



LIQUOR LICENSE APPLICATION

DM

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected in a later time).</p>	<p>CITY AND COUNTY USE ONLY</p>
<p>APPLICATION: Application is being made for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input checked="" type="checkbox"/> Full On-Premises, Commercial 250314 <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 	<p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By _____</p> <p>Date _____</p>
	<p style="text-align: center;">OLCC USE</p> <p>Application received by <u>[Signature]</u></p> <p>Date <u>5-21-18</u></p> <p>License Action: <u>90 4TN</u></p>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		Rec'd by Portland Liquor Licenses
Applicant #1	Applicant #2	<p>SEP 13 2018</p> <p>PD \$75 ck</p> <p># 302</p>
<u>4-4-2 PUB HOME OF FUTBOL LLC</u>	<u>JAMES T. SMITH</u>	
Applicant #3	Applicant #4	
2. Trade Name of the Business (the name customers will see)		
<u>4-4-2 PUB HOME OF FUTBOL</u>		
3. Business Location: Number and Street		
<u>1739 SE HAWTHORNE BLVD</u>		
City <u>Portland</u>	County <u>Multnomah</u>	ZIP <u>97214</u>
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):		
<u>1739 SE HAWTHORNE BLVD</u>		
PO Box, Number, Street, Rural Route	City <u>Portland</u>	State <u>OR</u> ZIP <u>97214</u>
6. Phone Number of the Business Location: <u>(503) 238-3693</u>		
7. Contact Person for this Application: <u>VINNY TALIE</u>		
Name <u>V</u>	Phone Number: <u>(503) 515-3496</u>	
Mailing Address, City, State, ZIP		
<u>2712 T ST, VANCOUVER, WA 98663</u>		
Email <u>VILDAN.TALIE@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	
<u>[Signature]</u>	<u>[Signature]</u>	
Signature of Applicant #3	Signature of Applicant #4	

RECEIVED MAY 15 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: 4-4-2 Pub Home of Futbol LLC Phone: (503) 575-3436

Trade Name (dba): 4-4-2 Pub Home of Futbol

Business Location Address: 1739 SE HAWTHORNE BLVD

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9AM to 10PM
Monday 11AM to 11PM
Tuesday 11AM to 11PM
Wednesday 11AM to 11PM
Thursday 11AM to 11PM
Friday 11AM to 12AM
Saturday 7AM to 12AM

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)

Seasonal Variations: No If yes explain:

ENTERTAINMENT

Check all that apply:

- Recorded Music
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: 36 Outdoor: 23
Lounge: 7 Other (explain):
Banquet: 4 Total Seating 59

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: Date: 5/15/13

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1404063-9

Please Print or Type

LLC Name: 4-4-2 Pub Home of Futbol LLC Year Filed: 2018 ✓

Trade Name (dba): 4-4-2 Pub Home of Futbol

Business Location Address: 1739 SE HAWTHORNE BLVD.

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. VILDAV TALIC
(managing member)

50%

2. JAMES T SMITH
(members)

50%

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: VILDAV TALIC DOB: 06/02/91

SAVED 8/30/13 Exp 8/30/18
reminder Applicant to renew - 5/12

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

Signature: V. Talic (name) (owner) (title) Date: 5/15/13

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 (included 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: 4-4-2 PUB HOME OF KUSBA

DBA OR TRADE NAME: _____ PHONE: 503 238 3693 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1739 SE HAWTHORNE BLVD PORTLAND OR 97214

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

CONTACT PERSON: VILNY TALIC PHONE: 503 515 3486 EMAIL: VILDAN.TALIC@GMAIL.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: 1000 sq ft

EXISTING BUILDING: Yes No

ZONING: CM2

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 16-50 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 23

DESCRIBE SECURITY: CAMERAS (INSIDE AND OUT)

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: 10 CLOSE: 11 FRIDAY & SATURDAY OPEN: 8 CLOSE: 12

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: #1 SPORTS BAR, 442 BAR

NAME & ADDRESS OF PROPERTY OWNER: JAMES SPYAK PROP 4223 NE BROADWAY ST PORTLAND OR 97213

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing Video Poker Live Music Nude Dancers
 Karaoke Video Gaming/Tabling Recorded Music DJ Entertainment
 Pool Tables (How Many): _____ Events (Describe): SPORTS WING FINALS 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: Tal DATE: 9/12