



OREGON LIQUOR CONTROL COMMISSION

# 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

*10-2-18*

## 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 *10-4-18*

License Action:

*n/o*

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

Applicant #1  
Tobacco For Less, INC.

Applicant #2  
Bachar Saleman

Applicant #3  
Osama Qasem

Applicant #4

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

Smokers R Us

### 3. Business Location: Number and Street 1971 W Burnside St.

City Portland

County Multnomah

ZIP 97209

### 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 1971 W Burnside ST.

City Portland

State OR

ZIP 97209

### 6. Phone Number of the Business Location: 503 719 5108

*503 719 5108*

### 7. Contact Person for this Application:

Name Bachar Saleman

Phone Number 503 939 4221

Mailing Address, City, State, ZIP

4071 NE Sandy Blvd, Portland, OR, 97212

Email bhsaleman@yahoo.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

*BACHAR SALEMAN  
PRESIDENT*

Signature of Applicant #2

*[Signature]*

*9/27/18*

Signature of Applicant #3

*[Signature]*

Signature of Applicant #4

**RECEIVED**

**OCT 01 2018**

OLCC Liquor License Application (Rev. 06/2017)

Initials: \_\_\_\_\_  
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type Tobacco For Less, Inc  
Applicant Name: BACHAR SALEMAN Phone: 503 719-5108  
Trade Name (dba): SMOKERS R US  
Business Location Address: 1971 W BURNSIDE ST.  
City: PORTLAND, OR ZIP Code: 97209

**DAYS AND HOURS OF OPERATION**

Business Hours: Sunday 11 to 7  
Monday 11 to 9  
Tuesday 11 to 9  
Wednesday 11 to 9  
Thursday 11 to 9  
Friday 11 to 9  
Saturday 11 to 9  
Outdoor Area Hours: N/A  
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: \_\_\_\_\_ 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: \_\_\_\_\_ Date: 10/2/18



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

813855-94

Please Print or Type

Corporation Name: TOBACCO FOR LESS, INC Year Incorporated: 2011 ✓

Trade Name (dba): SMOKERS R US

Business Location Address: 1971 W BURNSIDE ST.

City: PORTLAND ZIP Code: 97209

List Corporate Officers:

BACHAR SALEMAN PRESIDENT

(name) OSAMA QASEM (title) SECRETARY

List Board of Directors:

BACHAR SALEMAN

(name)

OSAMA QASEM

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>BACHAR SALEMAN</u>	50% <u>(50)</u>	Issued: <u>100</u>
<u>OSAMA QASEM</u>	50% <u>(50)</u>	Unissued: <u>0</u>
		Total Shares Authorized to Issue: <u>100</u>

Server Education Designee: n/A DOB: \_\_\_\_\_

(See Liquor License Application Guide for more information)

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

Officer's Signature: BACHAR SALEMAN, PRESIDENT Date: 10/2/18  
(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: TOBACCO FOR LESS, INC.  
DBA OR TRADE NAME: SMOKERS R US PHONE: 503 719 5108 FAX: 503 327 8416  
BUSINESS ADDRESS (Including ZIP Code): 1971 W BURNSIDE ST. PORTLAND, OR 97209  
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): BEER & WINE  
CONTACT PERSON: BACHAR SALEMAN PHONE: 503 939 4221 EMAIL: bhsaleman@yahoo.com

### DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart  Night Club  
 Restaurant  Sports Bar  
 Convenience Store  Other: Tobacco Store

SIZE OF SERVICE AREA: Store is about 1400 SQ FT

EXISTING BUILDING:  Yes  No

ZONING: See Zoning Letter

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: N/A

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: 11:00 am CLOSE: 9:00 pm FRIDAY & SATURDAY OPEN: 11:00 am CLOSE: 9:00 pm

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: SMOKERS PALACE

NAME & ADDRESS OF PROPERTY OWNER: Drew Prell, Edington Portland LLC, 6637 SE Milwaukie Ave #208, Portland

### 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: 10/12/18



# 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: 10 NW 20TH AVE

R#: R198655

State ID: 1N1E33DB 9900

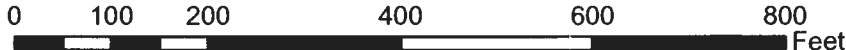
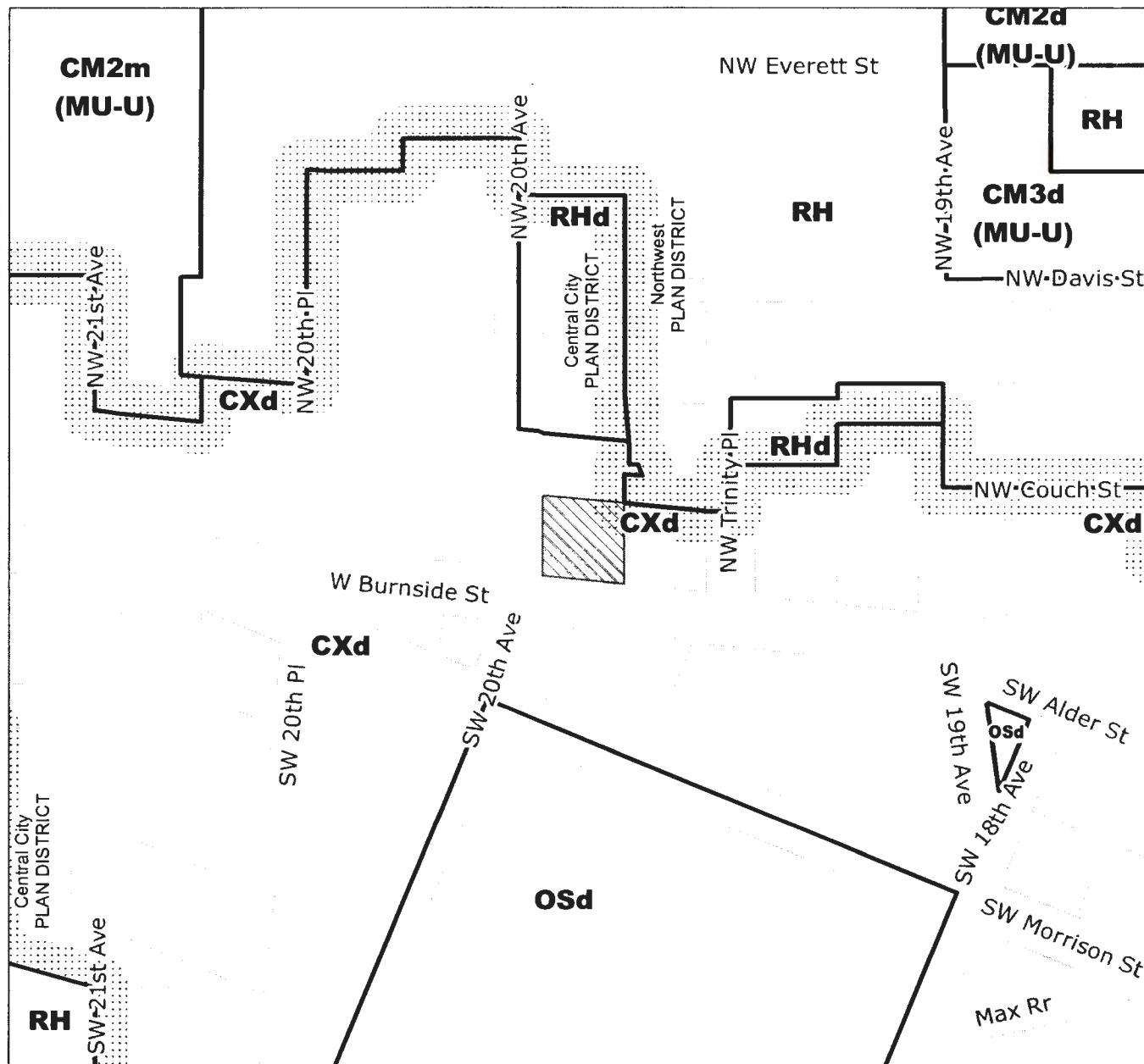
*1971 W Burnside is located in this building.*

Zone: CXd

Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

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



1 inch = 200 feet



**Diane Hale**

Name of City Official

**City Planner**

Title

**503-823-7705**

Contact Number

*Diane Hale*

Signature of Official

**10 / 8 / 2018**

Date