

pending on



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

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 [Signature]

Date 10-24-18

License Action: n/o

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

Applicant #1 <u>VCE Theaters LLC dba Studio One Theaters</u>	Applicant #2 <u>[Signature]</u>	Rec'd by Portland Liquor Licenses NOV 05 2018
Applicant #3	Applicant #4	

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

3. Business Location: Number and Street 3945 SE Powell Blvd
 City Portland County OR ZIP 97202

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

5. Mailing Address (where the OLCC will send your mail): 8336 NW Thompson Rd
 PO Box, Number, Street, Rural Route
 City Portland State OR ZIP 97229

6. Phone Number of the Business Location: 503-887-7320 or 503-975-6313

7. Contact Person for this Application: Shelly Coltman or Rudyard Coltman
 Name Shelly Coltman or Rudyard Coltman Phone Number 503-887-7320, 503-975-6313
 Mailing Address, City, State, ZIP
8336 NW Thompson Rd Portland OR 97229
 Email Studio1Theaters@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 <u>[Signature]</u>	Signature of Applicant #2 <u>[Signature]</u>
Signature of Applicant #3	Signature of Applicant #4



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: VCE Theaters LLC dba Studio One Theaters Phone: 503-887-7320

Trade Name (dba): Studio One Theaters

Business Location Address: 3945 SE Powell Blvd

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8am to 1am
Monday 10am to 1am
Tuesday 10am to 1am
Wednesday 10am to 1am
Thursday 10am to 1am
Friday 10am to 1am
Saturday 8am to 1am

Outdoor Area Hours:

Sunday 8am to 11:30pm
Monday 10am to 11:30pm
Tuesday 10am to 11:30pm
Wednesday 10am to 11:30pm
Thursday 10am to 11:30pm
Friday 10am to 11:30pm
Saturday 8am to 11:30pm

The outdoor area is used for: 8am Sat/Sun:

Food service Hours: 10am to 11:30pm
Alcohol service Hours: 10am to 11:30pm
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outside dining closed during winter approx. December-February

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: MOVIE Exhibition (Movie Theaters)

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday 6pm to 1am
Monday 6pm to 1am
Tuesday 6pm to 1am
Wednesday 6pm to 1am
Thursday 6pm to 1am
Friday 6pm to 1am
Saturday 6pm to 1am

SEATING COUNT

Restaurant: 50 Outdoor: 25
Lounge: 25 Other (explain): 200 Movie Theaters
Banquet: 0 Total Seating: 300

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: 10/7/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1349453-93

Please Print or Type

LLC Name: VCE Theaters LLC Year Filed: 2017 ✓

Trade Name (dba): Studio One Theaters

Business Location Address: 3945 SE Powell Blvd

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. Shelly Coltman
(managing member)

50%

2. Rudyard Coltman
(members)

50%

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: Sharon Anderson DOB: 10-12-83

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

Signature: [Signature] (name) Owner (title) Date: 10-7-18

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: VCE Theaters

DBA OR TRADE NAME: Studio One Theaters LLC PHONE: 503-887-7320 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3945 SE Powell Blvd Portland, OR 97202

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

CONTACT PERSON: Shelly Stevens-Goltman PHONE: 503-887-7320 EMAIL: studio1theaters@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 8000 sq feet

EXISTING BUILDING: Yes No

ZONING: CM2

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 50 LOUNGE SEATING CAPACITY: 25 OUTSIDE SEATING CAPACITY: 25

DESCRIBE SECURITY: on premise security cameras, internal security monitoring, alarm system

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: 8:00 AM ^{Sun-M} 10:00 AM Th CLOSE: 1:00 AM FRIDAY & SATURDAY OPEN: Friday 10 AM Sat 8:00 AM CLOSE: 1:00 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 11:30 AM HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: State of Oregon Vocational Rehabilitation Dept. Office

NAME & ADDRESS OF PROPERTY OWNER: 39 JV Powell 4730 SW Macadam Ave #101
Portland, OR 97239-6417

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: 11-2-18



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: 3945 SE POWELL BLVD

R#: R328221

State ID: 1S1E12AD 7900

Zone: CM2m(MU-C),R1,CM2(MU-C),R2.5

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2m(MU-C),R1,CM2(MU-C),R2.5 zone

Additional Comments:

Per 33.130.100 Primary Uses and Table 130-1 Retail Sales and Service uses are allowed by right in the CM2 zone. No restrictions are imposed by the overlay zones.

Diane Hale

Name of City Official

City Planner

Title

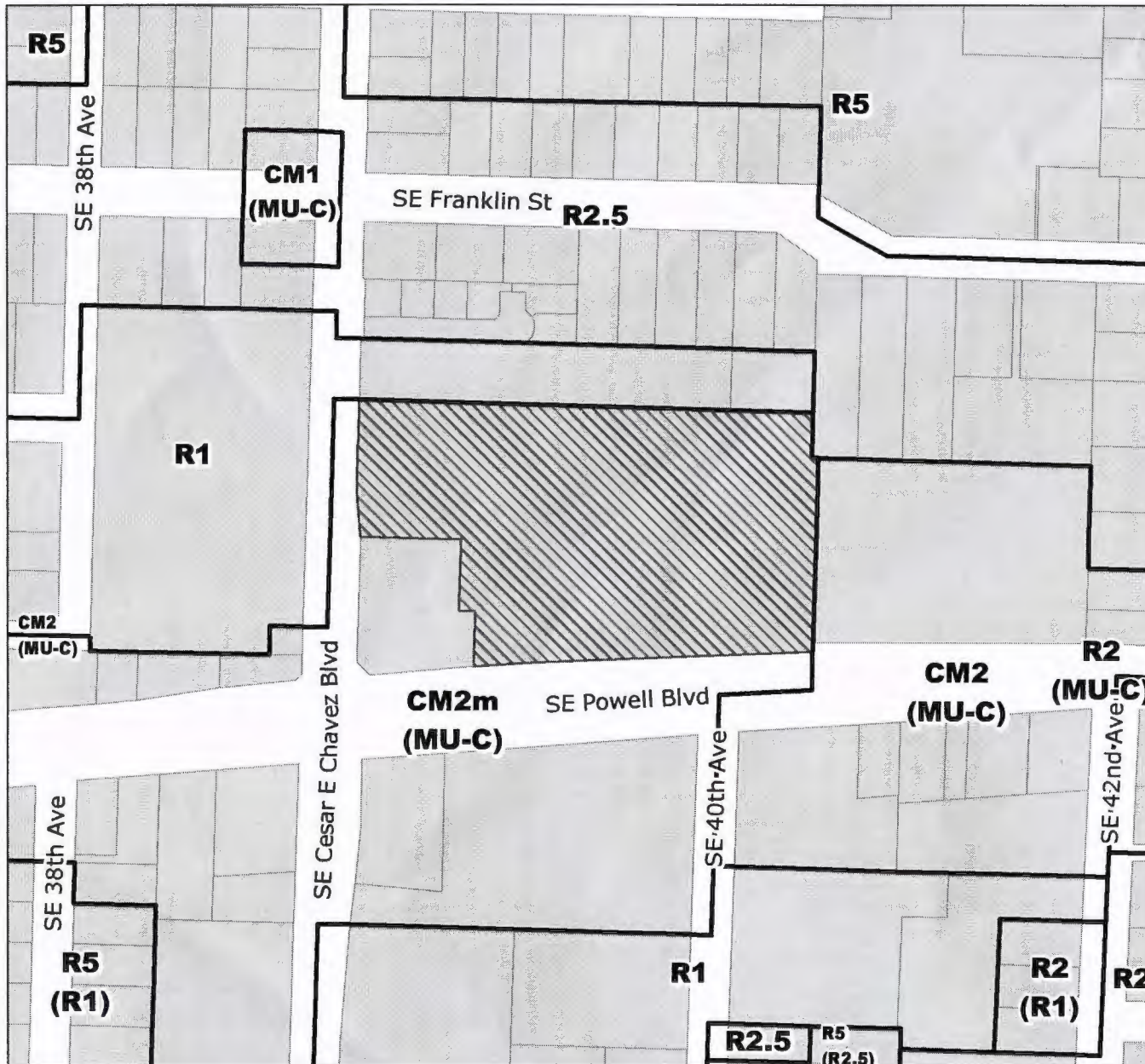
503-823-7705

Contact Number

Diane Hale
Signature of Official

11 / 5 / 2018

Date



0 100 200 400 600 800 Feet 1 inch = 200 feet

