



CLEAR

PRINT

Pending

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

267726

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 *[Signature]*

Date *9-14-18*

License Action: *C/O C/TN*

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

Applicant #1 <i>Jinx LLC</i>	Applicant #2 <i>Rec'd by Portland Liquor Licenses</i>
Applicant #3	Applicant #4 <i>OCT 01 2018 PD CK \$75.00 # 26151</i>

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

3. Business Location: Number and Street *3000 NE Killingsworth*

City *Portland* County *Multnomah* ZIP *97211*

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 *3000 NE Killingsworth*

City *Portland* State *OR* ZIP *97211*

6. Phone Number of the Business Location: *503-288-8075*

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

Name *Patricia Earley* Phone Number *503-347-0418*

Mailing Address, City, State, ZIP
3005 NE 1ST AVE, PORT, OR 97211

Email *JINX PORTLAND@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 <i>[Signature]</i>	Signature of Applicant #2 <i>Cowthrey & Lords</i>
Signature of Applicant #3 <i>[Signature]</i>	Signature of Applicant #4

RECEIVED
SEP 12 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

503-288-8075

Applicant Name: Jinx LLC

Phone: 971-227-5663

Trade Name (dba): Jinx

Business Location Address: 3000 NE Killingsworth

City: Portland

ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10AM to 2:30AM
Monday 4PM to 2:30AM
Tuesday 4PM to 2:30AM
Wednesday 4PM to 2:30AM
Thursday 4PM to 2:30AM
Friday 4PM to 2:30AM
Saturday 10AM to 2:30AM

Outdoor Area Hours:

Sunday 10AM to 2:30AM
Monday 4PM to 2:30AM
Tuesday 4PM to 2:30AM
Wednesday 4PM to 2:30AM
Thursday 4PM to 2:30AM
Friday 4PM to 2:30AM
Saturday 10AM to 2:30AM

The outdoor area is used for:

- Food service Hours: 10:00 AM to 2:30 AM
Alcohol service Hours: 10:00 AM to 2:30 AM
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:

- 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: 36 Outdoor: 28
Lounge: Other (explain): 13 seating at bar
Banquet: Total Seating: 77

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:

[Handwritten Signature]

Date: 9-11-88 PE

1-800-452-OLCC (6522)

www.oregon.gov/olcc



OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

1467109-91

Please Print or Type

LLC Name: Jinx LLC Year Filed: 2018 ✓

Trade Name (dba): Jinx

Business Location Address: 3000 NE 30th

City: Portland OR ZIP Code: 97211

List Members of LLC:

Percentage of Membership Interest:

1. <u>Patricia Earley</u> <small>(managing member)</small>	<u>33.3</u>
2. <u>Courtney Hulbert-Lords</u> <small>(members)</small>	<u>33.3</u>
3. <u>Colin Hulbert</u>	<u>33.3</u>
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: Patricia Earley DOB: 12-13-1968

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

Signature: [Signature] MANAGER Date: 9-11-18
(name) (title)

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: JINX LLC

DBA OR TRADE NAME: _____ PHONE: 503-288-8075 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3000 NE KILLINGSWORTH ST PORT, OR 97211

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

CONTACT PERSON: PATRICIA EARLEY PHONE: 503-347-0418 EMAIL: JINXPORTLAND@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: 1600 SQ FT.

EXISTING BUILDING: Yes No

ZONING: COMMERCIAL

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 36 LOUNGE SEATING CAPACITY: 13 OUTSIDE SEATING CAPACITY: 28

DESCRIBE SECURITY: STANDARD SECURITY ALARM SYSTEM

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: 4 PM CLOSE: 2:30 SAT & SUN FRIDAY & SATURDAY OPEN: 10 AM CLOSE: 2:30 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 2:30 AM HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: CUP AND SAUCER CAFE

NAME & ADDRESS OF PROPERTY OWNER: SETH LEAVENS

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: 9-19-18



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: 3000-3014 NE KILLINGSWORTH ST

R#: R166038

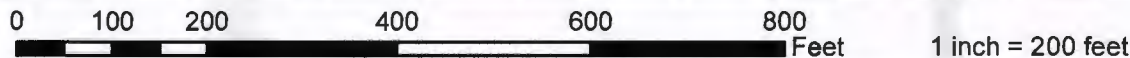
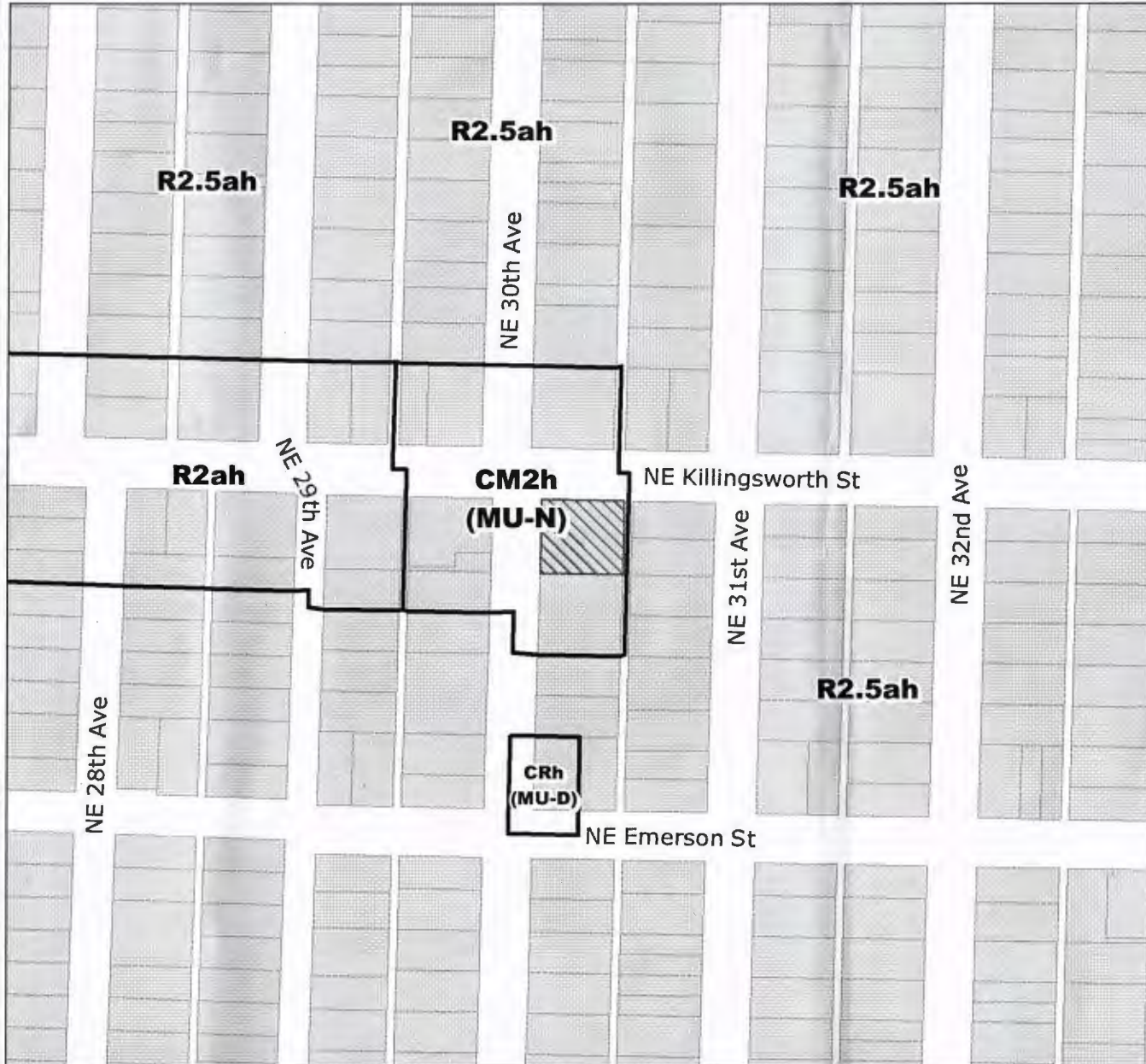
State ID: 1N1E24BA 5700

Zone: CM2h

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2h zone



Leah Dawkins

Name of City Official

City Planner

Title

503-823-7830

Contact Number

Signature of Official

9 / 20 / 2018

Date