)

Date: 9-12-18

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: Foster Market Building LLC

DBA OR TRADE NAME: Foster Market PHONE: 971-222-4211 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 6231 S.E Foster Rd Portland OR, 97206

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

CONTACT PERSON: BASHAR FARAH PHONE: 971-222-4211 EMAIL: BASHERF@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 checked="" type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 1,800 SQFT

EXISTING BUILDING: Yes No

ZONING: CM2

STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: CAMERAS & SECURITY WINDOWS & DOOR

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: 10AM CLOSE: 11PM FRIDAY & SATURDAY OPEN: 10AM CLOSE: 11PM

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Foster Market

NAME & ADDRESS OF PROPERTY OWNER: 3080 SW 23rd St Graham 97080

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: [Signature] DATE: 9-11-18



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: 6231 SE FOSTER RD

R#: R204650

State ID: 1S2E08CC 13900

Zone: **CM2m(MU-C),CM2(MU-C)**

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2m(MU-C),CM2(MU-C) zone

Additional Comments:

Not open more than 15 hours a day

Sean Williams

Name of City Official

City Planner

Title

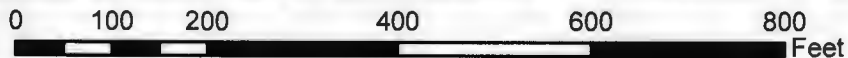
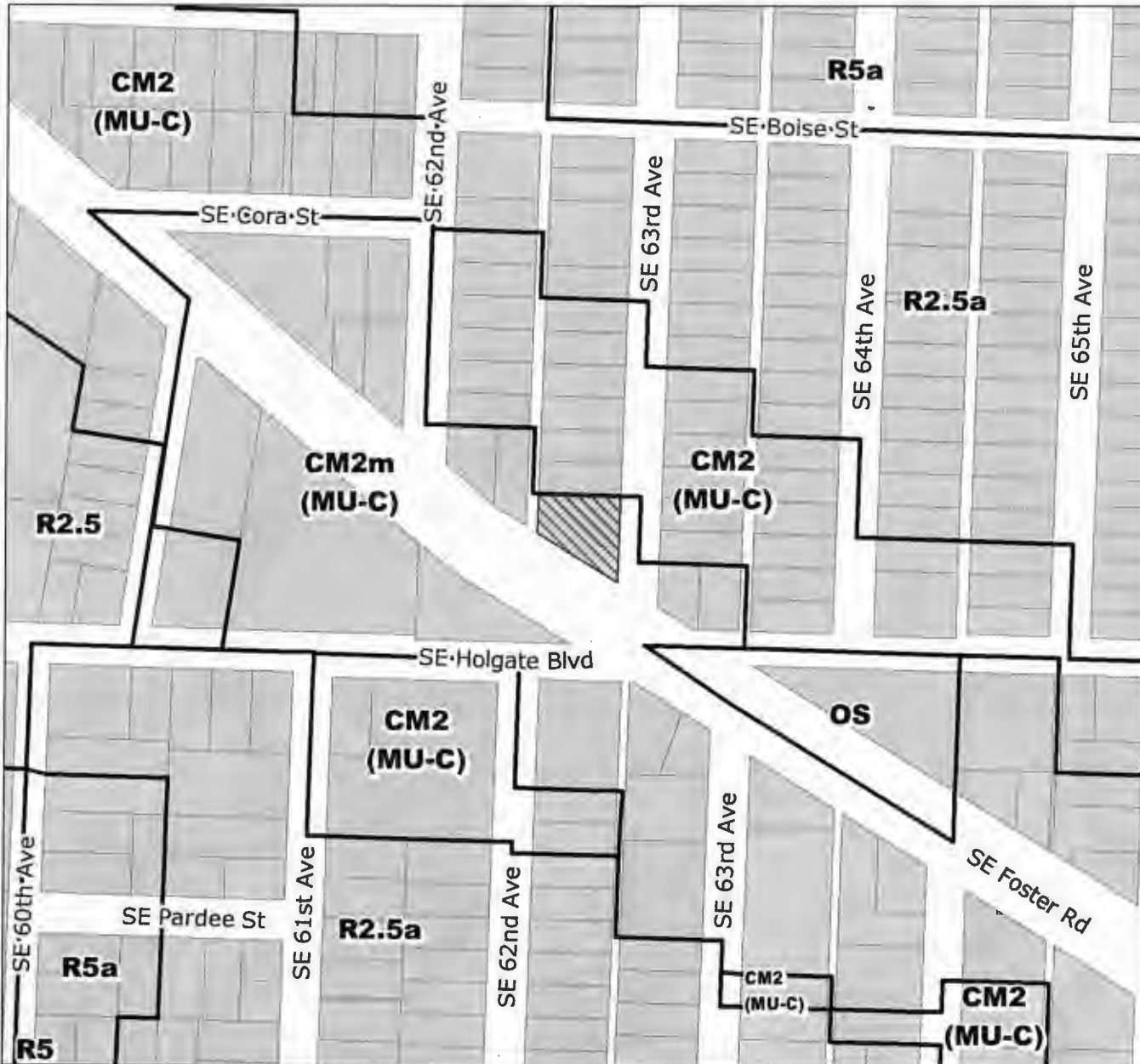
503-823-7526

Contact Number

Signature of Official

9 / 10 / 2018

Date



1 inch = 200 feet

