
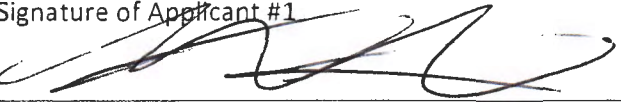




LIQUOR LICENSE APPLICATION

Pending DM

LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).	CITY AND COUNTY USE ONLY
APPLICATION: Application is being made for: <ul style="list-style-type: none"> <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input checked="" type="checkbox"/> Limited On-Premises <input type="checkbox"/> Off-Premises <input type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> Winery 	Date application received _____ Name of City or County _____ Recommends this license be ___ Granted ___ Denied By _____ Date _____
	<div style="text-align: center;">OLCC USE</div> Application received by <u></u> Date <u>10-19-18</u> License Action: <u>n/o</u>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 Djuna <i>Djuna LLC</i>	Applicant #2 Rec'd by Portland Liquor Licenses		
Applicant #3	Applicant #4 NOV 02 2018 PD CK \$100.00 # 2345		
2. Trade Name of the Business (the name customers will see):			
Djuna <i>Erizo</i>			
3. Business Location: Number and Street <i>215 SE 9th Ave, Unit 101</i>			
City <i>Portland</i>	County <i>Multnomah</i>	ZIP <i>97214</i>	
4. Is the business at this location currently licensed by the OLCC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route <i>123 SE 2nd Ave</i>			
City <i>Portland</i>	State <i>OR</i>	ZIP <i>97214</i>	
6. Phone Number of the Business Location: <i>503-516-4510</i>			
7. Contact Person for this Application:			
Name <i>Nate Tilden</i>		Phone Number <i>503-516-4510</i>	
Mailing Address, City, State, ZIP			
Email <i>Nate@clylecommon.com</i>			
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 11 2018

Initials: 
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Djuna LLC

Applicant Name: ~~Walt Tilden~~

Phone: 503-516-4510

Trade Name (dba): ~~Djuna~~ Erizo

Business Location Address: 215 SE 9th Ave, Unit 101

City: Portland

ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
 Monday _____ to _____
 Tuesday 5:30 to 10:00
 Wednesday 5:30 to 10:00
 Thursday 5:30 to 10:00
 Friday 5:30 to 10:00
 Saturday 5:30 to 10:00

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: 16

Outdoor: _____

Lounge: _____

Other (explain): _____

Banquet: _____

Total Seating: 16

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: 10-11-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1465843-96

Please Print or Type

LLC Name: Djuna LLC Year Filed: 2018 ✓

Trade Name (dba): ~~Djuna~~ Erizo

Business Location Address: 215 SE 9th Ave, Unit 101

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. <u>Nate Tilden</u> (managing member)	<u>33.33 %</u>
2. <u>Jacob Harth</u> (members)	<u>33.33 %</u>
3. <u>Nicholas Van Eck</u>	<u>33.33 %</u>
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: Nate Tilden DOB: 09-11-1974

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

Signature: [Signature] (name) Managing Member (title) Date: 10-11-18

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: Djuna LLC
DBA OR TRADE NAME: Erizo PHONE: 503-516-4510 FAX: N/A
BUSINESS ADDRESS (Including ZIP Code): 215 SE 9th Ave #101, Portland 97214
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Beer & Wine
CONTACT PERSON: Nate Tilden PHONE: 503-516-4510 EMAIL: Nate@clvdecommon.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: 400 sqft
EXISTING BUILDING: Yes No
ZONING: Commercial Exd
STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 20 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: The building has nighttime security patrol

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: 6:00 pm CLOSE: 10:00 pm FRIDAY & SATURDAY OPEN: 6:00 pm CLOSE: 10:00 pm
HOW LATE WILL THERE BE OUTSIDE SEATING? 0 HOW LATE WILL THERE BE ENTERTAINMENT? 0

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Biwa
NAME & ADDRESS OF PROPERTY OWNER: Kenton Wiens 5726 SE Lincoln, Portland OR 97215

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: 11/1/2018



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: 215 SE 9TH AVE

R#: R150364

State ID: 1N1E35CC 5800

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

Additional Comments:

Per 33.140.100 and Table 140-1, Wholesale Sales is an allowed use in the EX zone.

Phil Nameny

Name of City Official

City Planner

Title

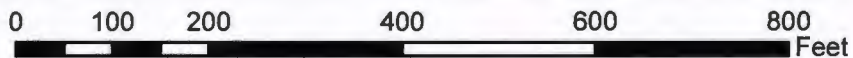
503-823-7709

Contact Number

Signature of Official

11 / 2 / 2018

Date



1 inch = 200 feet

N

