



# LIQUOR LICENSE APPLICATION

3. Applicant #1 Farm Spirit LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Farm Spirit LLC			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1403 SE BELMONT			
City PORTLAND	County MULTNOMAH	Zip Code 97214	
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 type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) 1403 SE Belmont			
City Portland	State Oregon	Zip Code 97214	
9. Phone Number of the Business Location 503-380-0136		Email Contact for this Application hello@farmspiritpdx.com	
Contact Person for this Application Aaron Adams		Phone Number 503-380-0136	
Mailing Address 107 N Cook St	City Portland	State OR	Zip Code 97227

Rec'd by Portland  
Liquor Licenses  
NOV 19 2018  
PD \$75 ck  
# 2073

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)



# LIQUOR LICENSE APPLICATION

*Pending Doc*

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 checked="" 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	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	_____ <i>11-6-18</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 <sup>st</sup> Location	_____ <i>11-13-18</i>
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	By: _____ <i>[Signature]</i>
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	License Action(s): <i>9/0 c/n</i>

*FL47195*

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

Farm Spirit LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p><i>[Signature]</i> <i>NOV 06 2018</i></p> <p>Initials: _____</p> <p>Office: _____</p>	



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Farm Spirit LLC Phone: 503-380-0136

Trade Name (dba): Farm Spirit

Business Location Address: 1403 SE Belmont St

City: Portland ZIP Code: 97214

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday 5 to 11  
 Thursday 5 to 11  
 Friday 5 to 11  
 Saturday 5 to 11

### Outdoor Area Hours: n/a

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

The outdoor area is used for: n/a

- Food service Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_  
 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  Karaoke  
 Recorded Music  Coin-operated Games  
 DJ Music  Video Lottery Machines  
 Dancing  Social Gaming  
 Nude Entertainers  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: 30 Outdoor: \_\_\_\_\_  
 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: [Signature] Date: 11/06/2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



107240293

Please Print or Type

LLC Name: Farm Spirit LLC Year Filed: 2014 ✓

Trade Name (dba): Farm Spirit

Business Location Address: 1414 SE Morrison Street

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:


- |  |            |
|--|------------|
| 1. <u>Aaron Adams</u><br>(managing member) | <u>50%</u> |
| 2. <u>Michael McCarthy</u><br>(members)    | <u>50%</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: Aaron Adams DOB: 03/24/1975

*exp. 5/21/19*

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

Signature:  Date: 11/9/2018  
(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: FARM SPIRIT LLC

DBA OR TRADE NAME: FARM SPIRIT PHONE: 503-380-0136 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 1403 SE BELMONT ST PORTLAND OR 97214

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Change of Owner, Full on-Premise

CONTACT PERSON: AARON ADAMS PHONE: 503-380-0136 EMAIL: hello@farmspiritdx.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: ~ 700 sq ft

EXISTING BUILDING:  Yes  No

ZONING: CM2

STRUCTURAL CHANGES (DESCRIBE): —

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: — OUTSIDE SEATING CAPACITY: —

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: 5pm CLOSE: 11pm FRIDAY & SATURDAY OPEN: 5pm CLOSE: 11pm

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

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Roost

NAME & ADDRESS OF PROPERTY OWNER: TIMOTHY GRAY (managed by 23rd Ave Prop 530 1/2 NW 28th) Portland OR 97210

### 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: [Signature] DATE: 11/19/18