



# LIQUOR LICENSE APPLICATION

*Pending DT*

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 <sup>st</sup> Location	Date application received: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	Date: _____
<input type="checkbox"/> Distillery	
<input checked="" 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, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	
<input 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	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

WAR ROOM LLC  
(Applicant #1)

Rec'd by Portland  
Liquor Licenses  
\_\_\_\_\_  
(Applicant #2)

\_\_\_\_\_  
(Applicant #3)

NOV 06 2018  
PD CK \$ 7500  
# 4005  
\_\_\_\_\_  
(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>OCT 11 2018</p> <p><i>[Signature]</i></p>	



# LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>WAR ROOM LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>WONDERLY</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>4727 NE FREMONT ST, Suite A</i>			
City <i>PORTLAND</i>	County <i>MULTNOMAH</i>	Zip Code <i>97213</i>	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) <i>1517 NE 74th AVE</i>			
City <i>PORTLAND</i>	State <i>OR</i>	Zip Code <i>97213</i>	
9. Phone Number of the Business Location <i>TBD - TOOK POSSESSION 10-10-2018</i>			
10. Contact Person for this Application <i>KATE WOOD</i>		Phone Number <i>Kpmarlie@gmail.com</i> <i>503-789-3625</i>	
Mailing Address <i>1517 NE 74th AVE</i>	City <i>PDX</i>	State <i>OR</i>	Zip Code <i>97213</i>

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

### Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

*x Kathryn Wood*  
\_\_\_\_\_  
(Applicant #1)

\_\_\_\_\_  
(Applicant #2)

\_\_\_\_\_  
(Applicant #3)

\_\_\_\_\_  
(Applicant #4)



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: WAR ROOM LLC Phone: 503 789 3625

Trade Name (dba): WONDERLY

Business Location Address: 4727 NE FREMONT ST

City: PORTLAND ZIP Code: 97213

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday 12p to 2:30A  
 Monday 12p to 2:30A  
 Tuesday 12p to 2:30A  
 Wednesday 12p to 2:30A  
 Thursday 12p to 2:30A  
 Friday 12p to 2:30A  
 Saturday 12p to 2:30A

### Outdoor Area Hours:

Sunday 12p to 10A  
 Monday 12p to 10A  
 Tuesday 12p to 12A  
 Wednesday 12p to 12A  
 Thursday 12p to 12A  
 Friday 12p to 12A  
 Saturday 12p to 12A

The outdoor area is used for:

Food service Hours: 12p to 12A

Alcohol service Hours: 12p to 12A

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: 49 Outdoor: 16  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 65

### 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: Kathleen Wood Date: 10/17/18

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



815273-97

Please Print or Type

LLC Name: WAR ROOM LLC Year Filed: 2011 ✓

Trade Name (dba): WONDERLY

Business Location Address: 4727 NE FREMONT ST.

City: PORTLAND ZIP Code: 97213

List Members of LLC:

Percentage of Membership Interest:

- |  |             |
|--|-------------|
| 1. <u>KATHRYN WOOD</u><br><small>(managing member)</small> | <u>30 %</u> |
| 2. <u>ALEX WOOD</u><br><small>(members)</small>            | <u>30 %</u> |
| 3. <u>TAMER RIAD</u>                                       | <u>10 %</u> |
| 4. <u>MIKE CREIGHTON</u>                                   | <u>10 %</u> |
| 5. <u>CHRIS CANNING</u>                                    | <u>10 %</u> |
| 6. <u>ANDREW MOJRE</u>                                     | <u>10 %</u> |

(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: KATHRYN WOOD DOB: 10.01.1980

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

Signature: Kathryn Wood owner Date: 10/17/18  
(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: WAR ROOM LLC

DBA OR TRADE NAME: WONDERLY PHONE: 503/819/8411 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 4727 NE FREMONT

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

CONTACT PERSON: KATE WOOD PHONE: 503 789 3625 EMAIL: kpmartie@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: 900 SQ FT

EXISTING BUILDING:  Yes  No

ZONING: COMMERCIAL, RESTURANT

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 49 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 16

DESCRIBE SECURITY: NO ADDITIONAL SECURITY BEYOND STAFF (SERVICE)

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?  
RENEWAL WAS CHACHACHA  Yes  No  I Don't Know

## HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 12p CLOSE: 2:30 A FRIDAY & SATURDAY OPEN: 12p CLOSE: 2:30 A

HOW LATE WILL THERE BE OUTSIDE SEATING? 10am HOW LATE WILL THERE BE ENTERTAINMENT? N/A

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: CHA CHA CHA TAQUERIA & BAR

NAME & ADDRESS OF PROPERTY OWNER: RICHARD LARSON, CITY HOUSES, 6010 NE FLANDERS ST #B1 PDX, 97213

## 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

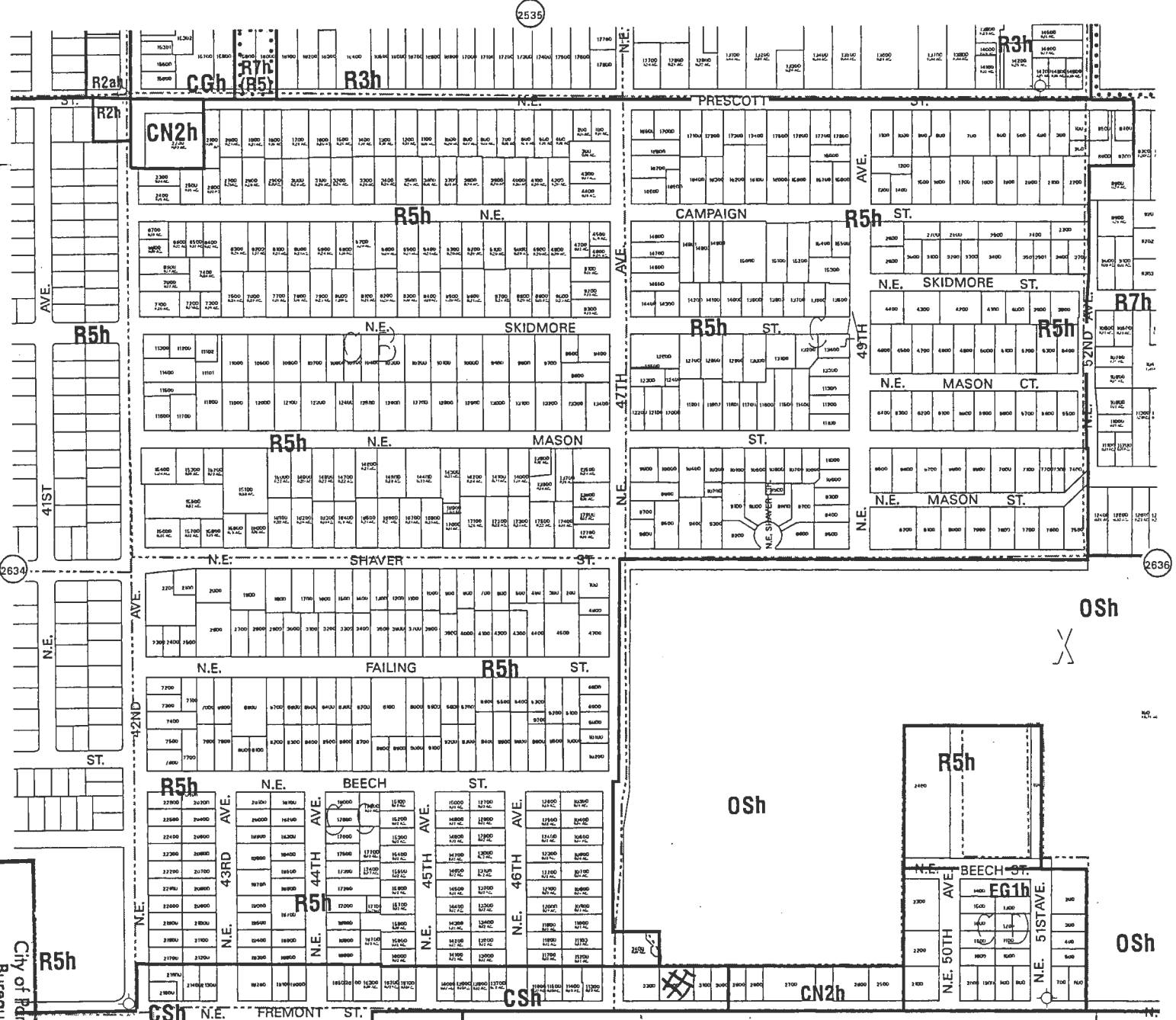
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Kathryn Wood DATE: 11/3/18



*Remains as zone allows*  
*Defines the site*  
*as Commercial Street front*  
*Detail Sides & Street front*

City of Portland  
 Bureau of Planning  
 Development Services Center  
 1900 SW Fourth Ave., Suite 5000  
 Portland, OR 97201



Plan District Boundary  
 Historic or Conservation District or N.R.M.P. Boundary  
 Zoning Line

NOTE: Zoning designations are subject to change; verify zoning prior to development or sales.

**R10** Current Zoning

- Maximum Potential Zoning as per Comprehensive Plan
- State ID Map Boundary

ZONING REVISOR: 12 - 99  
 BASEMAP ACQUIRED: 10 - 99  
 LEGAL DESCRIPTION: SW 1/4 SEC. 19 - 1N - 2E

CITY OF PORTLAND  
 BUREAU OF PLANNING

SCALE IN FEET

**2635**

2535

2634

2636

2735