



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pending DM

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 st Location	Date application received:
<input type="checkbox"/> Brewery 2 nd Location	_____
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	_____
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd 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 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input checked="" type="checkbox"/> Limited On-Premises	OLCC USE ONLY
<input checked="" type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	_____ <i>11-8-18</i>
<input type="checkbox"/> Warehouse	By: <i>[Signature]</i>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	_____ <i>11-13-18</i>
<input type="checkbox"/> Winery 2 nd Location	By: <i>[Signature]</i>
<input type="checkbox"/> Winery 3 rd Location	License Action(s): <i>n/o</i>

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

SCOTT KINARD BLACK DAGGER LLC

(Applicant #1)

Rec'd by Portland
Liquor Licenses

(Applicant #2)

NOV 19 2018

(Applicant #3)

(Applicant #4)

PD *CK \$100.00*
1041

OLCC USE ONLY RECEIVED NOV 08 2018 Initials: <i>[Signature]</i> Oregon Liquor Control Commission	OLCC FINANCIAL SERVICES USE ONLY
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OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Black Dagger LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>BLACK DAGGER</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>1080 SE Madison</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97214</i>	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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>1825 SE 12th Ave Apt 4</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97214</i>	
9. Phone Number of the Business Location <i>602.770.6122</i>		Email Contact for this Application <i>BLACKDAGGERBAR@gmail.com</i>	
Contact Person for this Application <i>SCOTT KINARD</i>		Phone Number <i>602.770.6122</i>	
Mailing Address <i>1825 SE 12th Ave Apt 4</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97214</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.

Scott Kinard

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type Black Dagger LLC

Applicant Name: Scott Kinard

Phone: 502.770.6122

Trade Name (dba): BLACK DAGGER BAR

Business Location Address: 1080 SEMADISON Portland OR 97214

City: Portland

ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11 AM</u>	to	<u>7 PM</u>
Monday	<u>11 AM</u>	to	<u>11 PM</u>
Tuesday	<u>11 AM</u>	to	<u>11 PM</u>
Wednesday	<u>11 AM</u>	to	<u>11 PM</u>
Thursday	<u>11 AM</u>	to	<u>2 AM</u>
Friday	<u>11 AM</u>	to	<u>2 AM</u>
Saturday	<u>11 AM</u>	to	<u>2 AM</u>

Outdoor Area Hours:

Sunday	<u>6 AM</u>	to	<u>4 AM</u>
Monday	<u>6 AM</u>	to	<u>4 AM</u>
Tuesday	<u>6 AM</u>	to	<u>4 AM</u>
Wednesday	<u>6 AM</u>	to	<u>4 AM</u>
Thursday	<u>6 AM</u>	to	<u>4 AM</u>
Friday	<u>6 AM</u>	to	<u>4 AM</u>
Saturday	<u>6 AM</u>	to	<u>4 AM</u>

The outdoor area is used for:

- Food service Hours: 6 AM to 4 AM
- Alcohol service Hours: 1 AM to 2 AM
- 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: _____ Outdoor: All

Lounge: _____ 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: Scott Kinard

Date: 11/19/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1486271-93

Please Print or Type

LLC Name: BLACK DAGGER LLC Year Filed: 2018

Trade Name (dba): BLACK DAGGER ~~BAR~~

Business Location Address: 1080 SE MADISON ST

City: PORTLAND ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. Scott Kinard
(managing member)

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: Scott Kinard DOB: 09/27/1976

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

Signature: Scott Kinard Date: 11/19/18
(name) (title)

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: BLACK DAGGER LLC

DBA OR TRADE NAME: Black Dagger PHONE: 602.770.6122 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1080 SE MADISON ST PORTLAND OR 97214

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Limited ON Premise & OFF PREM

CONTACT PERSON: Scott Kinard PHONE: 602.770.6122 EMAIL: SCOTTKKINARD@gmail

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 75+

DESCRIBE SECURITY: TBD by landlord

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: 12AM FRIDAY & SATURDAY OPEN: 11AM CLOSE: 2AM

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____
NAME & ADDRESS OF PROPERTY OWNER: HFS Development LLC 1001 Hawthorne, Portland 97214

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): ART shows, festivals 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: Scott Kinard DATE: 11/19/18



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: 1001 SE HAWTHORNE BLVD AND 1030 S

R#: R176879

State ID: 1S1E02BD 10600

Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is a LIMITED use in the IG1 zone

Additional Comments:

Per 33.510.113.C, on sites up to 40,000 square feet in area, up to 5,000 square feet of the net building area plus the exterior storage and display area on a site may be in Retail Sales and Service use.

Katie Moore

Name of City Official

City Planner

Title

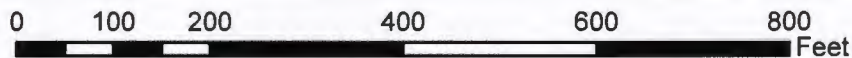
503-823-7344

Contact Number

Signature of Official

11 / 19 / 2018

Date



1 inch = 200 feet





City of Portland, Oregon - Bureau of Development Services

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ZONING VERIFICATION

Address: 1001 SE HAWTHORNE BLVD AND 1000 S

R#: R176879

State ID: 1S1E02BD 10600

\$1080 SE Madison St.

Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

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Additional Comments:

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Katie Moore

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City Planner

Title

503-823-7344

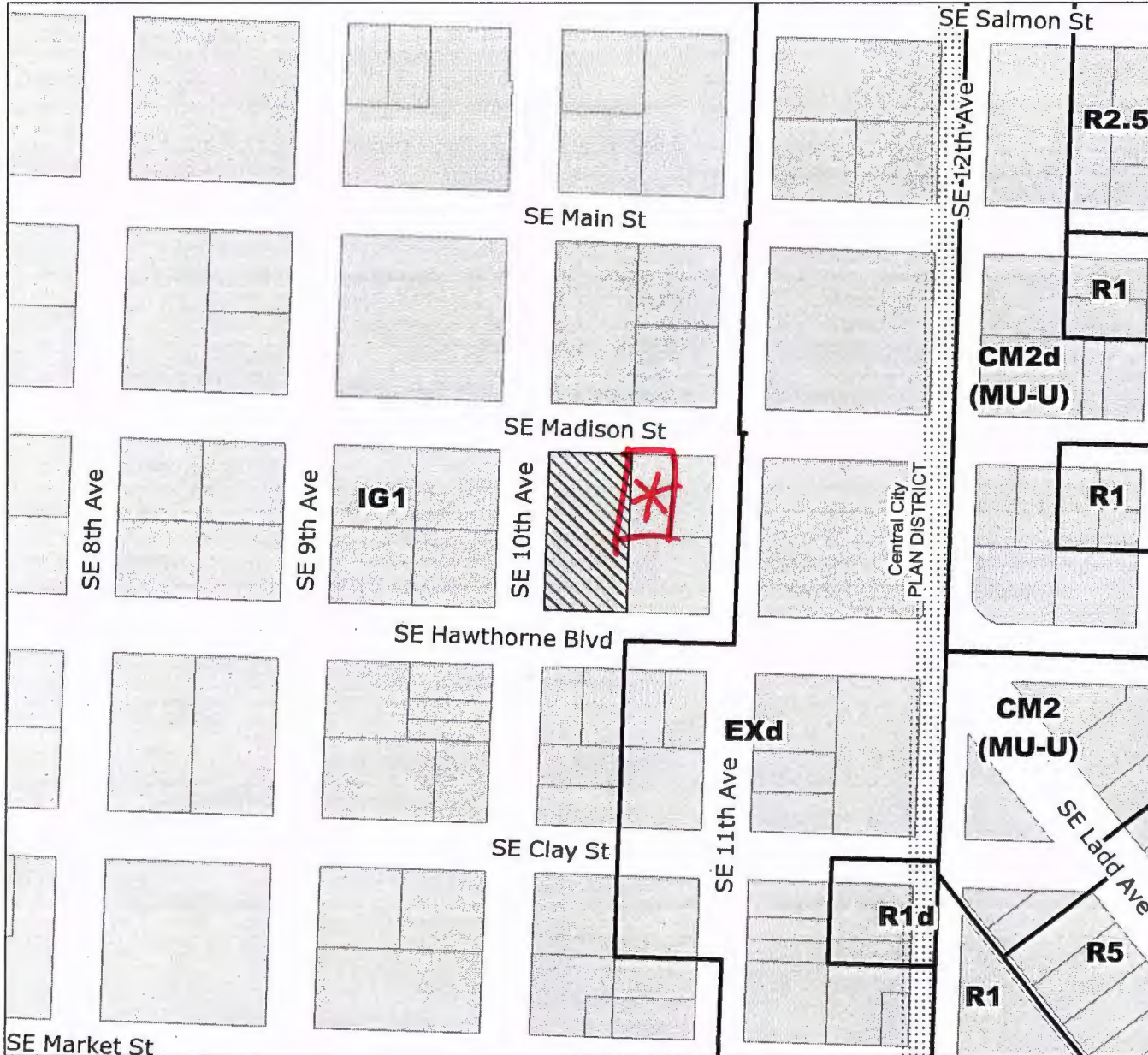
Contact Number

Katie Moore

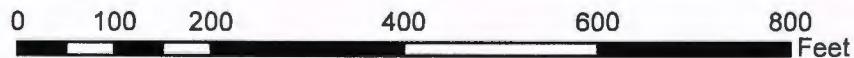
Signature of Official

11 / 19 / 2018

Date



SE Market St



1 inch = 200 feet





City of Portland, Oregon - Bureau of Development Services

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ZONING VERIFICATION

Address: 1001 SE HAWTHORNE BLVD AND 1080 S

R#: R176879

1080 SE Madison St

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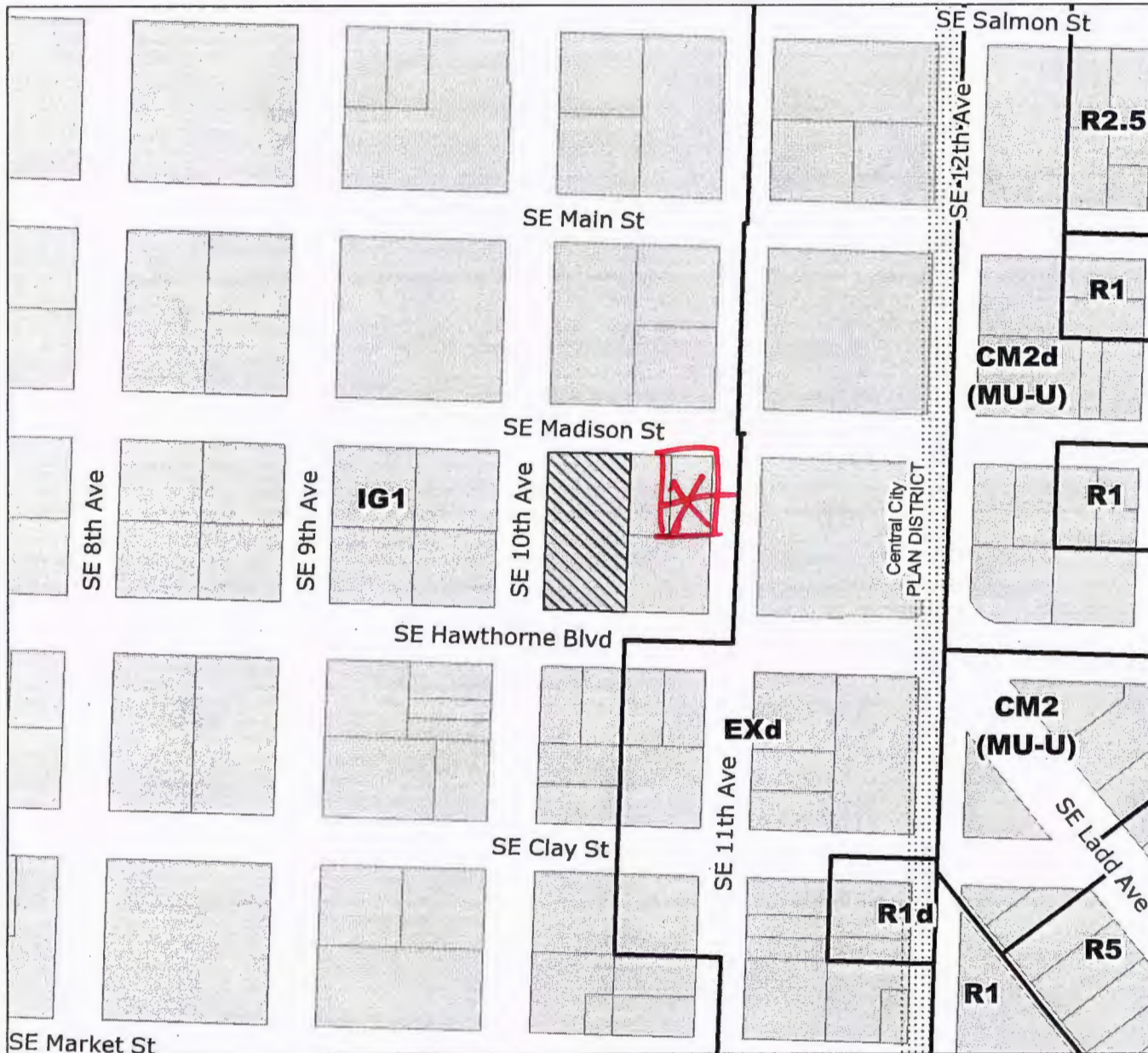
Contact Number

Katie Moore

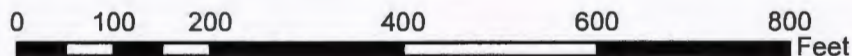
Signature of Official

11 /19 /2018

Date



SE Market St



1 inch = 200 feet

