



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

*pending AT*

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"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	
<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	
	<b>OLCC USE ONLY</b>
	Date application received: <u>10-30-18</u>
	By: <u>CA</u>
	Date application accepted as initially complete: <u>11-5-18</u>
	By: <u>JA</u>
	License Action(s): <u>C/O</u>

Rec'd by Portland  
Liquor Licenses

NOV 09 2018

PD \$75 CK  
# 115

F / 24683

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

AG DELTA LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

<b>OLCC USE ONLY</b>  <b>RECEIVED</b>  <b>OCT 30 2018</b>  Initials: _____ Oregon Liquor Control Commission	<b>OLCC FINANCIAL SERVICES USE ONLY</b>
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# LIQUOR LICENSE APPLICATION

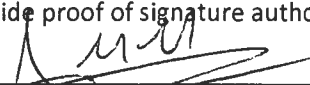
3. Applicant #1 <b>AG DELTA LLC</b>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <b>DELTA CAFE</b>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <b>4607 SE WOODSTOCK Blvd.</b>			
City <b>PORTLAND</b>	County <b>MULTNOMAH</b>	Zip Code <b>97206</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>4607 SE WOODSTOCK Blvd.</b>			
City <b>PORTLAND</b>	State <b>OR</b>	Zip Code <b>97206</b>	
9. Phone Number of the Business Location <b>503 771 3101</b>		Email Contact for this Application <b>linvs884@yahoo.com</b>	
Contact Person for this Application <b>CESAR ALVAREZ</b>		Phone Number <b>503 278 6949</b>	
Mailing Address <b>802 SW TROY ST</b>	City <b>PORTLAND</b>	State <b>OR</b>	Zip Code <b>97219</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)

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

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



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

AG Delta LLC

771-3101

Applicant Name: CESAR A. ALVAREZ CASTRO

Phone: 503 2780949

Trade Name (dba): DELTA CAFE

Business Location Address: 4607 SE WOODSTOCK Blvd.

City: PORTLAND

ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9 AM to 12 AM
Monday 9 AM to 12 AM
Tuesday 9 AM to 12 AM
Wednesday 9 AM to 12 AM
Thursday 9 AM to 12 AM
Friday 9 AM to 12 AM
Saturday 9 AM to 12 AM

Outdoor Area Hours:

Sunday 9 AM to 10 PM
Monday 9 AM to 10 PM
Tuesday 9 AM to 10 PM
Wednesday 9 AM to 10 PM
Thursday 9 AM to 10 PM
Friday 9 AM to 10 PM
Saturday 9 AM to 10 PM

The outdoor area is used for:

Food service Hours: 9 AM to 10 PM
Alcohol service Hours: 2 PM to 10 PM
Enclosed, how FENCE

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 [ ]
Recorded Music [X]
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: 120 Outdoor: 30
Lounge: Other (explain):
Banquet: Total Seating: 150

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: 10/29/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1488446-99

Please Print or Type

LLC Name: AG DELTA LLC Year Filed: 2018

Trade Name (dba): DELTA CAFE

Business Location Address: 4607 SE WOODSTOCK Blvd.

City: PORTLAND ZIP Code: 97206

List Members of LLC:

Percentage of Membership Interest:

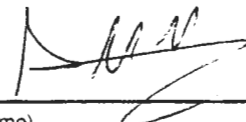
- 1. CESAR ALVAREZ  
(managing member)
- 2. \_\_\_\_\_  
(members)
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

100%<sup>CA</sup>  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: CESAR ALVAREZ CASTRO DOB: 3/12/1978

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

Signature:  Date: 10/30/18  
(name) OWNER (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: AG DELTA LLC  
DBA OR TRADE NAME: DELTA CAFE PHONE: 503 771 3101 FAX: N/A  
BUSINESS ADDRESS (Including ZIP Code): 4607 SE WOODSTOCK Blvd. PORTLAND, OR 97206  
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): CHANGE OF OWNER  
CONTACT PERSON: CESAR ALVAREZ PHONE: 503 279 6949 EMAIL: linus884@yahoo.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: 1900 sqft  
EXISTING BUILDING:  Yes  No  
ZONING: CM2  
STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 120 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 30

DESCRIBE SECURITY: AUDIBLE ALARM

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: 9am CLOSE: 11pm FRIDAY & SATURDAY OPEN: 9am CLOSE: 12am

HOW LATE WILL THERE BE OUTSIDE SEATING? 10pm HOW LATE WILL THERE BE ENTERTAINMENT? 10pm

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: LAURIE FLYNN 7859 SW 5<sup>th</sup> 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): 0  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: [Signature] DATE: 11/08/2019



# 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: 4607-4617 SE WOODSTOCK BLVD

R#: R312616

State ID: 1S2E18CB 14300

**Zone: CM2m(MU-N),CM2(MU-N)**

**Plan District:**

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2m(MU-N),CM2(MU-N) 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.

**Phil Nameny**

Name of City Official

**City Planner**

Title

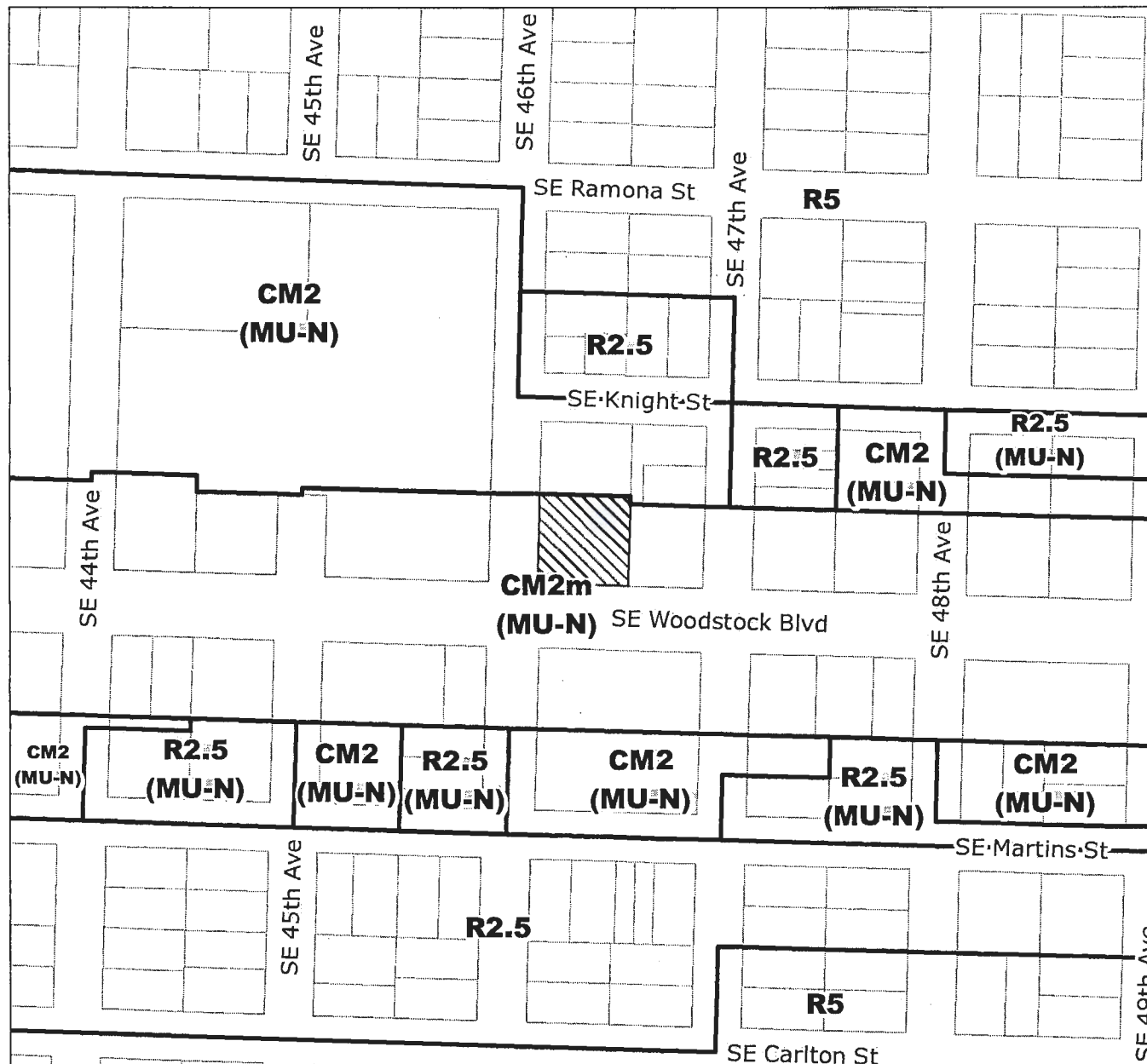
**503-823-7709**

Contact Number

Signature of Official

**11 / 9 / 2018**

Date



1 inch = 200 feet

