



# LIQUOR LICENSE APPLICATION

Pending-DT

**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 \_\_\_\_\_

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**OLCC USE**

Application received by 

Date 10-30-18

License Action:  
n/o

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

Applicant #1 <u>PORTLAND FOOD MART LLC.</u>	Applicant #2 <u>Rec'd by Portland Liquor Licenses</u>
Applicant #3	Applicant #4 <u>OCT 31 2018</u>

**2. Trade Name of the Business (the name customers will see):** Portland Food Mart  
*10-30-18*

**3. Business Location: Number and Street** 12503 SE DIVISION ST. STE A.  
 City PORTLAND County MULTNOMAH ZIP 97236

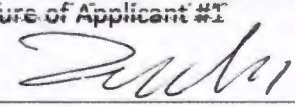
**4. Is the business at this location currently licensed by the OLCC?**  Yes  No

**5. Mailing Address (where the OLCC will send your mail):**  
 PO Box, Number, Street, Rural Route SAME ABOVE -  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**6. Phone Number of the Business Location:** 971-386-2195

**7. Contact Person for this Application:** MAREK ZAMOJSKI  
 Name MAREK ZAMOJSKI Phone Number 971-277-2422  
 Mailing Address, City, State, ZIP 1212 NE FALOMA RD. PORTLAND, OR. 97211  
 Email MAREK.ZAMOJSKI@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 	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

**RECEIVED**  
OCT 09 2018



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: PORTLAND FOOD MART LLC Phone: 386-295 971-277-8422

Trade Name (dba): ~~EZ MART PURE KRATOM~~ PORTLAND FOOD MART

Business Location Address: 12503 SE DIVISION ST. STE A.

City: PORTLAND, OREGON ZIP Code: 97236

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 10AM to 8PM

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 \_\_\_\_\_ 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: [Signature] Date: 10/01/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1258566-90

Please Print or Type

LLC Name: PORTLAND FOOD MART LLC Year Filed: 2016 ✓

Trade Name (dba): Portland food mart

Business Location Address: 12503 SE DIVISION ST STE A

City: PORTLAND OR ZIP Code: 97236

List Members of LLC:

Percentage of Membership Interest:

1. KAREK ZAMOJSKI  
(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: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Signature: [Signature] (name) MEMBER (title) Date: OCT 30 2018

# 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: PORTLAND FOOD MART

DBA OR TRADE NAME: \_\_\_\_\_ PHONE: 971 386 2195 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 12503 SE DIVISION ST STE A

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

CONTACT PERSON: KAREK ZAMORSKI PHONE: 971 277 8422 EMAIL: \_\_\_\_\_

**DESCRIPTION OF OUTLET**

TYPE OF OPERATION (CHECK ALL THAT APPLY) N/A

<input type="checkbox"/> Food Cart	<input type="checkbox"/> Night Club	SIZE OF SERVICE AREA: _____ <u>N/A</u>
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sports Bar	EXISTING BUILDING: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Other: _____	ZONING: <u>CM2</u>
		STRUCTURAL CHANGES (DESCRIBE): <u>None</u>

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

DESCRIBE SECURITY: Video

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: 9 AM CLOSE: 9 PM FRIDAY & SATURDAY OPEN: 9 AM CLOSE: 9 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: EZ MART

NAME & ADDRESS OF PROPERTY OWNER: Choi Woo Yong + Choi Man Ja

**ENTERTAINMENT**

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY) N/A

<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 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: [Signature] DATE: OCT 31 2018





# 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: 12503-12511 SE DIVISION ST

R#: R331858

State ID: 1S2E02CC 9700

Zone: **CM2d(MU-U)**

Plan District:

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d(MU-U) zone

### Additional Comments:

Per 33.130.100, Primary Uses, and Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone.

**Katie Moore**

Name of City Official

**City Planner**

Title

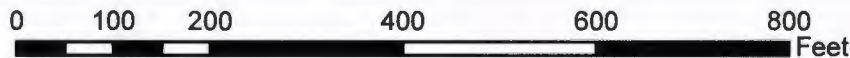
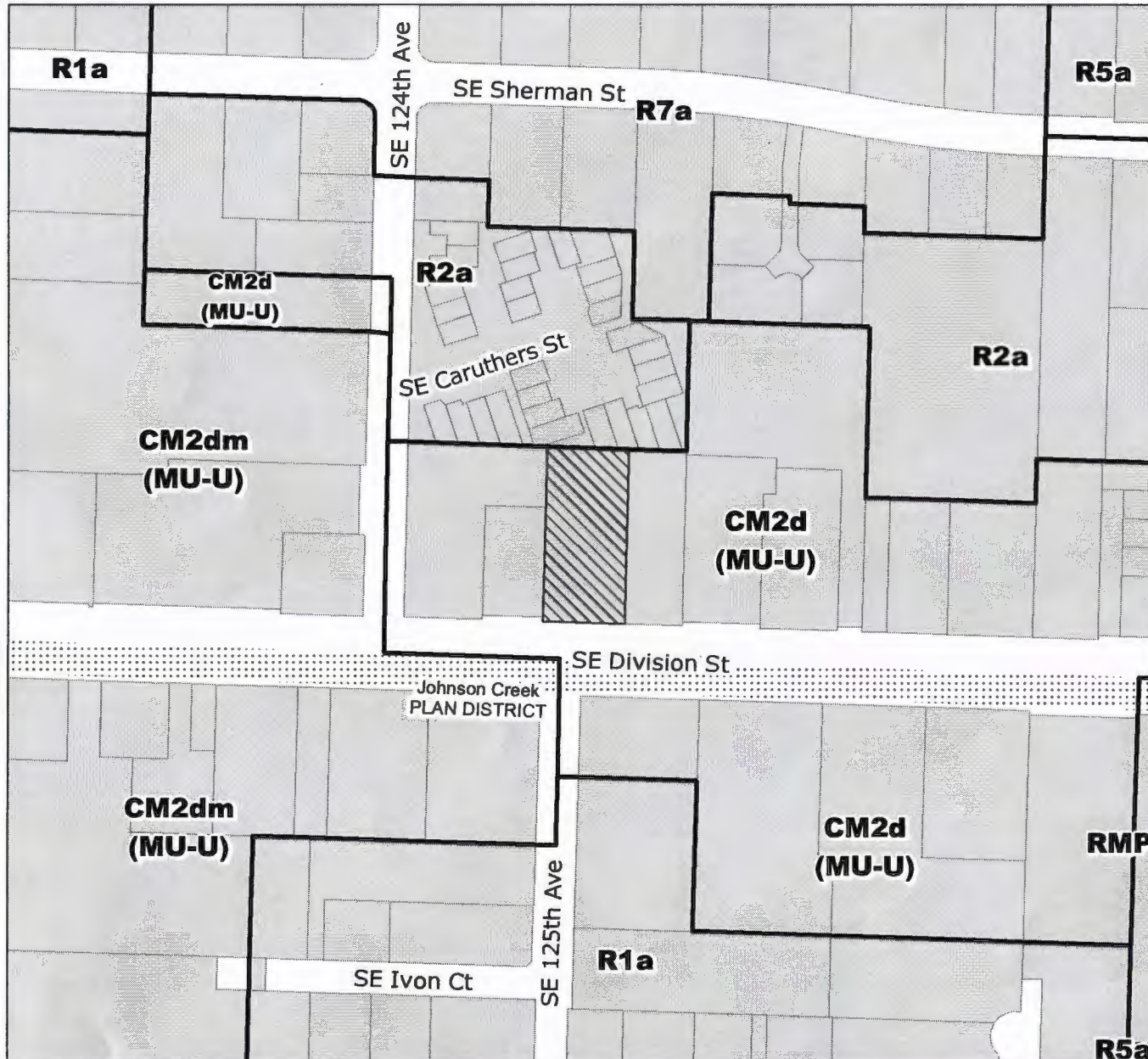
**503-823-7344**

Contact Number

Signature of Official

**10 /31 /2018**

Date



1 inch = 200 feet

