

DM



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

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

CITY AND COUNTY USE ONLY

Date application received _____

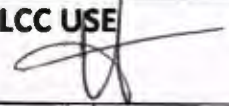
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLCC USE

Application received by 

Date 8-30-18

License Action: n/o

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

Applicant #1 The Brooklyn Establishment LLC	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):
TBD

3. Business Location: Number and Street 12120 SE Powell Blvd.

City Portland	County Multnomah	ZIP 97202
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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 5188 SW Baird St

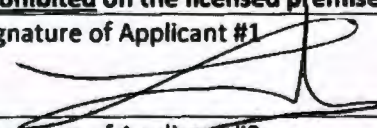
City Portland	State OR	ZIP 97202
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6. Phone Number of the Business Location: 971-998-0095

7. Contact Person for this Application:

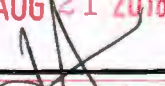
Name <u>Luka de Moses</u>	Phone Number <u>971-998-0095</u>
Mailing Address, City, State, ZIP <u>5188 SW Baird St, Portland, OR 97202</u>	
Email <u>lukademoses@gmail.com</u>	

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 21 2018

Initials: 

Oregon Liquor Control Commission
OLCC Liquor License Application (Rev. 06/2017)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Brooklyn Establishment Phone: 971-998-0095

Trade Name (dba): TBD

Business Location Address: 1920 SE Park Blvd

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Table with 2 columns: Day, Business Hours. Rows for Sunday through Saturday, all showing 7AM to 2AM.

Table with 2 columns: Day, Outdoor Area Hours. Rows for Sunday through Saturday, all showing 7AM to 2AM.

The outdoor area is used for:
Food service Hours: 7AM to 2AM
Alcohol service Hours: 7AM to 2AM
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, 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

Table with 2 columns: Day, Hours. Rows for Sunday through Saturday.

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: 8/21/18



OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

1469654-96

Please Print or Type

LLC Name: The Brooklyn Establishment LLC Year Filed: 2018. ✓

Trade Name (dba): TBD

Business Location Address: 1212 D SE Powell Blvd

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. <u>Luka de Moses</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: Luka de Moses DOB: 10/19/1984

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

Signature: [Signature] (name) Member (title) Date: 08/21/18

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: The Brooklyn Establishment LLC

DBA OR TRADE NAME: TBD PHONE: _____ FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1212 SE Powell Blvd. Suite D, Portland, OR 97202

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Limited on-premise, off-premise and wine

CONTACT PERSON: Luka de Moses PHONE: 971 998 0095 EMAIL: lukademoses@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Bar/Bottle Shop

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 16 LOUNGE SEATING CAPACITY: 20 OUTSIDE SEATING CAPACITY: 16

DESCRIBE SECURITY: Cameras pending

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: 2AM FRIDAY & SATURDAY OPEN: 7AM CLOSE: 2AM

HOW LATE WILL THERE BE OUTSIDE SEATING? until closing HOW LATE WILL THERE BE ENTERTAINMENT? stereo system

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Bushmucker Cider

NAME & ADDRESS OF PROPERTY OWNER: Bernard Biewer - 1212 SE Powell Blvd. Suite D, Portland, OR 97202

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: _____ DATE: 9/12/18



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: 1212 SE POWELL BLVD

R#: R137086

State ID: 1S1E11BD 2000

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

Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

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

*Per Applicant it is Suite D at 1212 SE Powell Blvd.
9/12/18*

Lois Jennings

Name of City Official

City Planner

Title

503-823-2877

Contact Number

Signature of Official

9 / 12 / 2018

Date

