



# LIQUOR LICENSE APPLICATION

*Pending 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

*277088*

## CITY AND COUNTY USE ONLY

Date application received \_\_\_\_\_

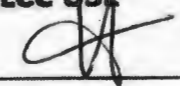
Name of City or County \_\_\_\_\_

Recommends this license be  Granted  Denied

By \_\_\_\_\_

Date \_\_\_\_\_

## OLCC USE

Application received by 

Date 10-15-18

License Action:

*N/O*

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

Applicant #1

~~TIMOTHY B SHIMMEL~~

Applicant #2

~~BRANTON CARL~~

Applicant #3

Northwest Negotiant Project LLC

Applicant #4

*Rec'd by Portland Liquor Licenses*

*NOV 02 2018*

*PD CK#100.00 #1476*

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

NORTHWEST NEGOCIANT PROJECT, LLC

### 3. Business Location: Number and Street

1 SE ALDER Street

City PORTLAND

County MULTNOMAH

ZIP 97214

4. Is the business at this location currently licensed by the OLCC?  Yes  No NOT AT THIS LOCATION

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

PO Box, Number, Street, Rural Route 4 TOUCHSTONE #150

City LAKE OSWEGO

State OR

ZIP 97035

### 6. Phone Number of the Business Location:

### 7. Contact Person for this Application:

Name TIM SHIMMEL

Phone Number 541-968-8825

Mailing Address, City, State, ZIP

4 TOUCHSTONE #150, LAKE OSWEGO, OR 97035

Email timshimmel@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



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: NORTHWEST NEGOCIANT PROJECT LLC Phone: 541-968-8825

Trade Name (dba): NWNP

Business Location Address: 1 SE ALDER Street

City: PORTLAND ZIP Code: 97214

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	_____	to	_____
Monday	<u>9</u>	to	<u>5</u>
Tuesday	<u>9</u>	to	<u>5</u>
Wednesday	<u>9</u>	to	<u>5</u>
Thursday	<u>9</u>	to	<u>5</u>
Friday	<u>9</u>	to	<u>5</u>
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, new \_\_\_\_\_

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: 10/1/18



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

948924-95

Please Print or Type

LLC Name: NORTHWEST NEGOCIANT PROJECT, LLC Year Filed: 2018 2013

Trade Name (dba): NWNP

Business Location Address: 1 SE ALDER

City: PORTLAND ZIP Code: 97214

List Members of LLC:	Percentage of Membership Interest:
1. <u>TIM SHIMMEL</u> (managing member)	<u>51%</u>
2. <u>BRANDON DAY</u> (members)	<u>49%</u>
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: TIMOTHY R SHIMMEL DOB: 9/20/71  
~~10/8/18~~

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

Signature: \_\_\_\_\_ Date: 10/8/18  
(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: NORTHWEST NEGOCIANT PROJECT, LLC

DBA OR TRADE NAME: NWNP PHONE: 541-968-8825 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 1 SE ALDER, PORTLAND 97214

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

CONTACT PERSON: TIM SHIMMEL PHONE: 541-968-8825 EMAIL: tim@oregonwine.com

## DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 500 SQ FT

EXISTING BUILDING:  Yes  No

ZONING: CG1

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: \_\_\_\_\_ LOUNGE SEATING CAPACITY: \_\_\_\_\_ 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: 9 CLOSE: 5 FRIDAY & SATURDAY OPEN: 9 CLOSE: 5

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: CASA BRUNO,

NAME & ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

## 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: [Signature] DATE: 10/26/18



# 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: 1 SE ALDER ST

R#: R149899

State ID: 1S1E03AA 1100

Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: WHOLESALE

WHOLESALE is an ALLOWED use in the IG1 zone

### Additional Comments:

Per 33.140.100 and Table 140-1, Wholesale is an allowed use in the IG1 zone. The Central City Plan District places no restrictions on this use in this zone.

**Thomas Soppe**

Name of City Official

**City Planner**

Title

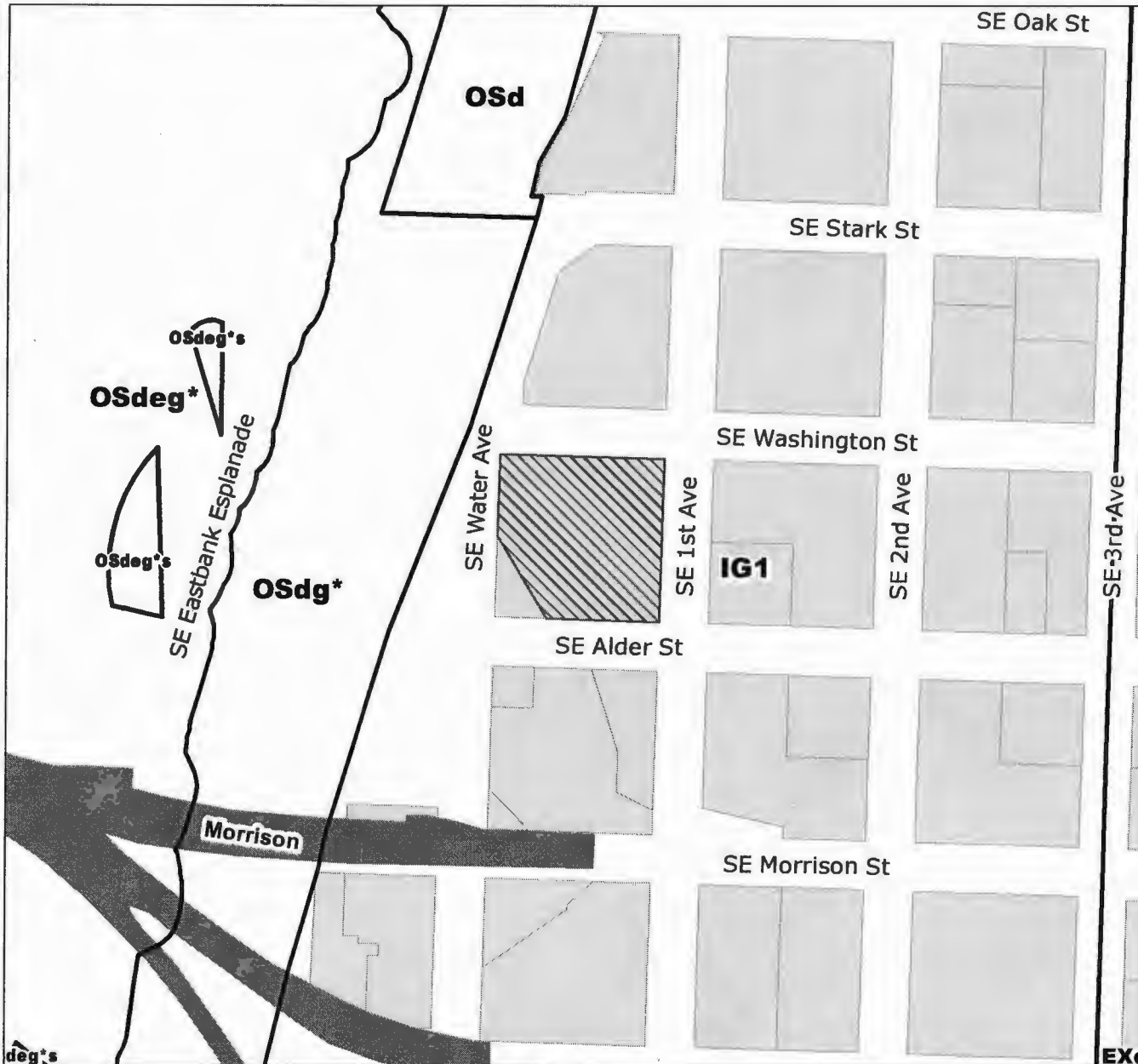
**503-823-7908**

Contact Number

Signature of Official

**11 / 2 / 2018**

Date



0 100 200 400 600 800 Feet

1 inch = 200 feet

