



# LIQUOR LICENSE APPLICATION

*Pending*

**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

*26662*

**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 9-7-18

License Action:  
40 c/n

<b>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</b>	
Applicant #1 <u>Minab LLC</u>	Applicant #2  <b>Rec'd by Portland Liquor Licenses</b>
Applicant #3	Applicant #4 <b>OCT 09 2018</b>
<b>2. Trade Name of the Business (the name customers will see):</b> <u>MINAB</u>	
<b>3. Business Location: Number and Street</b> <u>910 N Killingsworth St</u>	
City <u>Portland</u>	County <u>Multnomah</u>   ZIP <u>97217</u>
<b>4. Is the business at this location currently licensed by the OLCC?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. Mailing Address (where the OLCC will send your mail):</b> <u>8330 NE Sacramento St</u>	
PO Box, Number, Street, Rural Route	City <u>Portland</u>   State <u>OR</u>   ZIP <u>97220</u>
<b>6. Phone Number of the Business Location:</b> <u>503-286-1401</u>	
<b>7. Contact Person for this Application:</b> <u>TEDROS - GEBREZGABHERE</u>	
Name <u>TEDROS - GEBREZGABHERE</u>	Phone Number <u>503-960-2192</u>
Mailing Address, City, State, ZIP <u>8330 NE Sacramento St Portland OR 97220</u>	
Email <u>idealTedy@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 <u><i>[Signature]</i></u>	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4 <b>RECEIVED</b> <u>AUG 27 2018</u> Initials: <u><i>[Signature]</i></u>



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Minab LLC 286-1401  
~~TEDROS GEBREZGABHERE~~ Phone: ~~503-960-2192~~

Trade Name (dba): Minab

Business Location Address: 910 N Killingsworth St

City: Portland ZIP Code: 97217

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday 5pm to 12am  
Monday 5pm to 12am  
Tuesday 5pm to 12am  
Wednesday 5pm to 12am  
Thursday 5pm to 12am  
Friday 5pm to 12am  
Saturday 5pm 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 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:

- 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: 3043 Outdoor: \_\_\_\_\_  
Lounge: 12 Other (explain): \_\_\_\_\_  
Banquet: 5 Total Seating: 55

OLCC USE ONLY  
Investigator Verified Seating: \_\_\_\_\_ (Y)  (N)  
Investigator Initials: [Signature]  
Date: 09/14/18

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

Applicant Signature: [Signature] Date: 08-01-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1472310-96

Please Print or Type

LLC Name: MINAB LLC Year Filed: 2018 ✓

Trade Name (dba): Minab

Business Location Address: 910 N Killingsworth St

City: Portland ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

1. TEDROS- GEBREZGABHERE  
(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: Tedros Gebrezgabhere DOB: 03-27-83  
SE 041018 sp ~~sp~~ not yet issued. Applied 091018

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

Signature: Tedros Gebrezgabhere owner Date: 08-01-18  
(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: Enjoy Cafe

DBA OR TRADE NAME: Minab LLC PHONE: 503-960-2192 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 910 N Killingsworth St Portland OR 97217

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

CONTACT PERSON: Tedros G PHONE: 503 960-2192 EMAIL: idealTedy@gmail.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: 55 LOUNGE SEATING CAPACITY: 12 OUTSIDE SEATING CAPACITY: -

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: 5:00 pm CLOSE: 12:00 am FRIDAY & SATURDAY OPEN: 5:00 pm CLOSE: 12:00 am

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

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: \_\_\_\_\_

NAME & ADDRESS OF PROPERTY OWNER: Steve Robinson 1111 NE Flanders suite 206 Portland OR

### 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:  DATE: 10-09-18