



# LIQUOR LICENSE APPLICATION

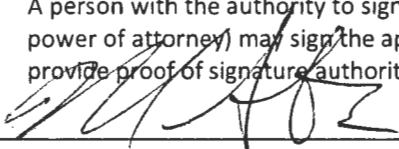
3. Applicant #1 <b>Bullseye, LLC</b>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <b>BAR CASA VALE</b>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <b>215 SE 9TH AVE # 109</b>			
City <b>PORTLAND</b>	County <b>MULTNOMAH</b>	Zip Code <b>97214</b>	
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) <b>BAR CASA VALE c/o MARTIN SCHWARTZ 1533 SE HICKORY ST</b>			
City <b>PORTLAND</b>	State <b>OREGON</b>	Zip Code <b>97214</b>	
9. Phone Number of the Business Location <b>503-477-6427</b>		Email Contact for this Application <b>MARTIN.SCHWARTZ@GMAIL.COM</b>	
Contact Person for this Application <b>MARTIN SCHWARTZ</b>		Phone Number <b>213-700-0367</b>	
Mailing Address <b>1533 SE HICKORY ST</b>	City <b>PORTLAND</b>	State <b>OR</b>	Zip Code <b>97214</b>

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.

(Applicant #1)  (Applicant #2) MANAGING MEMBER

(Applicant #3)

(Applicant #4)



# LIQUOR LICENSE APPLICATION

*pending Am*

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	_____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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 checked="" 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	

*FL56208*

**OLCC USE ONLY**

Date application received:  
10-29-18

By: \_\_\_\_\_

Date application accepted as initially complete:  
11-2-18

By: [Signature]

License Action(s): A/Privilege

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

BOLUS EYE, LLC  
(Applicant #1)

Rec'd by Portland  
Liquor Licenses

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

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

**NOV 08 2018**  
PD CK \$7500  
# 3911

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

**OLCC USE ONLY**

**RECEIVED**

OCT <sup>29</sup>~~28~~ 2018

Initials: KD

Oregon Liquor Control Commission

**OLCC FINANCIAL SERVICES USE ONLY**



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: MARTIN SCHWARTZ BULOSEYE, LLC Phone: 503 477-9081

Trade Name (dba): BAR CASA VALE

Business Location Address: 215 SE 9TH AVE # 109

City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 4pm to 11pm, Monday 4pm to 11pm, Tuesday 4pm to 11pm, Wednesday 4pm to 11pm, Thursday 4pm to 11pm, Friday 4pm to 11pm, Saturday 4pm to 11pm

Outdoor Area Hours: Sunday 4pm to 11pm, Monday 4pm to 11pm, Tuesday 4pm to 11pm, Wednesday 4pm to 11pm, Thursday 4pm to 11pm, Friday 4pm to 11pm, Saturday 4pm to 11pm

The outdoor area is used for: Food service, Alcohol service, Enclosed, how BRICK WALLS COURT YARD. The exterior area is adequately viewed and/or supervised by Service Permittees.

Seasonal Variations: 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: 28 Outdoor: 34 Lounge: 16 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: Date: 10/26/18

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



115242398

Please Print or Type

LLC Name: BULLSEYE, LLC Year Filed: 2015 ✓

Trade Name (dba): BAR CASA VALE

Business Location Address: 215 SE 9TH AVE #109

City: PORTLAND ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. MARTIN SCHWARTZ  
(managing member)

33.33 %

2. NATE TILDEW  
(members)

33.33 %

3. KENTON WIENS

33.33 %

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

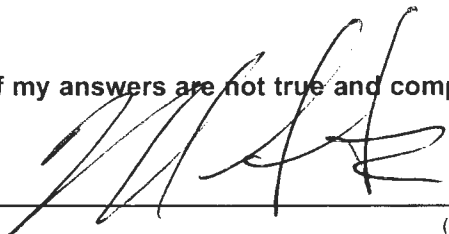
6. \_\_\_\_\_

\_\_\_\_\_

(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 TILDEW DOB: 9/11/1974

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

Signature:  Date: 10/26/18  
(name) (title) MANAGING MEMBER

# 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: Bullseye, LLC

DBA OR TRADE NAME: Bar Casa Vale PHONE: 503-477-9081 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 215 SE 9th Ave. #109 Portland Ore. 97214

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

CONTACT PERSON: Martin Schwartz PHONE: 213-700-0367 EMAIL: martinschwartz@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: 600 sq ft int. 400 sq ft ext =1000 sq ft total

EXISTING BUILDING:  Yes  No

ZONING: commercial

STRUCTURAL CHANGES (DESCRIBE): n/a

RESTAURANT SEATING CAPACITY: 28 LOUNGE SEATING CAPACITY: 16 OUTSIDE SEATING CAPACITY: 34

DESCRIBE SECURITY: locking gates & doors, enclosed brick walled private patio, clear line of sight for all areas

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: 4pm CLOSE: 11pm FRIDAY & SATURDAY OPEN: 4pm CLOSE: 11pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 11pm HOW LATE WILL THERE BE ENTERTAINMENT? 8 pm

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: n/a

NAME & ADDRESS OF PROPERTY OWNER: Kenton Wiens 5726 SE Lincoln Portland, ORE. 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: 11/7/18



# 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: 215 SE 9TH AVE

R#: R150364

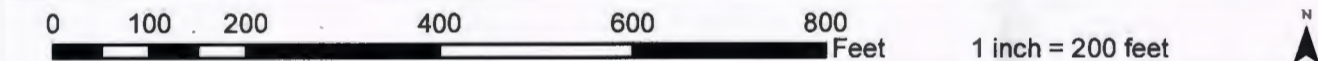
State ID: 1N1E35CC 5800

**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



**Leah Dawkins**  
Name of City Official

**City Planner**  
Title

**503-823-7830**  
Contact Number

*Leah Dawkins*  
Signature of Official

**11 / 8 / 2018**  
Date