



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

pending

Application is being made for:
LICENSE TYPES
ACTIONS
90-DAY AUTHORITY
APPLYING AS:

CITY AND COUNTY USE ONLY
Date application received:
The City Council or County Commission:
recommends that this license be:
OLCC USE ONLY
Application Rec'd by:
Date: 10-31-18
90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
Pok Pok Wing, LLC
2. Trade Name (dba): Pok Pok Wing
3. Business Location: 8250 SW Barbur Blvd Portland Mult OR 97219
4. Business Mailing Address: 3232 SE Division St Portland MULT 97202
5. Business Numbers: 503-206-4422
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: Type of License:
8. Former Business Name:
9. Will you have a manager? Yes No Name: Andrew Ricker
10. What is the local governing body where your business is located? Portland, Multnomah County
11. Contact person for this application: Toby Roberts 503-206-4422 ext 4
3232 SE Division St, Portland, OR 97202 troberts@pokpokpdx.com

Rec'd by Portland Liquor Licenses

NOV 06 2018

PD CK \$10000 # 10005

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Applicant(s) Signature(s) and Date:
Date 18/10/2018
Date 10/22/2018

RECEIVED
OCT 22 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Pok Pok Wing, LLC Phone: 503-206-4422

Trade Name (dba): Pok Pok Wing

Business Location Address: 8250 SW Barbur Blvd

City: Portland, OR ZIP Code: 97219

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 11am to 10pm, Monday 11am to 10pm, Tuesday 11am to 10pm, Wednesday 11am to 10pm, Thursday 11am to 10pm, Friday 11am to 10pm, Saturday 11am to 10pm

Outdoor Area Hours: Sunday 11am to 10pm, Monday 11am to 10pm, Tuesday 11am to 10pm, Wednesday 11am to 10pm, Thursday 11am to 10pm, Friday 11am to 10pm, Saturday 11am to 10pm

The outdoor area is used for: [X] Food service Hours: 11am to 10pm, [ ] Alcohol service Hours: to, [ ] Enclosed, how. The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: [ ] Yes [X] No If yes, explain:

ENTERTAINMENT

Check all that apply: [ ] Live Music, [X] 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: 26 Lounge: Other (explain): Banquet: Total Seating: 36 42

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: Date: 10/18/18

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1482061-96

Please Print or Type

LLC Name: Pok Pok Wing, LLC Year Filed: 2018 ✓

Trade Name (dba): Pok Pok Wing

Business Location Address: 8250 SW Barbur Blvd

City: Portland ZIP Code: 97219

List Members of LLC:

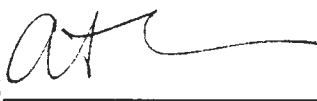
Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. Pok Pok Enterprises, LLC (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: Andrew Ricker DOB: 12/28/1963

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

Signature:  CEO Date: 10/19/18  
(name) (title)



# OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Pok Pok Enterprises, LLC Year Filed: 2016

Trade Name (dba): \_\_\_\_\_

Business Location Address: 3232 SE Division St

City: Portland ZIP Code: 97202

### List Members of LLC:


### Percentage of Membership Interest:

1. <u>Andrew Ricker</u> <small>(managing member)</small>	<u>1%</u>
2. <u>Su Su, Inc</u> <small>(members)</small>	<u>99%</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: Andrew Ricker DOB: 12/28/1963

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

Signature:  CEO (title) Date: 10/19/18



# OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: Su Su, Inc Year Incorporated: 2016

Trade Name (dba): \_\_\_\_\_

Business Location Address: 3232 SE Division St

City: Portland ZIP Code: 97202

### List Corporate Officers:

Andrew Ricker	CEO
(name)	(title)
_____	_____
_____	_____
_____	_____

### List Board of Directors:

Andrew Ricker
(name)
_____
_____
_____

### List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
Andrew Ricker	1000	Issued: 1000
_____	_____	Unissued: 0
_____	_____	Total Shares Authorized to Issue: 1000
_____	_____	

Server Education Designee: Andrew Ricker DOB: 12/28/1963  
(See Liquor License Application Guide for more information)

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

Officer's Signature: [Signature] CEO Date: 10/19/18  
(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: Pok Pok Wing, LLC

DBA OR TRADE NAME: Pok Pok Wing PHONE: 503-206-4422 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 8250 SW Barbur Blvd, Portland, OR 97219

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New Outlet, Limited On & Off-Premise

CONTACT PERSON: Toby Roberts PHONE: 503-206-4422 ext 4 EMAIL: operations@pokpokpdx.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: 150 sq ft

EXISTING BUILDING:  Yes       No

ZONING: CM2

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

RESTAURANT SEATING CAPACITY: 16      LOUNGE SEATING CAPACITY: \_\_\_\_\_      OUTSIDE SEATING CAPACITY: 26

DESCRIBE SECURITY: N/A

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: 11am CLOSE: 10pm      FRIDAY & SATURDAY OPEN: 11am CLOSE: 10pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10pm      HOW LATE WILL THERE BE ENTERTAINMENT? n/a

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: Humdinger Drive-In

NAME & ADDRESS OF PROPERTY OWNER: 8441 SW 10th Ave, Portland, OR 97219

**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: 11/5/18





# 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: 8200-8224, 8250 SW BARBUR BLVD

R#: R330085

State ID: 1S1E21CB 4000

**Zone: CM2**

**Plan District: NONE**

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2 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.

**Timothy Novak**

Name of City Official

**City Planner**

Title

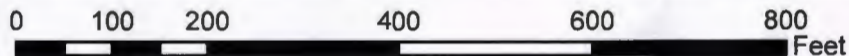
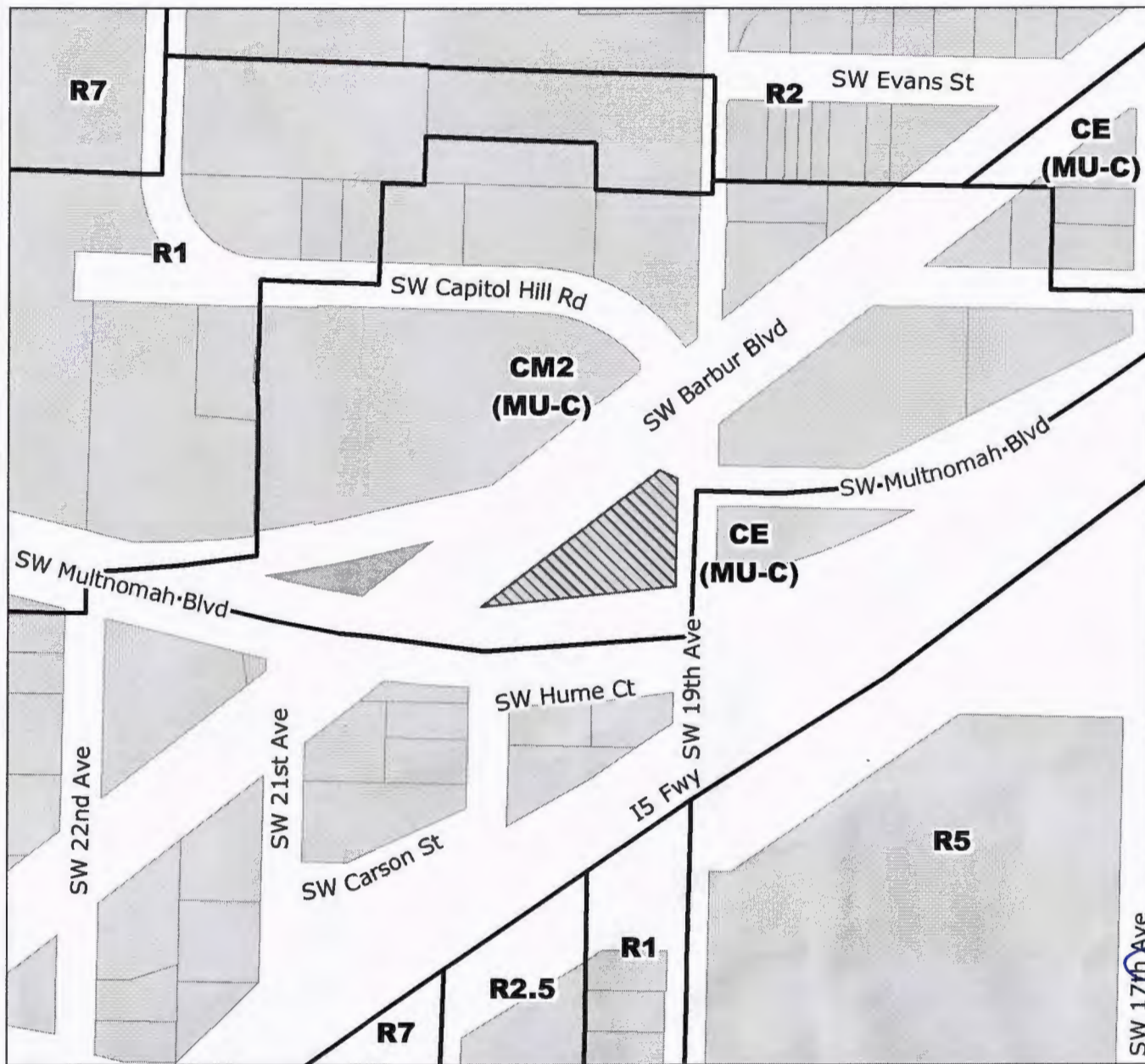
**503-823-5395**

Contact Number

Signature of Official

**10 / 19 / 2018**

Date



1 inch = 200 feet

