



LIQUOR LICENSE APPLICATION

DM

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 9-25-18

License Action:

N/O

Rec'd by Portland
Liquor Licenses

OCT 12 2018

PD CK \$100.00
310059286

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

Applicant #1

~~Phillip Kraft~~ ODDS ARE LLC

Applicant #2

~~Quinn Matthew Stewart~~

Applicant #3

~~Matthew Elzie~~

Applicant #4

~~Gilbert Leon~~

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

ODDS ARE

3. Business Location: Number and Street 726 SE GRAND AVENUE

City POX

County MULT

ZIP 97214

4. Is the business at this location currently licensed by the OLCC? Yes No - use to be

5. Mailing Address (where the OLCC will send your mail):

PO Box, Number, Street, Rural Route SAME

City

State

ZIP

6. Phone Number of the Business Location: 503-806-6423

7. Contact Person for this Application:

Name Phillip Kraft

Phone Number 503-806-6423

Mailing Address, City, State, ZIP

64 NE Farragut St. POX, OR, 97211

Email Phillipteeth@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



Signature of Applicant #2



Signature of Applicant #3




Signature of Applicant #4



RECEIVED

SEP 24 2018

Initials: 
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: ODDS ARE LLC
Phillip Kraft Phone: 503-806-6423

Trade Name (dba): ODDS ARE LLC

Business Location Address: 726 SE GRAND AVE.

City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:
Sunday 3PM to 2AM
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

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 9 PM to 2 AM
Saturday " to "

SEATING COUNT

Restaurant: Outdoor: SEE FLOOR PLAN
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: 9/21/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1452712-92

Please Print or Type

LLC Name: OODS ARE LLC Year Filed: 2018 ✓

Trade Name (dba): OODS ARE

Business Location Address: 726 SE GRAND AVE

City: POX ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|------------|
| 1. <u>Phillip Kraft</u>
<small>(managing member)</small> | <u>25%</u> |
| 2. <u>Quinn Matthewstam</u>
<small>(members)</small> | <u>25%</u> |
| 3. <u>Matthew Elzie</u> | <u>25%</u> |
| 4. <u>Gilbert Leon</u> | <u>25%</u> |
| 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: Quinn Matthewstam DOB: 12/12/90

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

Signature: [Signature] MEMBER Date: 9/21/18
(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: ODDS ARE LLC

DBA OR TRADE NAME: ODDS ALE PHONE: 503-806-6423 FAX: —

BUSINESS ADDRESS (Including ZIP Code): 726 SE Grand Ave.

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

CONTACT PERSON: Phillip PHONE: 503-806-6423 EMAIL: Phillip.feele@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: 1,500 sq. FT.

EXISTING BUILDING: Yes No

ZONING: EXD

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 45 LOUNGE SEATING CAPACITY: 45 OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: M&B 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: 3pm CLOSE: 2AM FRIDAY & SATURDAY OPEN: 3pm CLOSE: 2AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 2AM HOW LATE WILL THERE BE ENTERTAINMENT? 2AM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Lantern

NAME & ADDRESS OF PROPERTY OWNER: Marty Urman, 726 SE GRAND AVE, FOX, OR 97214

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: 9/28/13



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: 511-517 SE MORRISON ST

R#: R150219

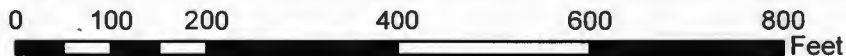
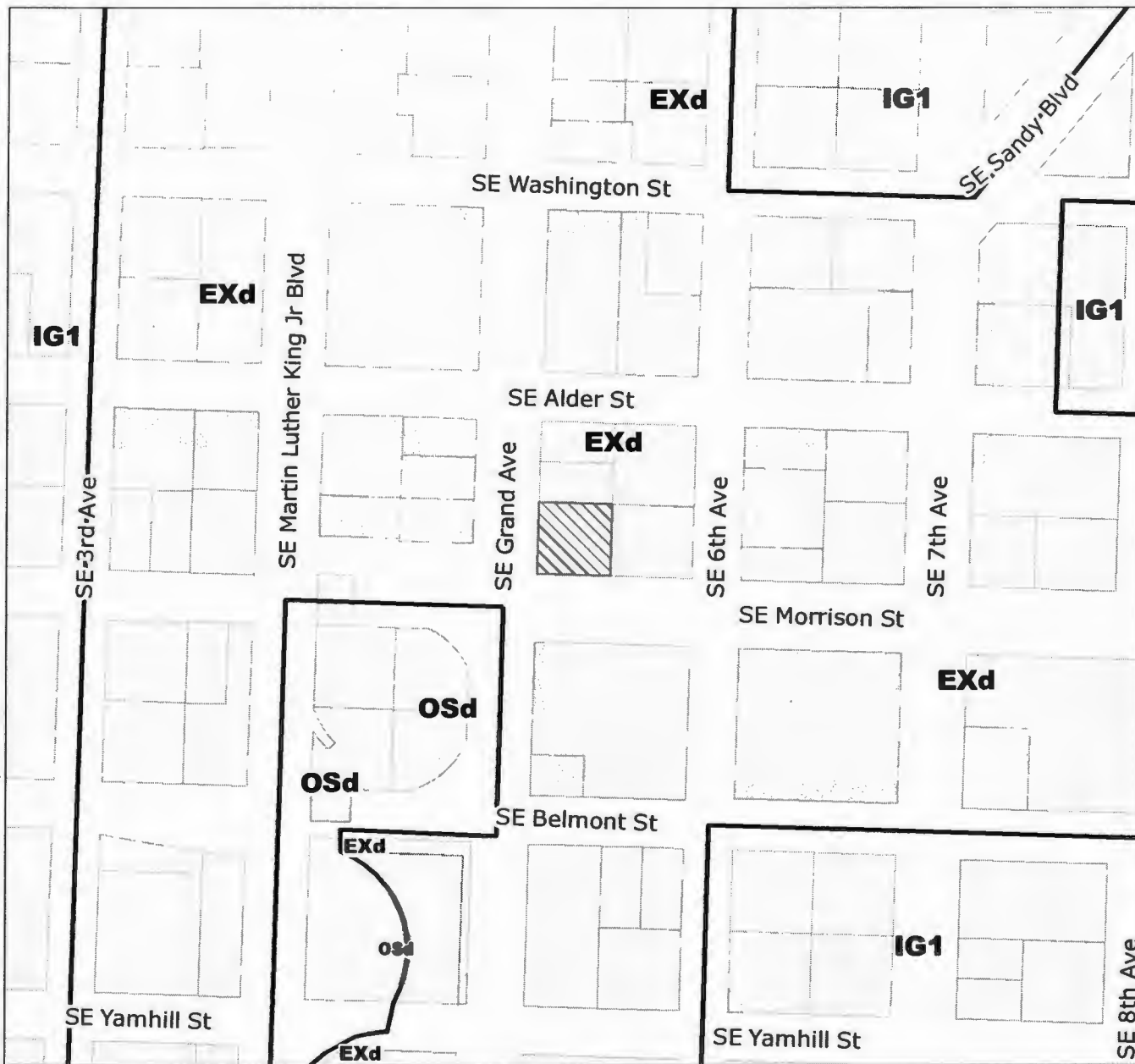
State ID: 1S1E02BB 5000

Zone: EXd

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

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



1 inch = 200 feet



Leah Dawkins

Name of City Official

City Planner

Title

503-823-7830

Contact Number

Leah Dawkins

Signature of Official

10 / 12 / 2018

Date