



OREGON LIQUOR CONTROL COMMISSION

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).

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

10-24-18

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 10-30-18

License Action: 90 C/TN

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

Applicant #1

BREADFACE LLC

Applicant #2

*Rec'd by Portland
Liquor Licenses*

Applicant #3

Applicant #4

NOV 09 2018

*PD CK \$7500
1002*

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

COMMUNION BAKEHOUSE

3. Business Location: Number and Street

City PORTLAND

County Multnomah

ZIP 97202

6116 SE MILWAUKEE AVE.

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

5. Mailing Address (where the OLCC will send your mail):

PO Box, Number, Street, Rural Route

City PORTLAND

State OR

ZIP 97202

1614 SE KNIGHT ST.

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name RYAN OSTLER

Phone Number (801) 647-9408

Mailing Address, City, State, ZIP

1614 SE KNIGHT ST. PORTLAND OR 97202

Email chef.ostler@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

[Signature]

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED

OLCC Liquor License Application (Rev. 06/2017)

OCT 12 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: BREADFACE LLC Phone: (408) 316-1676

Trade Name (dba): COMMUNION BAKEHOUSE

Business Location Address: 6116 SE MILWAUKIE AVE

City: PORTLAND ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7 am to 8 pm
Monday 7 am to 8 pm
Tuesday 7 am to 8 pm
Wednesday 7 am to 8 pm
Thursday 7 am to 8 pm
Friday 7 am to 8 pm
Saturday 7 am to 8 pm

Outdoor Area Hours:

Sunday 7 am to 8 pm
Monday 7 am to 8 pm
Tuesday 7 am to 8 pm
Wednesday 7 am to 8 pm
Thursday 7 am to 8 pm
Friday 7 am to 8 pm
Saturday 7 am to 8 pm

The outdoor area is used for:

Food service Hours: 7 am to 8 pm
 Alcohol service Hours: 7 am to 8 pm
 Enclosed, how Railing

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Patio will only be open during summer and as weather permits

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: ~~21~~ 21 Outdoor: 12
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 36

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: 10/7/2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1480424-92

Please Print or Type

LLC Name: BREADFACE LLC Year Filed: 2018 ✓

Trade Name (dba): COMMUNION BAKEHOUSE

Business Location Address: 6116 SE MILWAUKIE AVE

City: PORTLAND ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. RYAN OSTLER
(managing member)

50%

2. KATHARINE ZACHER
(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: KATHARINE ZACHER DOB: 12/08/1977

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

Signature: [Signature] (name) Owner/Member (title) Date: 10/10/18

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: BREADFACE LLC

DBA OR TRADE NAME: COMMERCIAL BAKEHOUSE PHONE: (801) 647-9408 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 6116 SE MILWAUKIE AVE. PORTLAND OR 97202

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): CHANGE/ownership Limited on-prem

CONTACT PERSON: RYAN OSTLER PHONE: (801) 647-9408 EMAIL: chef.ostler@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 450 sq ft

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 24 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: SERVE inside + outside. outside Patro w/contained railing

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: 7A CLOSE: 8P FRIDAY & SATURDAY OPEN: 7A CLOSE: 8P

HOW LATE WILL THERE BE OUTSIDE SEATING? 8P HOW LATE WILL THERE BE ENTERTAINMENT? 8P

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Sattelite Dream Pizza

NAME & ADDRESS OF PROPERTY OWNER: SEbastian MALINAW + MARTA MALINAW
10815 SW Southridge Dr Portland OR 97219

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: Ryan Ostler DATE: Nov. 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: 6116 SE MILWAUKIE AVE

R#: R303621

State ID: 1S1E14DC 2000

Zone: CM2d

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d 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.

Emily Hays

Name of City Official

City Planner

Title

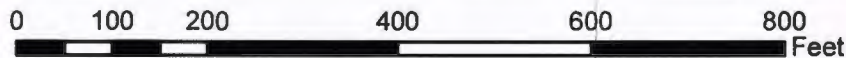
503-823-5676

Contact Number

Signature of Official

11 / 6 / 2018

Date



1 inch = 200 feet

